

Treatment of Acute Gout in Chronic Kidney Disease (Stage III and above)

Confirm Diagnosis
(Exclude sepsis / Trauma)
Review medication (e.g thiazides)

Key Principals:

1. Consider drug and non-drug treatment
2. Use GFR (CrCl) (Cockcroft & Gault) when adjusting doses.
2. Assess patients regularly.
3. Renal patients more likely to accumulate drugs

Symptomatic treatment

- Ice packs
- Rest
- Analgesia as per CKD analgesic ladder (<http://www.hey.nhs.uk/herpc/prescribing-guidelines.htm>)
- Consider aspiration and intra-articular steroids where single joint affected

Following clinical assessment of patient the following treatment options are available. **(If one option fails move on to next if no contraindications)**

NSAID

Short course (3-5 days). May be used in chronic dialysis patients. (avoid in CKD Stage IV, V and transplant unless under specialist supervision). For advice on choice of NSAID see <http://cks.nice.org.uk/gout>

Colchicine

-500micrograms bd for 3-5 days
-Warn patient to stop if diarrhoea / vomiting occurs

Oral Steroids:

If already on steroids consider temporary increased dose, if not on steroids consider 15mg AM 5 days

No resolution of symptoms

Consider referral to relevant Specialist (this will generally be rheumatology)

Allopurinol:

- Consider allopurinol for patients who present with **recurrent** episodes of gout.
- Check interactions (enhanced effect of azathioprine, mercaptopurine and capecitabine. Check with specialist who initiated the treatment before starting allopurinol)
- **Do not** stop or start allopurinol during acute attack (wait for 4 weeks after acute episode has resolved)
- **In all grades of renal impairment commence with 100 mg/day and increase if serum and/or urinary urate response is unsatisfactory. Doses less than 100 mg/day may be required in some patients.**
- Adjust dose according to GFR (Cr/Cl) (use Cockroft and Gault equation)

21-50mls/min	Max 300mg od
10-20mls/min	Max 200mg od
<10mls/min	100mg od or alternate days

Information for GPs: Many laboratory results are expressed as eGFR. While it is likely that in many cases the eGFR and the CrCl will be very similar, beware that differences could occur in people at extremes of body size

Cockcroft and Gault formula: $CrCl (mls/min) = 1.23 (males) \text{ OR } 1.04(females) \times (140-age) \times weight(kg)$

Serum Creatinine (micromoles/L)

For further details on the treatment of acute gout in patients with normal renal function see <http://www.cks.library.nhs.uk/gout/>