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Therapeutic approach of Gouty arthropathy

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Background: Gout is one of the most common inflammatory arthropathies. About 90 % of gout patients are being managed in Primary Health Care, so the General Practitioner plays a key role in their treatment. Management of gout focuses on solving the acute stage and preventing the occurrence of subsequent crises and chronic arthropathy. However, this clinical entity is still poorly managed, having a significant impact on morbidity.

Aim: Systematize the most appropriate treatment of gouty arthropathy.

Method: A review of medical literature published between 2011 and 2016 was conducted, using several databases, with the keywords 'gout' and 'treatment'.

Results: In the early management of acute gout, low dose of oral colchicine or non-steroidal anti-inflammatory drugs (NSAIDs) are recommended. In case of intolerance, inefficacy or contraindication systemic glucocorticoids may also be considered. Interleukin-1 inhibitors and intra-articular glucocorticoids are useful in certain cases. Urate lowering treatment (ULT) is indicated in the presence of tophi, two or more attacks of acute gout per year, arthropathy, chronic kidney disease stage 2-5 and a history of urolithiasis. Allopurinol is the first line treatment; febuxostat, pegloticase, benzbromarone and probenecid are also effective. When starting ULT, prophylaxis with colchicine for at least 6 months should be done. The therapeutic goal should be a reduction in serum uric acid to < 6 mg/dL or < 5 mg/dL in patients with tophaceous gout. A diet low in purines, alcohol, sugary drinks and fructose is also recommended in the treatment of gout.

Conclusions: Proper treatment of gout is associated with a better prognosis. However its management is far from optimal in both primary care and rheumatology clinics. This can be explained by the lack of information, so the dissemination of national evidence based recommendations proves to be of great utility.