



Service Priorities and Programmes
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How well are we managing patients with chronic gout?

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Introduction

In addition to diabetes, hypertension and hyperlipidemia, gout is also a chronic medical problem commonly encountered in primary care setting. In patient with recurrent gouty attacks, allopurinol is used to prevent recurrent gouty attacks by lowering serum urate level. Local guideline suggested the effective dosage of allopurinol is 300 mg/day in patients with normal creatinine clearance. This regime can reduce serum urate level to normal values (<0.42) in 85% of patients with gout.

Objectives

To review on management of recurrent gouty attacks in Cheung Sha Wan Kockey Club GOPC

Methodology

Patients who are on allopurinol in Cheung Sha Wan GOPC were reviewed. The allopurinol dosage ranges from 50mg/day to 400mg/day. Patient records over the past year (1/2012-12/2012) were review for history of acute gouty attacks and their paired serum urate level and renal function (and calculated for estimated GFR) in the last one year (1/2012 to 12/2012) were also retrieved. The following groups of patients (total number of 14) were excluded from the review: - Those who do not have the mentioned investigation results - Patients who are not regularly followed up Cheung Sha Wan GOPC / other GOPCs, e.g. only 1-2 consultations over the last year - Those who have not been on allopurinol for at least 1 year - Those who are taking NSAIDs for episodic joint pains - Those who have limited clinical documentation on episodes of acute gouty attacks

Result

A total of 72 patients matching the above criteria were included. 64 were male patients and 8 were female patients. 40 out of 72 (55.5%) patients had at least 1 acute gouty attack in the last 12 months despite on allopurinol. Out of the 40 patients with gouty attacks over the last year, only 11 of them (27.5%) were on effective dosage of allopurinol based on estimated GFR level. 46 out of 72 patients have serum urate level >0.42 and 31 out of 46 (67.4%) in this group had gouty attack over the last 12 months. When using serum urate 0.36 as cutoff, there is a 10% reduction of recurrent

gouty attacks compared to using serum urate level of 0.42. A significant proportion of patients were not on effective dosage of allopurinol and this can be further optimized to reduce recurrent gouty attacks. International guideline has suggested that reduction in allopurinol dosage fails to prevent allopurinol hypersensitivity syndrome and so the clinical benefit outweighs the potential small increase in risk of hypersensitivity syndrome with dosage increment. Possible recommended strategy to reduce recurrent gouty attack is to optimize patient's target serum urate level by using effective dosage of allopurinol. We hope to have another cycle of review after further improvement in management.