



CURRENT CONCEPTS IN MANAGEMENT OF GOUT

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INTRODUCTION

Gout is characterized by accumulation in the synovial fluid and other tissues of monosodiumurate monohydrate (MSU). It is the most common form of inflammatory arthritis. Its prevalence is about 3.9% in the United States, 0.9% in France, 1.4-2.5% in the United Kingdom, 1.4% in Germany, and 3.2% in New Zealand.

Gout production involves three distinct steps: long-standing hyperuricaemia Formation of crystals of monosodium urate monohydrate (MSU) Interaction between MSU crystals and the inflammatory process. The clinical signs of gout may include:

- Recurring inflammatory inflammation episodes (gout flare)
- A Chronic Disease
- Urate crystal deposition in the form of tophaceous deposits
- Nephrolithiasis of the uric acid
- A chronic nephropathy

that is most often caused by comorbid conditions in gouty patients, hyperuricemia is a necessary but not sufficient cause for developing urate crystal deposition disease and should be differentiated from gout, the medical disorder. Many people with hyperuricemia rarely undergo a medical occurrence arising from deposition of crystals.

limited mention of either allopurinol initiation dose or a dose titration schedule.

The treat-to-target approach suggested here, just as in the case of EULAR, ACR, and Japanese recommendations, has also been supported by an international expert task force .

The ACR guidelines are comprehensive and take into account the availability of the urate-lowering agents febuxostat and pegloticase, data regarding the influence of genetic associations and dosing in kidney disease with allopurinol hypersensitivity, and other epidemiologic and clinical research findings.

OTHER ULTs: Losartan, oral vitamin c supplements and fenofibrate give direct uricosuric results but the efficacies are modest and on their own, are unlikely to control uric acid levels.

Pegloticase is a pegylated uricase (enzyme which converts uric acid to highly soluble allantoin). It is for use in treatment of refractory gout. It has been recently licensed in the US and Europe.

Other potential ULTs include Lesinurad and Ulodesine.

Investigational therapy (biologics): IL-1 Is an effective gout inflammatory mediator and a possible acute gout therapy target. For the diagnosis of acute gout, agents inhibiting IL-1 activity are being tested. Anakinra is the recommended IL-1 blocker for use in acute gout and its relatively modest cost compared to other competing IL-1 antagonists, such as canakinumab. .

Canakinumab has been tested and licensed in the European Union for acute gout and is expected to be available in Europe for use in the treatment of patients with acute gout arthritis who have frequent attacks and are unable to be treated adequately with various treatment options.

CONCLUSION

Despite a number of established and effective treatments, gout care is often sub-optimal. Healthcare professionals need to stay mindful of the current treatment concepts to help achieve therapeutic levels of uric acid. They should individualize management plans and educate their patients to make lifestyle changes and emphasize the importance of long-term commitment to urate lowering therapy.