

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?

There are two main groups of people commonly affected by gout:

- men between the ages of 40 and 50 years
- older people taking diuretics (also known as 'water pills' or tablets which help the body get rid of water).

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 body not flushing uric acid out of your kidneys fast enough. Gout runs in families, although not all family members will be affected. There are environmental factors which are thought to play a role in developing gout, including:

- drinking alcohol
- dehydration (not drinking enough water)
- being overweight or overeating

- 'crash' dieting or fasting
- eating certain foods (see next page).

Taking diuretics (water tablets) and/or having kidney disease also increases your risk of developing gout.

How is it diagnosed?

Gout is diagnosed by finding crystals of uric acid in fluid taken from your joint. Your doctor may test your urine to see if your body is getting rid of extra amounts of uric acid. Uric acid levels can also be measured by blood tests, however these are not always accurate. Uric acid levels may be normal or even lowered during an attack or gout. Blood tests are most useful in ruling out other types of joint infections or arthritis. X-rays are often normal in the early stages of gout 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 & inflammation of the affected joints
- tophi - solid deposits (lumps) of uric acid crystals, especially on the ears, fingers, hands, forearms, knees, and elbow
- 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

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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. Talk to your doctor about ways to prevent gout, 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.

Purines: It is believed that some foods may trigger attacks of gout. These foods tend to contain high levels of purines, a substance that can be made into uric acid in the body. However not all purine-rich foods are thought to cause gout. There is also very little scientific proof that avoiding purine-rich foods can successfully reduce gout attacks. Purine-rich foods include liver, offal, shellfish, scallops, mussels, herring, mackerel, sardines, anchovies and beer. You should talk to your doctor or a dietitian about the best diet for your overall health.

Pseudogout

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.

Learn ways to prevent an attack of gout.

For more information:

Books Emmerson, Bryan 2003, *Getting rid of gout: A guide to management and prevention*, Oxford University Press, Melbourne.

Websites The Arthritis Research Campaign www.arc.org.uk
American College of Rheumatology www.rheumatology.org

Arthritis Foundation (US) www.arthritis.org

The Dietitians Association of Australia can help you 'find a dietitian' at www.daa.asn.au

Source: A full list of the references used to compile this sheet is available from your local Arthritis Office

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