CLINICAL GUIDELINE

Management of Acute and Recurrent Gout: A Clinical Practice Guideline From the American College of Physicians

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Description: The American College of Physicians (ACP) developed this guideline to present the evidence and provide clinical recommendations on the management of gout.

Methods: Using the ACP grading system, the committee based these recommendations on a systematic review of randomized, controlled trials; systematic reviews; and large observational studies published between January 2010 and March 2016. Clinical outcomes evaluated included pain, joint swelling and tenderness, activities of daily living, patient global assessment, recurrence, intermediate outcomes of serum urate levels, and harms.

Target Audience and Patient Population: The target audience for this guideline includes all clinicians, and the target patient population includes adults with acute or recurrent gout.

Recommendation 1: *ACP recommends that clinicians choose corticosteroids, nonsteroidal anti-inflammatory drugs (NSAIDs), or colchicine to treat patients with acute gout. (Grade: strong recommendation, high-quality evidence)*

Recommendation 2: *ACP recommends that clinicians use low-dose colchicine when using colchicine to treat acute gout. (Grade: strong recommendation, moderate-quality evidence)*

Recommendation 3: *ACP recommends against initiating long-term urate-lowering therapy in most patients after a first gout attack or in patients with infrequent attacks. (Grade: strong recommendation, moderate-quality evidence)*

Recommendation 4: *ACP recommends that clinicians discuss benefits, harms, costs, and individual preferences with patients before initiating urate-lowering therapy, including concomitant prophylaxis, in patients with recurrent gout attacks. (Grade: strong recommendation, moderate-quality evidence)*

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Gout, one of the most common forms of inflammatory arthritis, is caused by accumulation of excess urate crystals (monosodium urate) in joint fluid, cartilage, bones, tendons, bursas, and other sites. Patients experience joint swelling and pain during gout attacks, known as acute gouty arthritis. In some patients, the frequency and duration of acute attacks increase over time and lead to chronic gout, which may be associated with deposits of uric acid crystals known as tophi. Risk factors for gout include overweight or obesity; hypertension; alcohol intake; diuretic use; a diet rich in meat, seafood, and high-fructose food or drinks; and poor kidney function (1–4). About 3.9% of U.S. adults older than 20 years report being told at some point that they had gout (5). This percentage increased by about 1% in the 10 years before 2007, probably because of a parallel increase in conditions associated with hyperuricemia. An estimated $1 billion is spent annually on ambulatory care for gout, largely on treatments and prescription medications (6).

Management of gout includes both pharmacologic and nonpharmacologic approaches. Pharmacologic therapies focus on urate-lowering strategies and anti-inflammatory drugs (Table 1). Nonpharmacologic management focuses on dietary and lifestyle changes, including weight loss and exercise.

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Guideline Focus and Target Population

The purpose of this American College of Physicians (ACP) guideline is to provide guidance on the management of acute and recurrent gout in adults. These recommendations are based on a background evidence paper (7) and a systematic evidence review sponsored by the Agency for Healthcare Research and Quality (AHRQ) (8). For guidance on the diagnosis of gout, please refer to the accompanying ACP guideline (9).

* This paper, written by Amir Qaseem, MD, PhD, MHA; Russell P. Harris, MD, MPH; and Mary Ann Forciea, MD, was developed for the Clinical Guidelines Committee of the American College of Physicians. Individuals who served on the Clinical Guidelines Committee from initiation of the project until its approval were Mary Ann Forciea, MD† (*Chair*); Thomas D. Denberg, MD, PhD† (*Immediate Past Chair*); Michael J. Barry, MD†; Cynthia Boyd, MD, MPH†; R. Dobbin Chow, MD, MBA†; Nick Fitterman, MD†; Russell P. Harris, MD, MPH†; Linda L. Humphrey, MD, MPH†; Devan Kansagara, MD, MCR†; Scott Manaker, MD, PhD‡; Robert M. McLean, MD‡; Sandeep Vijan, MD, MS†; and Timothy J. Wilt, MD, MPH†. Approved by the ACP Board of Regents on 7 November 2015.
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