CHRONIC GOUT

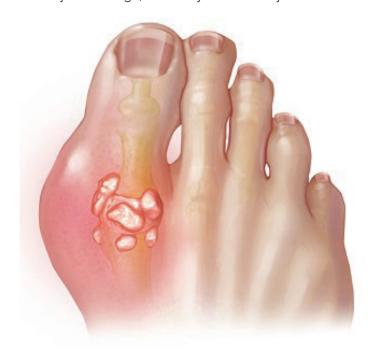
MAKING A LIFELONG ADJUSTMENT TO LIVING WITH GOUT

International guidelines on the management of gout advocate that patient education about gout is essential, including the principles of how gout is caused, managing acute attacks and the importance of effective long-term treatments.^{1a}

WHAT IS GOUT?

Gout is a type of inflammatory **arthritis**, a painful condition caused by the deposition (build-up) of uric acid crystals in one or more joints.^{2a,b,3a}

Some people develop chronic gout, also called gouty arthritis. This is when people experience repeated flare-ups that can lead to joint damage, deformity and limited joint motion.^{2c,4a}



WHY IS IT IMPORTANT TO LEARN ABOUT CHRONIC GOUT?

Gouty arthritis can lead to chronic disability and joint damage can get progressively worse. 1j,3b

Chronic gout increases the risk of developing osteoarthritis and increases the risk of kidney disease. ^{2d,3b} Long term management of chronic gout with effective medicines can slow down the progression of the disease. ^{1b,5b}



MANAGING CHRONIC GOUT

There are 3 basic principles for the effective management of gout :

Be fully informed about how gout is caused, and the availability of effective treatments, how to manage acute attacks and chronic gout. $^{
m 1c}$

Learn about lifestyle modifications: weight loss if appropriate and avoidance of alcohol (especially beer and spirits) and sugar-sweetened drinks, heavy meals and excessive intake of meat and seafood. Regular exercise is advised. ^{1d}

Be assessed for other chronic conditions such as impaired kidney function, obesity, high cholesterol, hypertension, diabetes, and smoking, which can addressed as an integral part of the management of gout.¹º

THE ROOT CAUSE OF GOUT: URIC ACID

High levels of **uric acid** in the body is known as **hyperuricaemia** which could lead to other conditions like gout.^{2e,3a}

Why does this happen? Your body might 'make' too much uric acid, or your body has difficulty getting rid of uric acid. This means there is an abundance of uric acid circulating in the blood, leading to the formation of uric acid crystals in the joints. The crystals cause the joint to become inflamed, causing pain, swelling and warmth.^{2e}





WHO IS AT RISK OF DEVELOPING GOUT?

- It is important to know that most often the uric acid in the blood becomes abnormally high when the <u>kidneys cannot</u> <u>eliminate enough uric acid in the urine</u>. Conditions that impair the kidney function include kidney disease, high blood pressure and diabetes, putting these people at higher risk of developing gout. 15,36
- Some medications such as diuretics (water pills) used to treat high blood pressure may increase the uric acid level in the blood.^{2f}
- Consuming too much purine-rich food can also increase the uric acid level in the blood and combining a highpurine diet with alcohol or beverages containing high fructose corn syrup can worsen matters.^{3d,e}

FOODS THAT CAN INCREASE URIC ACID LEVELS TYPICALLY INCLUDE

- Liver, kidney^{3d}
- Anchovies^{3d}
- Asparagus^{3d}
- Meat gravies and broths^{3d}
- Mushrooms^{3d}
- Mussels, sardines and herring^{3d}
- Sweetbreads^{3d}

TREATMENT

Gout treatment has 3 goals:3f



Preventing further flare-

 Avoiding alcohol and purine-rich foods, changing drugs that increase uric acid, losing weight³ⁱ Long-term management 2g,3f,4b

 Preventing further deposition of uric acid in the joints by lowering blood levels of uric acid^{3j}





GOUT

NORMAL

LONG TERM MANAGEMENT:

Gout is the only arthritis that can be alleviated with Urate-Lowering Therapy¹

People that suffer from chronic gout may be prescribed treatment – called **Urate-Lowering Therapy (ULT)** – which lowers the uric acid level in the blood. Lowering uric acid to

less than 6 mg / dL is needed to prevent deposits of uric acid. $_{^{2\text{h},3\text{k}}}$

When uric acid is maintained under 6 mg / dL then it will stop being deposited into tissues and existing deposit will eventually dissolve. 3k

The benefits of this daily urate-lowering therapy are not only seen in long-term control of flare-ups but also in the prevention of chronic damage to the kidneys and joints. 5b,c

These medicines are required if you have: 1f,2h,5d

- Frequent, severe flare-ups (more than 2 during the same year) despite taking colchicine or other painkillers
- Damage to joint and tophi (lumps under the skin)^{2k}
- Kidney disease or kidney stones

GOUT AND KIDNEY DISEASE

High levels of uric acid in the **blood** are associated with increased risk of **kidney disease**. ^{2d} For these people there is a higher likelihood of gout progression and development of **tophi**. ^{5b}

Taking medicines to **lower uric acid** can prevent progression of gout with added benefit of preventing progression of **kidney disease**. 5b

LIFESTYLE MODIFICATIONS



LONG TERM OUTLOOK

Treating gout patients to prevent crystal formation and promote crystal dissolution has been a principle of management for more than 50 years! 1h,i

With early diagnosis, treatment enables most people to live a normal life.^{2j} For many people with advanced disease, lowering uric acid blood levels can resolve tophi and improve joint function and quality of life.^{1h,3l}

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WHAT DO THESE MEDICAL TERMS MEAN?

Tophus/Tophi

Deposits of uric acid can form lumps below the skin around a joint. The lump is called a tophus. Multiple lumps (tophi) develop after a person has had gout for many years.2k

Uric acid

A by-product of nucleic acids (DNA and RNA) in cells and from purines in food.3m

Hyperuricaemia

High blood levels of uric acid.3a A uric acid level in the blood over 7 mg/dL is considered high.2l

Kidney stones

Medically called urolithiasis, kidney stones form in the urine and are composed of uric acid.3b

Urate-lowering therapy (ULT)

Prescription medication taken every day to lower uric acid level in the blood which prevents crystal formation and promotes crystal dissolution.

Please note: this is an education information leaflet only and should not be used for diagnosis. For more information on Chronic Gout, consult your healthcare professional.

References:

- 1. Nuki G, et al. Current management of gout: practical messages from 2016 EULAR guidelines. POLISH ARCHIVES OF INTERNAL MEDICINE 2017;127(4):267-277.
- 2. Medline Plus National Institutes of Health. Gout [Last updated 02 July 2020]; Available from medlineplus.gov/ency/article/000422.htm Last accessed July 2020.
- 3. Edwards NL. MSD MANUAL Consumer Version. Gout [Last revised May 2018]; Available from msdmanuals.com/home/bone-joint-and-muscle-disorders Last accessed July 2020.
- 4. Edwards NL. MSD MANUAL Professional Version. Gout [Last revised Apr 2018]; Available from msdmanuals.com/professional/musculoskeletal-and-connective-tissue-disorders Last accessed July 2020.
- 5. FitzGerald JD, et al. 2020 American College of Rheumatology Guideline for the Management of Gout. Arthritis & Rheumatology 2020; DOI 10.1002/art.41247.

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