The 7 minute acute gout treatment and prevention protocol
(Updated January 2015)

1. You must be certain the patient has gout before using this in case they have septic arthritis. The diagnostic criteria for gout are available here http://www.healthpointpathways.co.nz/acute-gout/ and http://www.healthpointpathways.co.nz/gout-prevention/.

2. Vital signs ok (temp <37, BP systolic > 100 mm Hg, pulse < 100 beats per minute )

3. Patient can move the joint in spite of the pain.

4. Only continue with this protocol if patients meet all these criteria. If the diagnosis is uncertain do not give prednisone- other options are NSAID or colchicine alone.

5. Blister pack for prednisone, allopurinol; and colchicine.

6. At the end of three months the patient will hopefully be stable on their dose of allopurinol. If more up-titration is needed then the patient will need further colchicine. Some clinicians think 6 months of colchicine is better than 3 months (no supportive evidence). The uric acid level target is < 0.36 mmol/l and below this level the patient should experience no gout attacks. This target sometimes requires up to 900 mg of allopurinol per day but if not getting the expected control you can try Febuxostat or Benzbromarone.

Dosing Schedule

a. Put in your computer “gout starter pack” (see picture- on medtech you only need to do it on one computer and it will be on them all) for the 3 months and then they can stay on allopurinol 300 mg forever or a higher dose if their serum uric acid is not < 0.36 mmol/l. The pharmacy will write out the prescription and bring it back to you for signing. On the prescription handout option 1,2,3 or 4.
Contents of the blister pack- starter pack -3 months then review – it may be possible to have medication without a blister pack

b. All participants get prednisone 40 mg for 4 days 20 mg for 4 days 10 mg for 3 days then 5mg for 3 days, i.e. a total of 14 days of prednisone coverage.

c. Make sure the blister packs have morning and night medication in the same pack with 2 weeks medication per pack. This is to avoid morning and night on different sheets.

d. Rescue medication can be prednisone 20 mg for 7 days but the patient must be seen and reassessed in case of septic arthritis. This is outside the blister pack.

Allopurinol, prednisone and colchicine needs to be in the blister pack and is known as “starter pack.”

Prescription should read “starter pack – option 1 or 2 etc

Option 1. If eGFR>90, 14 days of no allopurinol then allopurinol 100mg daily for 28 days then 200 mg for 28 days then 300 mg daily for 21 days and a blood test when nearing the end of this dose of allopurinol. Blood tests for uric acid can be done whenever there is a dose rise. Also Colchicine 500 mcg twice daily for the whole period. Once the serum uric acid is < 0.36 mmol/l allopurinol needs to be maintained indefinitely and colchicine continued for another 3 to 9 months.

Option 2. If eGFR 60-90, 14 days of no allopurinol then allopurinol 100mg daily for 56 days, then 200mg daily for 21 days, then a blood test and up-titrate allopurinol based on that test. Also Colchicine 500 mcg twice daily for the whole period. Once the serum uric acid is < 0.36 mmol/l allopurinol needs to be maintained indefinitely and colchicine continued for another 3 to 9 months

If uncertain about eGFR then check the creatinine clearance using the Cockcroft-Gault equation (many sources on the web)

Option 3. If eGFR 30-60, 14 days of no allopurinol then allopurinol 50mg daily for 56 days, then 100mg daily for 21 days then a blood test and up-titrate allopurinol based on that test. Also Colchicine 500 mcg once daily for the whole period. Once the serum uric acid is < 0.36 mmol/l allopurinol needs to be maintained indefinitely and colchicine continued for another 3 to 9 months.

Option 4. If eGFR <30, 14 days of no allopurinol then allopurinol 50mg every other day for 28 days, then 50 mg daily for 28 days then 100mg daily for 21 days, then a blood test and up-titratre allopurinol based on that test. Also Colchicine 500 mcg every other day for the whole period. (Avoid colchicine if eGFR very low and discuss with Rheumatologist.) Once the serum uric acid is < 0.36 mmol/l allopurinol needs to be maintained indefinitely and colchicine continued for another 3 to 9 months.
What to explain to the patient

- Ask ‘what matters to you’ rather than ‘what is the matter with you’.

- Show them this picture and explain this is what could be going on inside their foot and this can be prevented by daily allopurinol. A picture of a tophus may not help as they will think that will not happen to them.

- Say this could be what happens to you if you don’t take allopurinol.

- Do you want allopurinol as this will prevent that happening. NSAIDs will only control the symptoms for now.

- If the answer is yes let them know they will need to take it for the rest of their life.

- If the answer is no then inform them that voltaren etc will only control the pain –it will not make the pain go away.

- If they do take allopurinol they will get no more gout and can eat sea food in reasonable quantities with no fear of gout.

- Inform them of the rare skin rash and what they need to do if they get a rash .

  Advise them on when to get the blood test.

- Write the prescription for the gout starter pack.
Teachback

(You need to check that you have been clear and that your patient understands- this is your responsibility as a health professional, sometimes we think we are clear but we aren’t)

Say to your patient – “what will you tell your family when you go home about what you are doing about your gout “

Patient should respond with – “I am starting a new medicine called Allopurinol, it will help my gout go away but I need to take it every day. I will also be taking another medicine for a few months to make sure I don’t get any more pain. I will be able to eat some seafood if I stay on this new medicine Allopurinol. “

Website with information on gout

www.gouthappyfeet.com

This URL has Pharmac booklets in English, Samoan and Tongan.