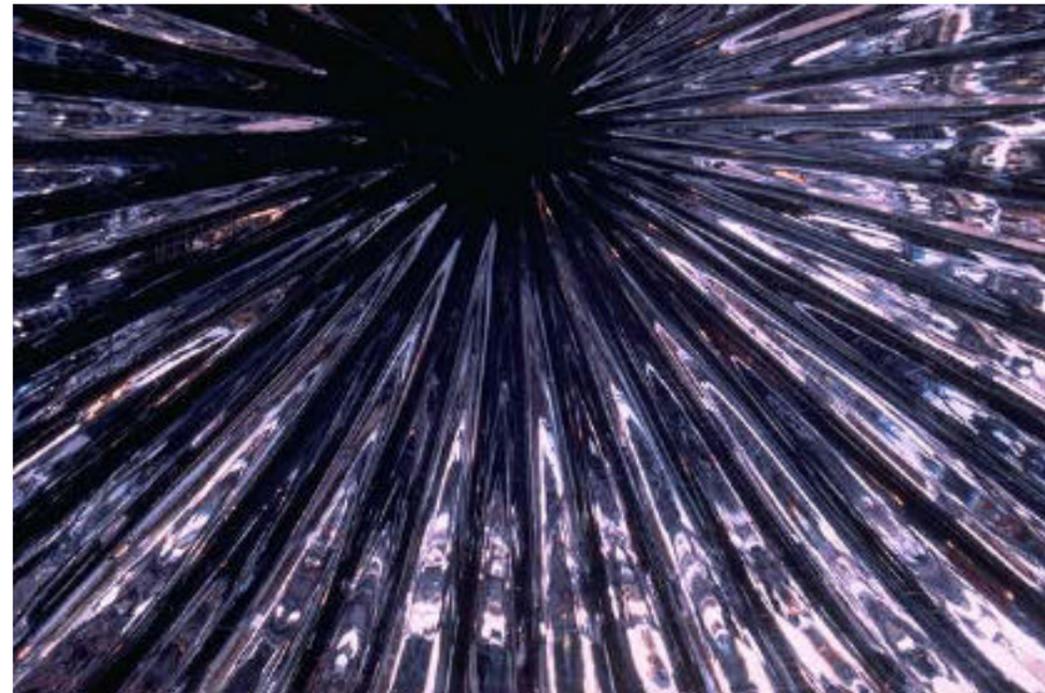


All About Gout

A Patient Guide to Managing Gout



Foreword

As early as the **fourth century BC, Hippocrates** wrote about gout as an affliction of old men and a product of high living. During the 17th to 19th centuries the links with rich living caused much humour – we can all picture the caricatures of gout sufferers. Yet, while the picture of gout today is quite similar – nobody who has suffered from this extremely painful condition will find it in the least bit funny!

Gout occurs mainly in **men between the ages of 40 and 60**, particularly in those who are either overweight, suffer from high blood pressure or whose diets are high in fatty foods and alcohol. It is rarely seen in children, pre-menopausal women and men under the age of thirty.

Sadly, whilst the incidence of gout has increased dramatically over the past two decades the public knows very little about this incredibly painful condition. On a more positive note from the medical profession's perspective gout is a **20th century success story**. Attacks can be easily treated, recurrences prevented and damage to joints and kidneys avoided.

The UK Gout Society is a national charity dedicated to raising public awareness of gout and, in the future, to strengthening scientific knowledge on the causes and treatment of gout. If you would like more information about gout, after reading this booklet, please log-on to our website: www.goutsociety.org.uk or contact the us at **PO Box XX, 289–293 High Holborn, London WC1V 7HY** or phone **0207 420 32XX**.

Professor George Nuki
Trustee



Gout comes from the Latin gutta – which means 'drop' – with reference to the medieval flowing down of humours

Contents

Page

4	■ What is gout? ■ Facts and Figures ■ What causes gout? ■ Who is at risk?
5	■ Can I prevent gout? ■ How do I know if I have gout?
6	■ Does gout recur? ■ Will my doctor do any tests? ■ How is gout treated?
7	■ How the UK Gout Society can help you ■ How you can support the UK Gout Society

What is gout?

Gout is a metabolic disorder that causes acute, occasional and painful attacks of arthritis in the smaller joints of the knee, ankle, foot, hand and wrist - especially the big toe.

Facts and Figures

- Gout is the most common cause of inflammatory joint disease in men over 40 years old
- The big toe is the first joint affected in 70% of cases
- Around 10% of patients have what is known as primary gout – caused by the overproduction of uric acid
- Gout may affect more than one joint in about 10% of patients
- In a typical UK general practice of 2000 patients there may be 17 men and fifteen women with gout

What causes gout?



Gout occurs as a result of excess uric acid salts in the blood and tissues. When there is too much uric acid in the blood and tissues, it can form crystals in and around joints. If uric acid crystals enter the joint space, they jab at the surrounding tissue when the body moves and cause inflammation - the affected joint becomes red, swollen and extremely tender. Most of us naturally pass out enough uric acid in our urine to keep down the amount in our blood. But some people have high levels in their blood either because they don't pass enough in their urine – which may be as a result of kidney problems or because they are taking certain drugs, which impair excretion - or more rarely because they produce too much uric acid in the first place, owing to an inherited metabolic abnormality.

What is uric acid?



Uric acid is a by-product of cell breakdown and some foods. It is normally present in low levels in the blood and tissues since the body is continually breaking down old cells and because some familiar foods contain substances which are the forerunners of uric acid.

Who is at risk?

Gout is a common joint disease affecting over five times more men than women. In men, it can occur any time after puberty whereas in women it is rare before the menopause. It is rare in children. In around ten per cent of cases there is a family history of the disorder. Also at risk are those who are overweight, have high blood pressure, eat diets rich in protein and drink large quantities of alcohol.

Can I prevent gout?



Because gout can arise as a result of environmental factors, there are some basic steps you can take to help prevent gout occurring in the first place or prevent recurrent attacks.

Environmental trigger factors

- Prolonged stress
- Injury
- Unusual physical exercise
- Minor operations
- Severe illness
- Excess weight
- Dieting
- High protein diets
- Alcohol – especially beer
- Drugs – including diuretics and antibiotics which can interfere with the normal excretion of uric acid.

Dietary measures

There are several things sufferers can do to help prevent a recurrence of gout. Uric acid is a by-product of purine and a low-purine diet is advisable. Foods that are high in purine should be avoided including:

- Meat – particularly red and organ meats, such as liver and kidneys
- game
- seafood – especially mussels, herrings, sardines
- alcoholic beverages – especially beer
- asparagus

In addition, yeast products, white flour, oatmeal, sugar, mushrooms, spinach, cauliflower and even some pulses – especially lentils – can all increase the level of uric acid in the body and should be eaten in moderate quantities.

Quick fix slimming regimes, particularly crash and 'yo-yo' dieting and fasting, should be avoided as they also increase the production of uric acid.

Sufferers should drink plenty of water since uric acid crystals can be secreted by the kidneys as calculi (stones). Drinking 8-10 glasses of water each day washes out the urinary system and helps to prevent any stones from developing.

How do I know if I have gout?



Gout is usually diagnosed on the basis of its distinctive symptoms and an examination of the joint – few things are as painful as a severe attack of gout. An acute attack of gout often develops during the night or early hours of the morning and reaches a peak within a few hours so that, with an infected foot, it is impossible to tolerate even the touch of bed linen. The skin is red and shiny and may peel. A mild fever and a feeling of tiredness may also accompany acute attacks of gout. The attack generally lasts for a few days, then dies down and the joint gradually returns to normal.

Does gout recur?

Some people never experience another attack, but most have a second attack between six months and two years after the first. After the second attack, more joints may become involved and there may be constant pain due to damage to the joint from chronic inflammation.

Will the doctor do any tests?

A blood test may be performed to help clarify the diagnosis as a high level of uric acid suggests gout – however the level is often normal during an acute attack. Blood concentrations cannot therefore be relied upon to confirm or exclude gout. A better test that may be performed is the aspiration of the affected joint. Fluid from the joint space is aspirated (removed through a needle into a syringe) and examined under a special type of microscope that uses polarised light. The presence of needle-shaped, uric acid crystals confirms the diagnosis of gout.

How is gout treated?



The goals of treatment are threefold: The first step is to reduce the pain and inflammation of the acute attack, the second to prevent future attacks and the third to lower uric acid levels and so reverse the complications of joint and kidney damage.

Step one – treatment of the acute attack

During the actual attack, the most important thing to do is relieve pain by controlling the inflammation and immobilising the joint. Currently non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or indomethacin are used as first-line therapy and all are effective. NSAIDs with a short half-life, such as Indomethacin and Ibuprofen are most popular because of their rapid onset of action – although their use should be avoided in patients with a history of ulcers. Cox-2 selective inhibitors were designed specifically to be as effective but better tolerated. Colchicine therapy was the old treatment of choice and still has a part to play where NSAIDs are contraindicated, although it too may cause gastrointestinal side effects and has to be used carefully. If only one or two joints are affected and patients have multiple medical problems or are unable to take oral medications, a corticosteroid crystal suspension may be injected through a needle into the joint space in order to reduce inflammation.

Step two – preventing recurrences

Once the attack has passed, the next step is to prevent recurrences by addressing trigger factors that can be modified. Patients are advised to lose weight, drink plenty of fluids (at least eight glasses of liquids a day), avoid alcohol (especially beer) and eat smaller amounts of protein-rich and calorie-rich foods.



Step three – lowering uric acid levels

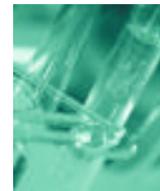
Finally, for some people – especially those who have repeated, severe attacks – long-term drug treatment to lower the level of uric acid in the blood can be started when symptoms of the attack have disappeared. This treatment is then continued between attacks and includes:

- **Uricosuric drugs**, such as probenecid, lower the uric acid level in the blood by increasing the excretion of uric acid in the urine.
- **Allopurinol**, a drug that blocks production of uric acid in the body, is especially helpful to people who have an abnormally high uric acid level and kidney stones or damage, although it has to be used with caution as it can have unwanted side effects.

How the UK Gout Society can help you?

The UK Gout Society raises awareness about the challenges of living with gout. It also provides educational materials for people with gout and their families. In time, once fundraising efforts have been established, the UK Gout Society will support scientific research into the causes, prevention and treatment of gout. For further information on the work of the Society, and information on gout, please contact: **PO Box XX, 289–293 High Holborn, London WC1V 7HY or phone 0207 XXX XXXX.**

How you can support UK Gout Society



If you want to help us make a difference there are several ways you can get involved in the work of the UK Gout Society:

- **Hold fundraising events** – ever wanted to do anything adventurous? Parachute jumping, running the London marathon or running a local sports day. Well, now here's your chance to realise that dream and raise vital funds for gout research at the same time. We will be delighted to help you run an event of your own – giving you plenty of advice, ideas, and support.
- **Simply make a donation by completing the form below and choosing how you wish to pay.** The UK Gout Society relies on the generosity of the general public to continue its vital work. With your help we can start to fund ground-breaking research into the causes, prevention and treatment of gout, whatever you decide to give – no matter how small – you will be helping to make a difference to the lives of people with gout. There are several ways you can make a donation to the UK Gout Society. Donate now by credit card, cheque, and charities aid foundation or by standing order. Or find out more about how you can donate through leaving a legacy or becoming a member of the UK Gout Society by phoning **0207 XXX XXXX**



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