

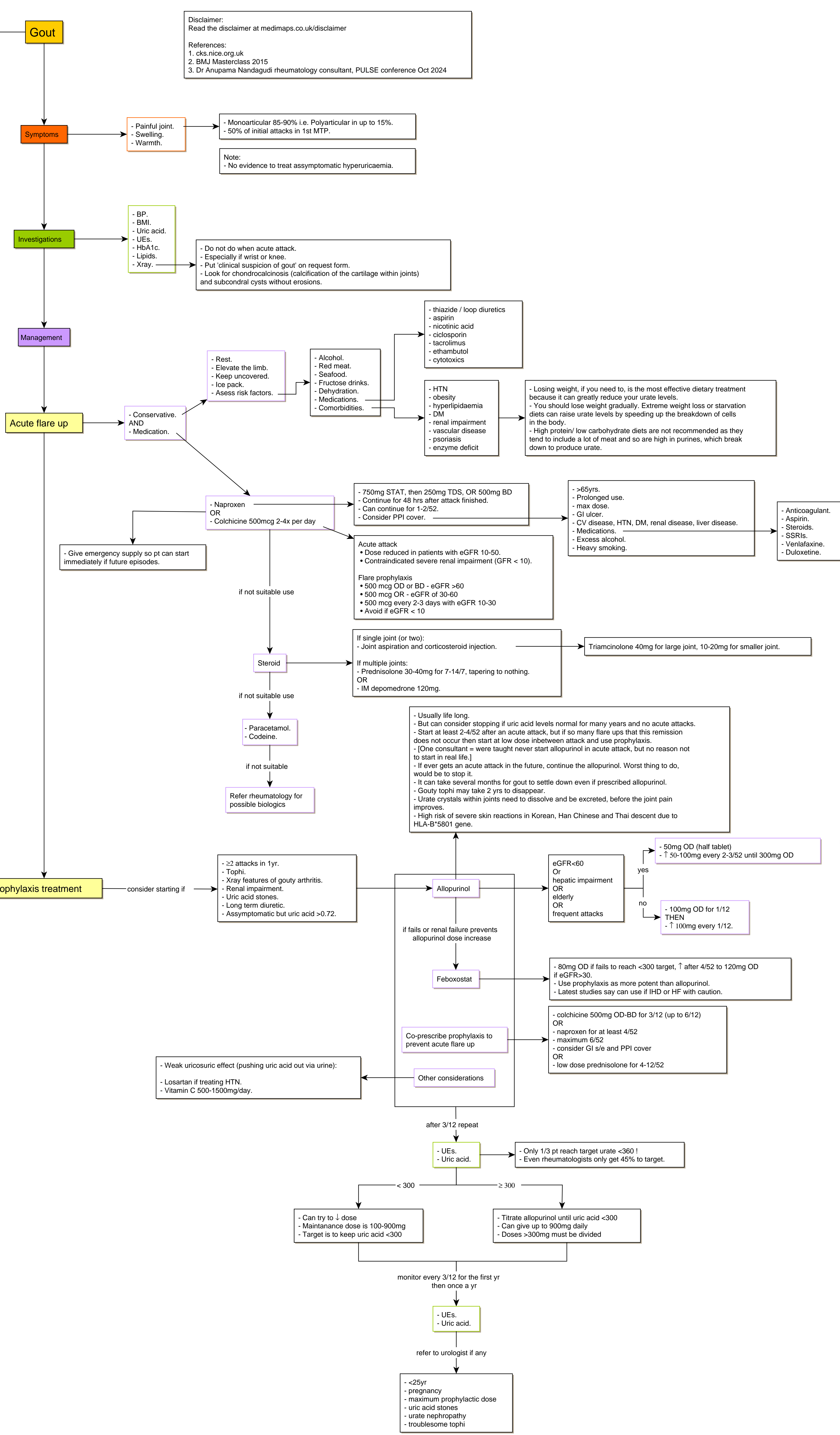
GOUT

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References:
1. cks.nice.org.uk
2. BMJ Masterclass 2015
3. Dr Anupama Nandagudi rheumatology consultant, PULSE conference Oct 2024

- Uric acid is produced by purine degradation.
- Inadequate excretion is the main issue for most pt's, not that they are eating of it etc
- Rare in <20y (associated with glycogen disorders or congenital conditions).
- Common > 30y male and postmenopausal women.
- 1 in 40 adults affected.

Pseudogout =
Consultant lecture 2017 =
- used colchicine for a few pt's.
- for all intents and purposes is fine to manage with same treatment as OA.



Starting regime of allopurinol according to glomerular filtration rate

Estimated GFR ml/min/1.73 m ²	Allopurinol starting dose
<5	50 mg/week
5-15	50 mg twice weekly
16-30	50 mg every 2 days
31-45	50 mg/day
46-60	50 mg and 100 mg on alternate days
61-90	100 mg/day
91-130	150 mg/day
>130	200 mg/day