

Gout

This fact sheet provides a general and concise introduction to gout. Sources of further information and support are provided on Page 3. Gout affects everybody differently, so you should speak to your doctor or nurse for individual advice.

What is gout?

Gout is a form of arthritis and characterised by a sudden inflammation of one or more joints. It is a common condition, affecting approximately 2.5% of adults in the UK. Gout is more prevalent among elderly people, but anybody can get it. While women rarely develop gout before menopause, it can affect men at any age.

What are the symptoms of gout?

Common symptoms of gout include severe pain, swelling and redness of the affected joint. The skin over and around the joint is often hot and tender to the touch.

Most gout attacks come on quickly, typically overnight, and can last for weeks. They can affect a single joint ('monoarticular gout') or several at a time ('polyarticular gout'). Although the first gout attack usually occurs in the big toe, it can also spring up in other areas such as the wrist, fingers, or ankles.

Some people with gout develop small, firm white lumps under the skin called tophi. Tophi look like pimples and are not usually painful. However, they can get inflamed, occasionally leaking white-yellowish pus.

What causes gout?

Gout develops when crystals of a chemical called sodium urate accumulate in and around your joints.

We all have urate in our blood. It is a natural product that occurs when our bodies break down purines, an organic compound contained in all human cells and foods. Usually, the body excretes urate via the kidneys in the urine. However, if your kidney function is low or the amount of urate is excessively high, your blood urate might reach a level at which crystals form (saturation point).

Sodium urate crystals gradually build up in cartilage and other joint tissue over several years without you noticing it. Once there are lots of them, some can break off and spill into the space between the bones called joint cavity. There, the needle-sharp pieces cause extreme pain. This triggers an inflammatory reaction that breaks down the spilt crystals and typically lasts 5–10 days.

How is gout diagnosed?

Gout can get worse, and the attacks more frequent if left untreated. So, it is important that you schedule an appointment with your GP if you think you might have gout.

Typically, your doctor will examine the affected area and diagnose gout based on your symptoms. However, they may suggest additional tests to confirm the diagnosis and identify any possible associated conditions. Further tests can include:

- **Blood test:** The doctor may take a sample of your blood and send it to a laboratory to measure your urate levels. A high amount of urate in your blood can support the diagnosis of gout.
- **Joint fluid test:** If the area around the affected joint is swollen, your doctor may extract some of the fluid through a thin needle and check it under a microscope for evidence of urate crystals.
- **Ultrasound:** Your doctor may use ultrasound to detect build-ups of crystals around your joint. During the procedure, they will move a small, handheld device around the skin in the affected area, which produces an image of your joint tissue in real-time.
- **X-ray imaging:** If you have had gout for a while, your doctor may suggest doing x-rays to see if the affected joint is damaged.

In some cases, your GP may refer you to a specialist (rheumatologist) for further tests and treatment.

What are the treatments?

Gout treatment typically has two parts:

1. Relieving the pain and swelling caused by the acute attack
2. Preventing future gout attacks

Treating the acute attack

The most common medicines for easing the symptoms of an acute attack are **non-steroidal anti-inflammatory drugs** (NSAIDs) such as ibuprofen, naproxen and etoricoxib. They help with both the pain and the inflammation. However, some people can have side effects from NSAIDs or other medications and conditions that are incompatible with these drugs. For those patients, **colchicine**, a plant-based anti-inflammatory therapeutic, can be an alternative. Colchicine is not a painkiller but often effectively reduces the swelling and redness. Some people cannot take colchicine because it upsets their stomach, or their other medication reacts with colchicine. Your doctor will advise you which treatment is most suitable for you.

If neither NSAIDs nor colchicine work, your doctor may suggest **corticosteroids** in the form of an injection or a short course of pills (usually a few days). Corticosteroids are typically highly effective but can have side effects such as elevated blood pressure or blood sugar levels.

Preventing future attacks

The medicines you receive for the acute attack do not reduce your risk of future bouts of gout. So, your doctor may recommend a treatment that reduces your urate levels and removes the existing crystal deposits. Urate-lowering drugs are typically taken daily for an extended time until your body is free of crystals. Currently, there are two types of medication for this:

- Drugs that **limit the amount** of urate your body produces (e.g., allopurinol)
- Drugs that help your body **remove excess** urate from your body (e.g., probenecid)

Both therapeutic approaches can have side effects. You and your doctor will discuss the options and together decide on the best treatment for you.

How can I reduce my risk of having a gout attack?

The most effective way of treating gout and preventing future flares is taking your prescribed medicine. Beyond that, you can reduce the risk of repeated gout attacks by making some healthy lifestyle choices:

- Reduce the amounts of purine-rich foods such as offal, game, oily fish you eat
- Drink alcohol only in moderation and choose wine over beer and spirits
- Drink plenty of water to help your kidneys flush out excess urate
- Lose weight if you are obese, overweight, or have excess belly fat (visceral fat)
- Increase the amounts of vitamin C-rich foods in your diet

Where can I get more information?

While your healthcare team will be able to answer any questions, you may also find the following contacts and resources useful:

UK Gout Society

<http://www.ukgoutsociety.org>

Information

Versus Arthritis

0800 5200 520

<https://www.versusarthritis.org>

Support, advice and information

Arthritis Foundation

+1 800 283 7800 (US-based)

<https://www.arthritis.org>

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