

Gout

This sheet has been written for people affected by gout. It provides general information to help you understand gout and how to manage it. This sheet also covers ways to try to prevent gout and where to find more information.

What is gout?

Gout is a common and painful condition that affects the joints. Small crystals form in and around the joint, causing inflammation, pain and swelling. These crystals are made of one of the body's normal waste products, uric acid. Normally the body rids itself of extra uric acid through the kidneys into the urine. However this does not happen fast enough in people with gout. This causes uric acid levels to build up and the crystals to form.

Who is affected by gout?

Anyone can get gout. However, gout in pre-menopausal women is rare and your doctor may wish to further investigate your symptoms.

What are the symptoms?

An attack of gout usually comes on very quickly, often overnight. The joint becomes very red, swollen and extremely painful. Often the joint is intensely sore to touch. Gout normally affects one joint at a time, often the joint of the big toe. Other joints, such as the hands, wrists, knees, ankles and elbows, can also be affected by gout.

What causes it?

Gout is usually caused by your kidneys not flushing uric acid out of your body quickly enough. Gout runs in families, although not all family members will be affected. There are some lifestyle factors which may increase your risk of developing gout, including:

- being overweight or obese
- having high cholesterol, high blood pressure or glucose intolerance
- having kidney disease
- taking diuretics (tablets that drain water from the body)

How is it diagnosed?

The only way to diagnose gout with certainty is by your doctor finding urate crystals in fluid taken from your joint. Uric acid levels can be measured by blood tests, however these are not always accurate. Uric acid levels may be normal or even lowered during an attack of gout. Blood tests are most useful in ruling out other causes for your symptoms, such as joint infections or other forms of arthritis. X-rays are often normal in the early stages so are not very useful in diagnosing gout.

What will happen to me?

Without treatment, a gout attack usually lasts about one week. Another attack may not happen for months or even years. If gout is not managed well, the time between attacks may get shorter, the attacks more severe and the joints can be permanently damaged. Sometimes gout can progress into a chronic (long term) condition, causing:

- constant mild pain and inflammation of the affected joints
- tophi - solid lumps of urate crystals, especially on the toes, ears, fingers, hands, forearms, knees and elbows
- kidney stones.

What can I do during a gout attack?

You should see your doctor when you have your first attack of gout. Your doctor will recommend certain medicines to reduce pain and inflammation caused by gout, including:

- non-steroidal anti-inflammatory drugs (NSAIDs)
- corticosteroid injections or tablets
- colchicine.

Always talk to your doctor or pharmacist before you start taking any medicines. You may also need to protect the affected joint. For example, if your big toe is affected you may need to limit the amount of walking you do and create a bed cradle to keep your sheets off your foot when you're in bed. See the *Dealing with pain* information sheet for tips on coping with pain.

Can gout be prevented?

The good news is that gout can be prevented. The goal of treatment is to lower uric acid levels to a level that prevents gout attacks. Your uric acid level can be checked with a blood test. For most people with gout, the target uric acid level (serum urate) you are aiming to achieve with treatment is:

Less than 0.36 millimoles per litre (<0.36mmol/L)

For some people with more severe gout, the target uric acid level will be less than 0.30 millimoles per litre (<0.30mmol/L). Talk to your doctor about treatments that can help you reach your target uric acid level, including:

Medicines: There are medicines that can lower uric acid levels in your blood. These medicines need to be taken every day, whether you are having an attack or not.

Alcohol: Cut down the amount of alcohol you drink and avoid drinking a lot of alcohol at one time (binge drinking). Talk to your doctor or visit www.alcohol.gov.au for Australian Government guidelines on recommended alcohol intake.

Weight loss: If you are overweight, lose weight gradually. Make sure you have a healthy diet as 'crash' or 'starvation diets' can actually increase uric acid levels. See a dietitian for advice.

Purine-rich foods: See the *Gout and diet* sheet for more information.

Pseudogout is often mistaken as gout as it causes similar symptoms. However it is the result of a different type of crystal, called calcium pyrophosphate crystals, forming in the joint. These crystals tend to form in the cartilage, the smooth coating lining the ends of the bones. Pseudogout is diagnosed by finding calcium pyrophosphate crystals in the fluid of an affected joint. It is a separate condition from gout and may require different treatment.

CONTACT YOUR LOCAL ARTHRITIS OFFICE FOR MORE INFORMATION SHEETS ON ARTHRITIS.

Untreated gout can cause permanent damage to the joints. Know your target uric acid level and learn ways to prevent gout attacks.

For more information:

Arthritis Australia's *Taking control of your gout* booklet provides information and practical tips for managing gout. Available at www.arthritisact.org.au or by calling 1800 011 041.

To find a dietitian, call Arthritis ACT on 1800 011 041 or ask your doctor.