Primary Care Networks
CALGARY AND AREA

Specialist *LINK*

Alberta Health Services

GOUT PATHWAY

This AHS Calgary Zone pathway has been developed with consideration of guidelines. **The following is a best-practice clinical pathway for management of Gout in the primary care medical home.**

Specialist *LINK* | Local: **403.910.2551** | Toll free: **1.844.962.5465 (LINK)** | www.specialistlink.ca

REFER TO RHEUMATOLOGY

Suspected Acute Gout attack: Treat as soon as possible

Red Flags
- Fever, chills, signs of cellulitis or sepsis
- If septic arthritis is suspected it is a medical emergency

YES → **REFER TO ER**
Work-up for infection

NO

Comorbidities
- Organ transplant
- Stage 4 or 5 CKD (eGFR < 30 ml/min)
- Contraindications to treatment *(see expanded detail)*
- Not responding to treatment

YES → **If no improvement refer to Rheumatology**

NO

Typical Clinical Features
- Onset more often at night
- Usually monoarticular, lower extremity joint
- Complete resolution of early attacks in days to weeks, even if untreated
- Pain peaks within 12 to 24 hours

Medication/Lifestyle Review
- Diet and Alcohol
- Diuretics
- Screen for comorbidities (eg., HTN, renal, diabetes, lipids)

YES → Stop or modify offending agent, if possible or appropriate

Baseline Investigations:
- CBC, Cr, urate, CRP, ALT, glucose
- If synovial fluid obtained, do cell count, culture and crystals
- Consider x-rays (typical gouty erosions?)

Therapeutic Options in Acute Attack (in order):
1) Colchicine (0.6 mg bid max dose); +/- steroids or NSAIDS
   - Steroids (80 mg IM or 30 mg po daily x 5 days)
2) NSAIDs (limited use given comorbidities)

YES →
- See expanded detail for dosage and contraindications
- Follow-up in 2-4 weeks or if high clinical evidence of recurrent gout

Consider Urate Lowering Therapy (ULT)
- Allopurinol (or febuxostat)
- **Can** start during attack if steroids given
- Continue prophylaxis with colchicine BID for first 3-6 months
- **Do not stop ULT if a gout attack occurs**

YES →
- Treat to target serum urate:
  - < 360 umol/L
  - < 300 umol/L (if tophi or severe gout)
- Follow-up in 2-4 weeks or if high clinical evidence of recurrent gout
- See expanded detail for dosage and contraindications

Contraindications:
Allopurinol hypersensitivity in high-risk ethnic groups including Chinese, Thai and Korean patients

YES → See expanded detail

September, 2017