

**GOUT & URIC ACID**  
EDUCATION SOCIETY SM

# Take a Stand on Gout: Promoting Consistency in Gout Diagnosis and Management

CONSENSUS FROM ROUNDTABLE



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## Introduction

Most medical professionals are all too aware of the growing prevalence of gouty arthritis. Extremely painful, destructive and debilitating, gout is the most common form of inflammatory arthritis. Today, it affects more than 8.3 million Americans – a number that has increased severalfold over the past five decades.<sup>1</sup> Unfortunately, incidence of gout is only expected to climb as more and more Americans continue to be affected by a wide range of comorbidities, including obesity, diabetes, cardiovascular disease and renal disease.

With gout on the rise, a growing number of medical professionals – across multiple fields of practice – will continue to be exposed to patients who suffer from gout and are seeking immediate relief, an accurate diagnosis and a plan for ongoing treatment and management. Beyond rheumatologists, medical professionals who are commonly touched by gout include emergency department and urgent care professionals, primary care professionals, podiatrists and other specialized professionals, such as endocrinologists and nephrologists.

Despite the availability of updated “Guidelines for the Management of Gout” from the American College of Rheumatology (ACR), there are many inconsistencies in how gout is diagnosed, treated and discussed among medical professionals. These inconsistencies can lead to patients’ confusion, particularly if the patient is seeing more than one professional for treatment of gout and/or other health issues.

Promoting consistency in gout diagnosis and management is critical, especially considering the vast majority of Americans – and even gout sufferers themselves – know almost nothing about the disease and rely on their physicians for pertinent information. Research<sup>2</sup> from the Gout & Uric Acid Education Society has shown that three out of four Americans don’t recognize what parts of the body gout affects, and more than half are unaware of the potential crippling side effects of gout. Many also do not understand the risk factors for gout, including family history, ethnicity and other health issues. More alarming, while gout is a disease that requires lifelong management, just 10 percent of gout sufferers receive needed, ongoing treatment. Additionally, one in three gout sufferers has not had their uric acid levels checked within the past five years.

Seeking to promote consistency in gout diagnosis and treatment – and to arm professionals with uniformed messaging to promote overall, improved patient outcomes – the Gout & Uric Acid Education Society hosted a roundtable discussion in Nashville on June 21, 2014. The roundtable was held immediately following the American Association of Nurse Practitioners (AANP) National Conference – a venue selected because, among other professionals, nurse practitioners are on the front lines of providing critical care and education to gout sufferers.

During the roundtable, representatives from multiple fields of practice presented their experience with diagnosing and managing gout and discussed strategies for how to better educate on and manage the disease. Perspectives were provided by a family physician, an emergency department physician, a physician assistant, a professor of nursing with vast experience as a nurse practitioner and a podiatrist. Group discussions were moderated by N. Lawrence Edwards, MD, a rheumatologist and CEO of the Gout & Uric Acid Education Society.

Discussions during the roundtable centered on the need for all front-line medical professionals to prioritize gout as a serious health issue and be more vigilant in providing patient education – thus improving overall patient care and outcomes. In order for this to happen, medical professionals need to have a good overall understanding of:

- How patients typically present with gout,
- The other forms of inflammatory and infectious arthritis that can be confused with gout,
- What approaches can be taken to improve diagnostic certainty, and
- Treatment goals and the challenges that can occur because of comorbidities.

This consensus paper overviews the content presented during the roundtable and captures subsequent discussions and calls-to-action.

## Roundtable Mission

To encourage front-line medical professionals to be vigilant in identifying and managing gout, thus improving overall patient care and outcomes.

## Low Patient Awareness » Inadequate Care Received

- Just 1 in 5 thinks of gout as a serious condition.
- More than half don't understand the potential crippling side effects of gout.
- Few understand risk factors for gout and associated comorbidities.
- Only 10% of gout sufferers get needed, ongoing treatment.
- 1 in 3 with gout hasn't had their uric acid level checked within the past five years.



## ACR Guidelines: A Standard Approach to Gout Management



In October 2012, the ACR released a two-part “[Guidelines for the Management of Gout](#),” which were published in *Arthritis Care and Research* and present evidence-based support for a standard approach to gout management. The release of the Guidelines marked the first time in the eight-decade history of the ACR that guidelines for gout management were provided, reinforcing the gravity of gout and the burden it has become on the health care system.

The Guidelines emphasize the importance of patient education, specifically as it relates to diet, lifestyle choices, treatment objectives and the management of comorbid conditions. The Guidelines also address the pharmacologic approach to lowering uric acid levels, along with therapy for the treatment and prevention of gout flares.

The Gout & Uric Acid Education Society views the release of the Guidelines as an important milestone in gout treatment and management. While the basic concepts of gout are generally well understood by the majority of medical professionals, gout remains a frequently misdiagnosed

and poorly managed condition. Much of what is laid out in the Guidelines has been a standard of care for some time. However, these standards are not widely adhered to across medical professions – and even within the field of rheumatology. The Gout & Uric Acid Education Society is hopeful that the weight of having set guidelines generated for gout management will result in greater conformity to these standards of care in the coming years.

The two-part ACR “[Guidelines for the Management of Gout](#)” and additional information about gout diagnosis and treatment can be found at [GoutEducation.org](http://GoutEducation.org).

# Gout Diagnosis and Management: The Primary Care Perspective

Traditionally, primary care physicians serve as the first or chief point of contact for patient care, making them integral in a patient's gout diagnosis and ongoing management. In many cases, the primary care physician is in a position to make an initial diagnosis of gout based on symptoms and tests, or will play a role in helping to provide ongoing management through collaboration with a rheumatologist or other health specialist.

While prevalence of gout has increased over the past several decades and a larger number of primary care physicians are serving as an initial point of gout care, research has shown that there is room for improvement to promote a greater understanding of gout and hyperuricemia, and steps toward optimal management. For example, one study published in *Rheumatology* found that just over half of primary care physicians provide optimal medication therapy for acute gout attacks, and less than 20 percent provide optimal treatment for chronic and advanced gout.<sup>3</sup> This reinforces that gout should be – and needs to be – a greater priority for primary care physicians.

During the roundtable discussion, Paul Doghramji, MD, shared his experience with gout patients and his perspective of current gout management within the primary care setting. He also addressed a great need to promote gout education and greater collaboration between the primary care physician and other health professionals. Depending on a primary care physician's special areas of interest,

referrals to a rheumatologist for gout may be frequent or rare. While Dr. Doghramji himself does not often refer patients to rheumatologists for gout, he will in cases when the diagnosis is in doubt, in difficult to treat cases, or if the patient requests a rheumatology consultation.

Dr. Doghramji believes that more primary care physicians should place an emphasis on understanding the ACR Guidelines for gout diagnosis and management to ensure timely recognition and optimal patient outcomes. With many distractions (other pressing health issues), limited time and limited access to the ACR Guidelines or knowledge of what's available in regard to gout patient education resources, gout often – and unfortunately – falls off of the radar.

To promote proper gout management, there are several simple steps that primary care physicians can take. These include providing ongoing patient education, promoting shared decision making/ ongoing collaboration with the patient and appropriate follow-up. Throughout the course of gout management, primary care physicians should work closely with their patients to address concerns about diagnosis and management, monitor comorbidities and do periodic appropriate testing including uric acid levels. Just like patients with hypertension who know their target blood pressures or diabetic patients who know their blood sugar and A1C target levels, patients with gout should know their uric acid levels and their goals of treatment.

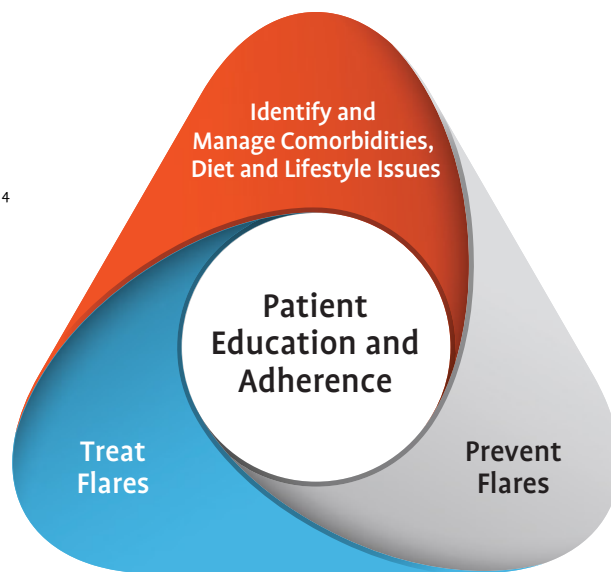


Primary care physicians must also be knowledgeable about gouty arthritis to avoid overlooking this condition in a patient, and also to identify cases where gout has been overlooked by other health care providers. Dr. Doghramji, for example, has seen cases where gout was previously considered to be a strain or sprain, or identified as another form of arthritis. During the roundtable, he also pointed out common pitfalls where a gout diagnosis was initially dismissed because the patient's serum uric acid level was only checked during a flare, was within a normal range and was not checked again after the flare had passed.

## Promoting Optimal Gout Management: Strategies for the PCP

- **Provide ongoing patient education.** The informed patients are more likely to be the compliant patients.
- **Encourage shared decision making.** Work closely with the patient to ensure a proper understanding of medications and to develop a treatment plan that includes maintaining a healthy weight and making dietary and lifestyle changes.
- **Follow up.** Address and monitor uric acid levels and other comorbidities on an ongoing basis, even in the absence of gout flares.

## Gout Management Goals<sup>4</sup>



### Paul P. Doghramji, MD, FAAFP

Paul Doghramji, MD is a board-certified family physician based in Collegeville, PA, and a fellow of the American Academy of Family Physicians. He co-founded Brookside Family Practice and Pediatrics, and now practices at one of its affiliates, Collegeville Family Practice. Dr. Doghramji began diagnosing gout during his residency, where he was put in charge of educating other residents about the disease and the importance of proper management. Today, Dr. Doghramji sees a large number of patients with gouty arthritis – with his typical patient being an obese, hypertensive male with trace to frank metabolic syndrome. Many gout patients he sees are also diabetic. Gout-related publications authored by Dr. Doghramji include “Managing Gout, Hyperuricemia and Comorbidities” and “Hyperuricemia and Gout: New Concepts in Diagnosis and Management.”

# Gout Diagnosis and Management: The Emergency Care Perspective

The pain during a flare of gouty arthritis is often so severe that many patients will go to an emergency department or urgent care facility for immediate relief. Because of this, these settings not only serve as a forum for making an initial, probable diagnosis of gout based on symptoms, but also provide an opportunity to begin the education process and pave the way for gout sufferers to follow up with their primary care professional to confirm a diagnosis and seek further treatment.

While the emergency department is not a traditional venue for patient education, taking steps to provide information could help to decrease this expensive form of health care utilization for a disease that is easily preventable and treatable. During the roundtable, James Roberts, MD shared his experiences of diagnosing gout and providing patient education within the emergency department setting.

While gout is commonly seen in the emergency department, the majority of emergency physicians typically treat only for pain. Because the emergency department is not intended to serve as a patient's venue for primary care, most physicians will only have one experience with each patient – often during the patient's first gout flare. To help improve patient outcomes following an emergency department visit, once a diagnosis of gout is made or strongly suspected, Dr. Roberts provides information about gout and a clinician referral for ongoing care. In some instances, patients who have already been diagnosed with gout will



make repeat trips to the emergency department during a flare for pain relief or prescription refills. Dr. Roberts uses these repeat trips as additional opportunities to provide patient education and reinforce the importance of routine follow-up care.

Oftentimes, patients will present to the emergency department without realizing they have gout, or believe that they are experiencing the pain as a result of a traumatic injury. Because gout can mimic other arthritic conditions such as infectious (septic) arthritis, emergency department physicians must be meticulous when making a diagnosis of gout. For physicians who have a full understanding of how gout presents, Dr. Roberts says making the diagnosis is fairly straight forward. After a presumed diagnosis is made based on symptoms and patient history, Dr. Roberts takes steps such as running routine blood work, tapping the joint for fluid and checking kidney function. He tests the patient's serum

uric acid level – but does not use this to confirm or deny a diagnosis, since levels aren't always elevated during a flare. Occasionally, an X-ray will show some characteristics of gout.

It is common for many patients to forego follow-up care after they leave the emergency department and their symptoms disappear, but this pattern is something that should be strongly discouraged – especially considering the vast majority of gout patients will experience a second flare within one year. More than three out of four gout sufferers will experience another flare within two years, with subsequent attacks typically being more severe and lasting longer in duration. Emergency department physicians can play a vital role in providing education about the importance of follow-up care to avoid side effects such as permanent joint and tissue damage, deformities that can result in loss of normal use and other health comorbidities.



## Promoting Optimal Gout Management: Strategies for the ER Physician

- **Provide referrals.** All patients who receive a probable diagnosis of gout should be referred to a primary care physician or clinic for follow-up care.
- **Reinforce the consequences.** Advise on the importance of seeking follow-up care and reinforce the ramifications of not seeking ongoing treatment. Explain that there is a difference between the medications given in the emergency department for short-term relief, versus medications for ongoing management of gout.
- **Make education resources available.** In addition to a copy of lab and test results, include general information about gout on discharge instructions with steps that can be taken to alleviate pain and avoid gout flares. Patients can be directed to [GoutEducation.org](http://GoutEducation.org) for non-branded health information, and/or given educational brochures to take home for further reading.



### **James R. Roberts, MD**

Dr. James Roberts serves as vice chairman of emergency medicine at Mercy Philadelphia Hospital, and as a professor of emergency medicine at Drexel University College of Medicine. As one of the first five board-certified emergency department physicians in the United States, Dr. Roberts has 42 years of experience in emergency care and has been exposed to gout throughout his career – even experiencing the agony of gout first-hand as a sufferer for the past 35 years. Dr. Roberts has published a series of articles focusing on “Treatment for Gout,” “Gout: Unusual Presentations” and “Diagnosing Gout: The Basics.”



# Gout Diagnosis and Management: The Physician Assistant Perspective

Like the primary care physician, the physician assistant is in an ideal position to educate and counsel patients about gout. The physician assistant's role involves managing treatment, ensuring adherence to prescribed medications, recommending lifestyle changes, and managing comorbidities and adjusting the treatment plan accordingly. In most cases, the physician assistant's approach to treatment and education is no different than their physician colleagues.

As a board member for the Gout & Uric Acid Education Society, and physician assistant within a VA Medical Center Gout Clinic, Joan McTigue, MS, PA-C, has a strong knowledge of how gouty arthritis presents and the importance of adhering to the ACR "Guidelines for the Management of Gout." Despite this, she recognizes that the guidelines are not always easy to reference in clinics, especially for those who aren't as familiar with the updated standards.

Joan believes that patient education is critical, and that it is up to the clinician to provide the right intervention and message at the right time. Many patients do not understand the consequences of gout and, as a result, don't adhere to therapy. This includes stopping treatment after a flare subsides, or if the medication brings on a flare. Conversations about gout and treatment adherence should begin at the initial onset of gout symptoms, and should continue throughout the clinician's history with the patient. Education should also include information on hyperuricemia – the metabolic underpinning of gout – and other comorbidities associated with gout.

At the Gout Clinic, Joan receives many referrals, including from primary care physicians and for patients treated for pain in the emergency department. Because they have typically experienced recurrent gout flares, these patients are primed and eager for education to learn how to avoid future flares and better manage their gout.

## Promoting Optimal Gout Management: Strategies for the Physician Assistant

- **Follow the ACR Guidelines.** While the Guidelines are not always accessible in clinics, they provide a solid frame of reference for state-of-the-art care for gout patients.
- **Provide the right intervention and message at the right time.** Patient education should begin early on, and should continue throughout gout management. This includes adhering to medications, following dietary and lifestyle recommendations and having uric acid levels monitored twice per year.



### Joan McTigue, MS, PA-C

Joan McTigue is a physician assistant in the Division of Rheumatology at the University of Florida's College of Medicine, as well as the VA Medical Center in Gainesville, Florida. In the Gout Clinic where McTigue works within the VA Medical Center, she treats a wide range of new and returning gout patients. The Gout Clinic was developed in response to a widespread epidemic of gout, which threatened to overwhelm the Center's general rheumatology clinics. It provides a greater opportunity for both intensive management and delivery of education specific to gout. McTigue is currently the associate scientific editor for the American College of Rheumatology web-based post-graduate rheumatology training program for physician assistants and nurse practitioners. McTigue is also on the editorial staff of *ADVANCE for Physician Assistants* and a peer reviewer for *The Journal of American Academy of Physician Assistants*. Her work includes authoring articles and being a study coordinator on numerous research projects in women's health and rheumatology. One of McTigue's articles, "Pain Management in Gout," addresses the epidemiology, inflammatory pathophysiology, pain management and treatment of the disease.

# Gout Diagnosis and Management: The Nurse Practitioner Perspective



The role of the nurse practitioner has evolved significantly over the past few decades. Today, nurse practitioners have increasing levels of responsibility, and more are expanding into specialty areas, including primary care, acute care and gerontology. Nurse practitioners continue to play a large part in overall health promotion, and are primed to fulfill the role as a patient's primary care provider.

Like physicians, depending on their area of practice and expertise, more nurse practitioners are being exposed to patients with gouty arthritis. The nurse practitioner is positioned to provide patient education, acute intervention and ongoing management. During the roundtable, Mariann Harding, PhD, RN, CNE, shared insights from her 22 years of experience as a nurse practitioner, and current role as an Associate Professor of Nursing at Kent State University.

Dr. Harding believes that gout education is critical – both for the patient and nurse practitioner. In her current role, she has seen many patients, who after being off of their medications for several days, experience gout-related symptoms. Despite having previous experience with gout, many of these patients don't think of gout as a possible cause. Many others don't realize the importance of taking their medications as prescribed, or following a recommended diet. Dr. Harding has found that the educated patients are more likely to adhere to the therapeutic regimen.

While the average nurse practitioner has a good, basic understanding of gout, Dr. Harding believes that ongoing professional education is needed to promote optimal outcomes for patients with gout. This includes a better understanding of the ACR Guidelines to reference appropriate

dosing of medications to lower uric acid levels and to manage an acute episode of inflammation. Dr. Harding also stressed a need for more nurse practitioners to take into consideration the interplay of gout and comorbidities, particularly cardiovascular disease and metabolic syndrome.

Dr. Harding recommends taking advantage of both public and professional education resources available from reputable organizations such as the Gout & Uric Acid Education Society and Arthritis Foundation. While these organizations offer evidence-based information and strategies for disease management, Dr. Harding stressed that caution should be exercised when recommending additional websites so that patients aren't dissuaded from effective, standard medical therapies.

## Promoting Optimal Gout Management: Strategies for the Nurse Practitioner

- **Reinforce the balance of medications with lifestyle changes.** In addition to encouraging patients to adhere to their medication regimen, stress that relying on medications is only a piece of comprehensive management. Making important dietary and lifestyle changes also plays a large role in improved patient outcomes.
- **Provide access to education – both in and out of the office.** Take advantage of evidence-based and informative resources available through reputable organizations such as the Gout & Uric Acid Education Society and Arthritis Foundation.

## Lifestyle Recommendations for Patients

**Avoid** Organ meats (sweetbreads, liver, kidneys); sugar-sweetened non-diet soft drinks; foods and beverages containing high-fructose corn syrup; alcohol

**Limit** Large portions or concentrations of beef, lamb, pork and seafood; naturally sweet fruit juices; sugar-sweetened foods; table salt

**Encourage** Low-fat or nonfat dairy products; nuts; legumes; vegetables and fruits high in Vitamin C; whole grains

**Follow** A moderate exercise program, avoiding joint trauma and wearing appropriate footwear

**If Overweight** Balance a calorie-controlled diet to promote weight loss



### **Mariann M. Harding, PhD, RN, CNE**

Dr. Mariann Harding served as a registered nurse for over 25 years and a nurse practitioner for 22 years. She is currently an Associate Professor of Nursing at Kent State University at Tuscarawas and serves as a consultant to local health care facilities and advocacy groups in assisting with health promotion programs. She has several years of work experience in intensive care nursing, outpatient clinics and oncology, including time at the National Institutes of Health. Dr. Harding developed a personal interest in gout several years ago when she was asked to do a review of pharmacology content on gout and arthritic disorders for a major nursing text. Shortly thereafter, two of her uncles and one cousin were all diagnosed with gout in a short time span. During her role today as a nurse educator, Dr. Harding sees a number of older adults with gout in the acute care setting. Dr. Harding has published multiple articles on gout, including “All about Gout” and “Gout: Tips on Diagnosis, Treatment and Patient Education.”

## Gout Diagnosis and Management: The Podiatrist Perspective

Because gout incidence is on the rise and most commonly affects the great toe and other parts of the foot, podiatrists are frequently exposed to gout. During the roundtable, Nicholas Romansky, DPM discussed his experiences with gout patients and the steps he takes toward making a diagnosis, providing patient education and collaborating with other health professionals for ongoing treatment and management.



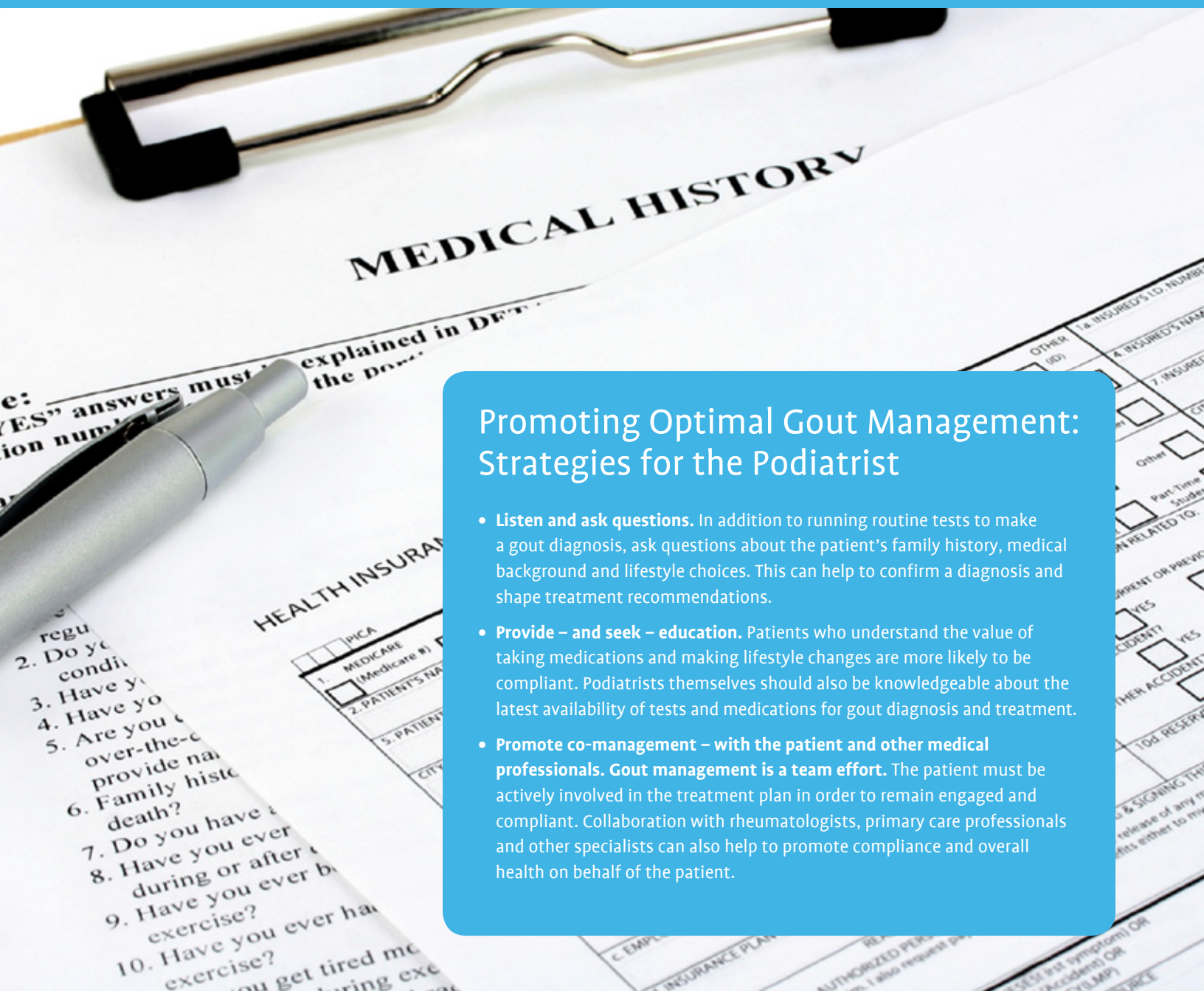
Dr. Romansky and his colleagues see approximately 300 gout patients per year, with Dr. Romansky personally managing up to three gout patients per week. The typical patient presents with standard symptoms – extreme pain, redness and swelling somewhere in the foot, ankle or toe. While most of Dr. Romansky's gout patients tend to be older men, he sees patients of all ages and ethnicities.

As the team physician for the Men & Women's United States World Cup, National and Olympic soccer teams, as well as other Philadelphia-based sports teams, Dr. Romansky also sees many athletes who are afflicted by gout. Athletes with gout commonly present first to a podiatrist for treatment, versus other physicians or specialists, since gout most commonly begins in the great toe, toes or ankle.

While athletes are not thought of as the typical face of gout, they do experience it because, in some cases, they aren't making the best efforts to take care of themselves. This includes maintaining diets that are unhealthy or unbalanced (burning calories, but still partaking in unhealthy food choices); dehydration and rehydration with sports beverages; lack of sleep; existence of previous joint injuries; and use of alcohol or anti-inflammatory medications. In many cases, particularly among high-profile athletes, Dr. Romansky has seen gout become a secondary issue to the patient – neglected to a point where permanent damage occurs and is usually progressive to joints and multiple organs, particularly the kidneys.

The podiatrist can play a large role in providing patient education to ensure proper management of gout. Dr. Romansky says that the first step is to listen to the patient and ask questions. Beyond running standard blood work, tapping joints for fluid and checking uric acid levels, knowledge of the patient's family history and medical background is helpful in making a gout diagnosis. Dr. Romansky also believes that co-managing the disease with patients is critical in helping them to understand not only *why* they need to take certain medications and make changes to their diets and exercise routines, but also in ensuring they are compliant with treatment recommendations. Dr. Romansky also believes that in order to provide optimal patient care, podiatrists themselves must “never stop learning about the disease.” They should make an effort to remain up-to-date on the current tests and gout medications available, and recommendations for treatment. This includes having a good understanding of the ACR Guidelines as a way to offer a level of structure and stability.

In regard to referrals, Dr. Romansky works closely with a wide range of medical professionals to co-manage treatment for gout. Dr. Romansky frequently refers patients to rheumatologists, and also collaborates with primary care physicians and other health specialists. A high level of collaboration is instrumental in ensuring that patients stick to their treatment and are making the best choices for themselves and their health.



## Promoting Optimal Gout Management: Strategies for the Podiatrist

- **Listen and ask questions.** In addition to running routine tests to make a gout diagnosis, ask questions about the patient’s family history, medical background and lifestyle choices. This can help to confirm a diagnosis and shape treatment recommendations.
- **Provide – and seek – education.** Patients who understand the value of taking medications and making lifestyle changes are more likely to be compliant. Podiatrists themselves should also be knowledgeable about the latest availability of tests and medications for gout diagnosis and treatment.
- **Promote co-management – with the patient and other medical professionals. Gout management is a team effort.** The patient must be actively involved in the treatment plan in order to remain engaged and compliant. Collaboration with rheumatologists, primary care professionals and other specialists can also help to promote compliance and overall health on behalf of the patient.



### Nicholas Romansky, DPM

Dr. Nicholas Romansky is a foot and ankle specialist at Healthmark Foot & Ankle Associates, with locations in Phoenixville and Media, PA. He has a long history with gout, dating more than 25 years ago to his very first patient during residency – an African-American male who woke up at 3:30 a.m. because he couldn’t stand the bed sheet touching his toe. Dr. Romansky serves as a contributing editor to *Podiatry Today Magazine* and is the team physician for the Men & Women’s United States World Cup, National and Olympic soccer teams. He is a design consultant to multiple shoe gear companies and a medical consultant to many of Philadelphia’s professional athletic teams. Dr. Romansky has published “Recognizing and Treating Lower Extremity Gout,” which discusses the current concepts in diagnosis and treatment of gout.

## Consensus from Group Discussion



Following individual presentations of best practices and strategies for gout management within their respective fields, roundtable participants discussed various challenges and steps that medical professionals across all fields can take to promote consistency in gout diagnosis, treatment and management.

### Addressing Barriers to Patient Education

Participants agreed that the foremost challenge in providing adequate care and achieving positive outcomes among gout sufferers is the significant lack of patient understanding about gout as a serious condition and the need for lifelong adherence to prescribed medications and recommended dietary and lifestyle changes. Research from the Gout & Uric Acid Education Society has previously confirmed that only half of Americans understand the potentially crippling side effects of gout, and far fewer understand the link between gout and other serious comorbidities. This lack of education has translated into inadequate compliance – with just 10 percent of gout sufferers getting the ongoing treatment that they need.

#### **Begin education early – and continue it throughout treatment.**

Providing ongoing patient education is critical. Participants agreed that education needs to be reinforced from the very beginning – and in many cases, even before gout is officially diagnosed but presents as a risk because of an elevated uric acid level, particularly when combined with risk factors such as family history or manifestation of other comorbidities. Patient education should continue throughout the course of treatment, and medical professionals should be particularly vigilant in following up with patients who are not scheduling regular appointments or who appear to be non-compliant with their medications or treatment plans. All patients who have gout should be encouraged to know their serum uric acid level and have it checked twice per year. The ACR Guidelines recommend a target level of 6 mg/dL or below, and even 5 mg/dL or 4 mg/dL

or below for patients who already have evidence of tophi.

#### **Explain why medications are being prescribed and promote compliance.**

Painful flares of gout are the reason most patients seek medical care. The roundtable participants all agreed that too much emphasis has been placed on the flare by both patients and physicians. Patients should be educated that, even in the absence of a flare, their disease will progress to become more painful and destructive if they don't take their uric acid-lowering medications and remain on them throughout life. Participants also agreed that many patients will begin long-term medications with good intentions, only to stop treatment abruptly if it causes them to experience another flare. It should also be explained to patients that while initial flares may occur after starting uric acid-lowering

medication, it is normal and a sign that the medication is working. To help with this, the ACR Guidelines recommend beginning either daily low-dose colchicine or low-dose NSAIDs two weeks prior to the initiation of uric acid-lowering therapy and continuing it for 3 to 6 months.

#### **Encourage sharing of medical records and collaboration to promote patient follow-up.**

While providing ongoing education is important, participants also agreed that not all settings are ideal forums for learning to take place. For example, in the emergency or urgent care setting, many patients come in with a primary goal of pain relief. In many cases, even when the patient is provided with discharge instructions that include information about gout and a recommendation to follow up with his or her primary care physician, the patient will not follow through with these instructions once the pain has subsided.

It can take multiple flares – even to the point when joint and tissue damage cannot be reversed – before the patient is ready to take the appropriate steps. During the roundtable, one participant brought up the comparison between a gout flare and child birth. While the pain is extremely severe, it is surprising how quickly a patient can forget once the pain subsides. The only difference, the participant said, is that child birth is a type of pain that many people do not mind going through again because it results in something positive. No one wants to have another gout flare. To help ensure gout sufferers are getting the follow-up care they need – particularly in

emergency and urgent care settings – sharing of records and collaboration with the patient’s primary care physician should be encouraged.

### **Provide access to patient education resources.**

The issue of poor health literacy was also addressed, along with a great need for more patients to become more aware of the resources available to them about gouty arthritis. Beyond in-office discussions, medical professionals should make available printed resources that patients can take home for further reading and to share with other family members or caregivers. Informative websites, such as

[GoutEducation.org](http://GoutEducation.org), can also be shared for further information. Participants agreed that organizations, like the Gout & Uric Acid Education Society, and pharmaceutical companies can play a role in promoting patient education by making these materials readily available and by advertising/establishing a presence in high-profile consumer media outlets.

Participants agreed that in order for patients to adhere to their treatment plans, they need to feel like they are making progress. When it comes to experiencing a gout flare, patients should be encouraged to be *proactive*, not *reactive* – and providing education can help with this.

## Strategies for All Medical Professionals

- Provide ongoing education about gout and promote the availability of resources from the Gout & Uric Acid Education Society to encourage patient health literacy.
- Follow up with patients to make sure their uric acid levels are being checked twice per year and take steps to “treat to target” if they are above 6 mg/dL.
- Explain why medications are being prescribed, any side effects the patient can expect and the consequences of not adhering to treatment.
- Review steps that should be taken beyond use of medications, including avoiding alcohol and foods that contain purines or high-fructose corn syrup; and getting regular exercise and maintaining a healthy weight.
- Ensure patients have a good understanding of the comorbidities associated with gout and the steps to keep them at bay.
- Be visual – sometimes a picture is worth a thousand words to reinforce the ramifications of uncontrolled gout.

## Addressing Barriers to Professional Education

While patients obtain information about gout from a multitude of sources, including online resources, medical professionals are often the primary source of information – and are also typically viewed as the most respected and trustworthy. Because of this, health literacy among medical professionals and consistency in how gout is diagnosed and managed is critical.

The good news is that most medical professionals have at least a fair working knowledge about how gout presents and what steps to take toward making a probable diagnosis. The unfortunate news is that, despite this, gout can often be misdiagnosed, poorly managed or even neglected all together. During the roundtable, participants agreed that unless gout is a personal interest of the physician or professional, it is not typically on the radar. In many cases, gout is put on the back burner as a result of a need to address other comorbidities first – and then is either never addressed, or addressed at a point when the disease has progressed too far.

### Promote resources available through reputable organizations.

Participants agreed that there is a great need to motivate and groom medical professionals to educate both their patients and colleagues about gout to ensure consistency in diagnosis, treatment and management. Organizations, like the Gout & Uric Acid Education Society, can help by continuing to provide and promote informational resources through websites and direct communications. Participants also recommended strategic placement of references where medical professionals are likely to see them on a daily basis. When the ACR Guidelines or printed resources aren't readily available or are too bulky to transport, references such as pocket-sized companion pieces or smartphone applications may be useful.

### Access information through industry conferences and research.

Participants also agreed that gout is not always on the radar because it is not widely discussed during industry conferences or in medical journals outside of the field of rheumatology. Medical professional experts within respective fields should be encouraged to present at and promote gout-related content during commonly attended education conferences, such as those conducted by the American Academy of Family Physicians, American Academy of Physician Assistants, American Association of Nurse Practitioners, American College of Emergency Physicians and American Podiatric Medical Association.

The continued availability of clinical research and outcome data is also instrumental, participants agreed. Providing adequate knowledge about the consequences of gout and a high serum uric acid level is a selling point – but the buy-in is needed.

## Strategies for All Medical Professionals

- Take advantage of resources from the Gout & Uric Acid Education Society and share with colleagues to promote health literacy.
- Place gout resources and references in strategic locations to provide ease of access by medical professionals (i.e. if a patient is known to have gout, include printed gout literature with the patient's chart).
- Serve as an advocate for gout health literacy by providing gout-related content to medical journals or attending/presenting during national conferences within your respective field of practice.
- Set up a Google alert for "gout" to keep up-to-date on the latest clinical research and outcome data available.

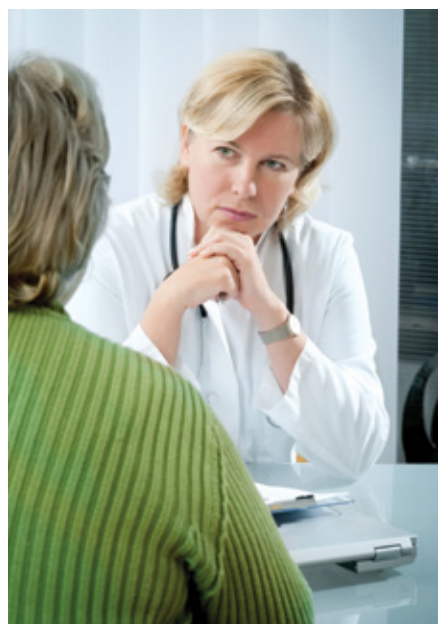


## Promoting Use of the ACR Guidelines

While the ACR Guidelines serve as a standard approach to gout management, participants recognized that it is not realistic to expect all medical professionals to use or have immediate access to the Guidelines when consulting with a gout patient. Availability of time and resources is also a factor in why many of the Guidelines are not fully followed. For example, titration is a time-consuming process that is not likely to be used by all medical professionals.

Participants agreed that even when the Guidelines cannot or are not being followed, all medical professionals should follow the below simple steps to promote a favorable patient outcome.

- **Treat to target** with a recommended serum acid level below 6 mg/dL
- **Educate** about medications, dietary restrictions and recommended lifestyle changes



## Knowing When to Collaborate and Refer

The average patient sees more than one physician to address primary care and various health issues. While utilization and sharing of electronic records is becoming increasingly common – and serves as a vital way of informing both colleagues within the same practice and collaborating health professionals about a patient’s medical history – access to these records is not always readily available. Even when electronic medical records are available, they often fail to tell the whole story, or aren’t up-to-date with the patient’s latest medications or pertinent information. Medical records can become especially convoluted when the patient is seeing multiple medical professionals and does not request that records be shared with his or her primary care physician or other health specialists.

Because of this, it is important for medical professionals to collaborate with one another and proactively share records to ensure the best possible patient outcome – particularly if the patient is suffering from other comorbidities. Records can be shared electronically, or via fax, mail or a phone conversation, and should include a history of the patient’s visit, along with a list of any recommendations for further care.

When the patient is seeing multiple medical professionals, it is helpful to determine the patient’s primary point of contact for both gout care (i.e. rheumatologist, podiatrist, primary care physician) and general health, and ensure those professionals have access to the information. Collaboration and co-management of gout can help to ensure greater patient compliance, while promoting consistency in education and messaging.

Depending on a medical professional’s field of practice, referrals to other medical professionals are not always needed. However, they should be made:

- When the diagnosis is in doubt or needs confirmation
- When gout symptoms or uric acid levels cannot be properly managed
- If the patient prefers to have another specialist involved in his or her gout management

# Resources from the Gout & Uric Acid Education Society



The Gout & Uric Acid Education Society is a non-profit organization of health care professionals dedicated to educating the public and general health care community about gout and the related consequences of hyperuricemia, with the aim of improving the quality of care and minimizing the burden of gout. Through its “Take a Stand on Gout” initiative, the Gout & Uric Acid Education Society offers complimentary public and professional education resources through its website, [GoutEducation.org](http://GoutEducation.org).

Through the website, medical professionals can access information about gout diagnosis and treatment, plus a wide range of printed and electronic resources to share with patients. Patient resources include an infographic/poster, brochures and fact sheets in both English and Spanish, and a series of educational videos featuring advice from medical professionals and testimonials from gout patients. These resources have been reviewed by the Gout & Uric Acid Education Society’s Board of Directors and adhere to the updated ACR “Guidelines for the Management of Gout.”

During the roundtable, participants discussed the importance of promoting these resources to both the general public and medical professional community as a way to provide consistent, non-branded and unbiased medical information about gout diagnosis and management.



## Conclusion

As gout continues to become more common and a growing number of medical professionals are exposed to patients with gout, there remains an urgent need for both medical professionals and the general public to understand the severity of gout and the consequences of not adhering to treatment. All participants agreed that before progress can be made, gout needs to be recognized as a serious disease – and one that should be addressed 24/7, and not just during painful flares.

This roundtable discussion was the first in what will hopefully be many steps toward encouraging more front-line medical professionals to prioritize gout as a serious health issue and promote patient education as a way to improve patient outcomes. While the ACR “Guidelines for the Management of Gout” are available and helpful in gout treatment, participants recognized that it may be unrealistic to expect professionals to reference the guidelines in all points of treatment. In those cases when the guidelines are not readily accessible, professionals should be encouraged to “treat to target” and provide ongoing education to patients about the importance of taking medications as prescribed and making healthy dietary and lifestyle changes.

With ongoing support from medical professionals who serve as advocates for improved gout management – and through generous education grants made available from sponsors – the Gout & Uric Acid Education Society remains committed to providing unbiased gout education and resources to help further reduce the burden of gout and hyperuricemia.

For additional information and resources, please visit [GoutEducation.org](http://GoutEducation.org).



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