

allopurinol, or other uric acid-lowering drugs. Your doctor will discuss the relative risks and benefits of taking NSAIDs in this way. They are more likely to use naproxen rather than diclofenac in this situation but may also prescribe a drug to reduce the risk of a stomach ulcer developing, such as omeprazole. Allopurinol is usually started in a small dose of 100mg daily and this is then gradually increased as instructed by your doctor. Doses of more than 300mg a day are seldom prescribed although doses as high as 800 or 900mg daily are sometimes needed to lower the blood urate to optimal levels. However, people with poorly functioning kidneys, whatever the cause, should receive a reduced dose. Skin rashes are a troublesome complication in less than 5% of gout patients. Rarely, however, these can be serious and severe, so it is advisable to consult your GP if a rash develops.

- Febuxostat is a newer drug used for the treatment of patients with gout who are unable to tolerate allopurinol, or who have failed to respond adequately to optimal doses. It acts in a similar way to allopurinol, but may be more powerful at reducing uric acid levels, and may be more suitable for those with poor renal (kidney) function. However, it is unsuitable for patients with ischaemic heart disease such as angina.

Uricosuric drugs

- These lower the level of uric acid in the blood and help you to rid the body of excess uric acid by increasing its removal by the kidneys. Sulphinpyrazone is the only uricosuric drug generally available in the UK at present. It is usually prescribed at an initial dose of 100–200mg daily, increasing as required to 600mg per day. It should always be taken with food. Heartburn and stomach problems are the most frequent side effects. Allergic rashes can occur and on rare occasions sulphinpyrazone can have serious effects on the bone marrow and blood.
- Sulphinpyrazone doesn't work well in people with reduced kidney function and it is best avoided by people who have had kidney stones. You should always drink lots of water when taking a uricosuric drug in order to avoid high concentrations of uric acid developing in your urine. High levels of uric acid in your urine can increase the likelihood of uric acid stones forming in your kidneys or bladder.
- Benzbromarone is a more powerful uricosuric drug which can sometimes be effective when allopurinol and sulphinpyrazone cannot be used. Unlike sulphinpyrazone it can be effective in people with moderately reduced kidney function. Benzbromarone is not available for general use in the UK but can be obtained by doctors for individual patients who need it. It is, however, sometimes associated with toxic effects on the liver, so frequent blood tests are required throughout treatment.
- Vitamin C also has a mild uricosuric effect. Supplements of Vitamin C but not dietary Vitamin C alone have been shown to reduce the risk of developing gout in a study looking at men over a 20 year period. Those who had the highest vitamin C intake (both dietary and supplements) had the lowest risk of developing gout. Another study has demonstrated that Vitamin C 500mg daily lowers blood uric acid levels. In addition to ensuring that you have an adequate dietary intake of Vitamin C present evidence suggests that it could be helpful to supplement your diet with Vitamin C tablets (500–1500mg/day). If you do consider this, please make sure you discuss it with your GP as some prescription medicines can interact adversely with Vitamin C and higher doses can cause stomach upsets and diarrhoea. It is also important to understand that Vitamin C alone is not an adequate substitute for prescribed uric acid lowering drugs when these are indicated.
- Some drugs used to treat other conditions may also have a mild uricosuric effect. These include losartan, a drug more commonly used to treat high blood pressure, and fenofibrate, a drug used in people with high lipid (fat) levels in their blood. Occasionally your doctor may prescribe these drugs in addition to allopurinol or

febuxostat, particularly if you also have high blood pressure or high cholesterol (see 'Gout and Other Health Problems' fact sheet).

- There are other uricosuric drugs currently in development to prevent gout which may feature in future versions of this fact sheet. Very rarely drugs given by intravenous infusion (a 'drip') such as pegloticase are used in patients with very severe gout that has proven resistant to treatment with conventional drugs described above. These drugs are very expensive and their use in the UK is restricted.

Will I be on treatment for the rest of my life?

Although it is generally recommended that uric acid lowering drugs should be continued for an indefinite period, changes in lifestyle such as gradual weight loss, reduction in the consumption of sugar-sweetened soft drinks, beer, alcohol and foods with high purine content, may allow some people to avoid the need for lifelong treatment with uric acid lowering drugs. (See UK Gout Society's 'All About Gout and Diet' fact sheet).

Are herbal remedies useful for gout?

Various herbal remedies have been claimed to have a beneficial effect on gout e.g. nettle leaves, devils claw and a medicine called quercetin made from plant extracts. However, medical evidence to support their use is extremely limited and the strength and purity of these products may vary. You should always consult your doctor before taking herbal medicines as they may interact with prescribed medicines that you are already taking. In addition, it may be helpful to speak to a trained therapist in complementary medicine before experimenting with such remedies.

I cannot bear anything touching my gout. What should I do?

Resting the affected joint in an elevated position can be helpful. For those who find that they cannot even bear the weight of the bedclothes on the inflamed joint at night, an improvised 'bed cage' to hold the sheets away from the gouty joint can help. Duvets are generally better than blankets but sometimes it is best just to leave the inflamed joint exposed to the cool air. Some people find that an ice pack (or a packet of frozen vegetables covered by a tea towel to protect the skin) applied to the skin can also relieve pain to some extent, while others recommend putting their acutely painful foot in a very cold bath of water.

What else can I do to help myself?

Lifestyle changes including reducing your alcohol intake, gradual weight reduction and limiting protein and purine content in your diet (which increase uric acid levels in your blood) can go some way towards reducing the frequency or likelihood of having further attacks of gout. It is very important to avoid getting dehydrated and to avoid going without food for long periods, in addition to avoiding binges of eating and drinking. For more information on diet, see our All About Gout and Diet fact sheet by visiting www.ukgoutsociety.org

Remembering to take your allopurinol (or other uric acid lowering drug) regularly is very important. This is less likely to be at the top of your mind when you no longer have any symptoms. Never stop taking drugs to prevent gout, such as allopurinol, during an acute attack. Knocks and even minor trauma to your joints may also trigger an attack of gout in gout sufferers, so try to avoid injuries.

Diuretics, particularly thiazide (water) drugs, which help to reduce fluid retention in people with heart problems, can also increase your chance of developing gout. Sometimes alternative treatments, which have less effect on the blood uric acid level, can be used for treating high blood pressure and heart failure. Discuss this possibility with your doctor but do not stop taking diuretics without medical advice.

For further information:

1. UK Gout Society. www.ukgoutsociety.org
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