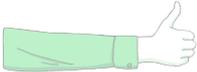
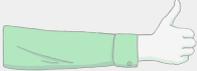
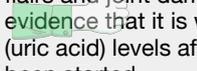


Gout treatment options



Pros and Cons decision aid

Treatment Option area	Treatment Options	Benefits	Harms and Side Effects
<p>Gout is linked with lifestyle and cardiovascular disease. Lifestyle changes can protect against cardiovascular disease (heart attacks and strokes). Some doctors think that taking allopurinol may also protect against cardiovascular disease. Evidence of this is not yet available.</p>			
<p>Lifestyle</p>	<p>Reduce your alcohol intake</p> 	<p>Plenty of evidence that excess alcohol causes gout but just telling patients to cut back only helps a little. If you can drink safely (with our support) your gout will probably be much better.</p>	<p>Withdrawal symptoms or DTs (Delirium tremens)</p>
	<p>Avoid purine containing foods: liver, kidney and seafood.</p> 	<p>Despite evidence that too much of these foods can trigger gout, improving your knowledge of what not to eat is unlikely to improve your gout. Motivation is key. To improve your diet you are likely to need the support of a dietitian.</p>	<p>Many types of oily fish are generally regarded as healthy.</p>
	<p>Avoid fructose</p> 	<p>Present in many sugary drinks, honey, and fruits. To improve your diet you are likely to need the support of a dietitian.</p>	<p>Fruit is generally regarded as healthy, (but too much fruit can provide too much energy and contribute to weight gain).</p>
<p>Weight loss</p>	<p>Lose as little as 5kg (if you are overweight)</p>	<p>Good evidence that weight loss has an impact on gout flairs and also urate levels</p>	<p>Unlikely</p>
<p>Medications for treating painful flares of gout</p>	<p>Colchicine 500ug twice a day</p>	<p>Highly effective in the majority of patients</p> 	<p>Doses higher than 2 tablets per day are much more likely to cause diarrhoea and nausea and often cause patients to stop this treatment.</p>
	<p>Naproxen and ibuprofen etc (non-steroidal anti-inflammatories)</p>	<p>Highly effective in the majority of patients</p> 	<p>May trigger an asthma attack (possibly in 10% of patients with asthma). Can irritate the stomach and cause ulcers especially with long term use. Risky for patients with kidney disease. Long term use can slightly increase the risk of heart attacks.</p>
	<p>Prednisolone 30 mg daily for a few days.</p>	<p>Highly effective in the majority of patients</p> 	<p>Can irritate the stomach and cause ulcers. Can cause elation and sleeplessness. Suppresses the immune system, weakens bones and thins the skin with repeated use.</p>
<p>Medications for preventing gout recurrence and joint damage</p>	<p>Allopurinol 300mg (start at 100mg daily and increase each month by 100mg)</p>	<p>Good evidence that doses of 300 mg reduce the frequency of painful gout flairs and joint damage. There is no evidence that it is worth testing urate (uric acid) levels after treatment has been started.</p> 	<p>Do not start during a painful flair of gout.</p> 
	<p>Colchicine 500ug daily for 1 month after each dose increase of allopurinol (or a non steroidal anti-inflammatory)</p>	<p>Experts recommend that colchicine, or a non-steroidal anti-inflammatory, be used for 1 to 6 months after starting allopurinol</p>	<p>Higher doses may not be more effective and can cause more side effects eg diarrhoea.</p> 
	<p>Febuxostat</p>	<p>Less effective than allopurinol, only recommended for patients who can not tolerate allopurinol</p> 	<p>headache, nausea and diarrhoea are more common than allopurinol</p> 
<p>Medications to avoid</p>	<p>Diuretics such as bendroflumethiazide, indapamide, frusemide and bumetanide</p>	<p>If you use bendroflumethiazide or indapamide for blood pressure consider stopping them. Amlodipine and losartan are both effective blood pressure tablets and safe to take with gout (they may also help to reduce gout attacks)</p>	<p>Diuretics make gout attacks more common</p>