July 2012

Gout Questions

1. Q: What is the first choice medication for the treatment of gout?

A: NSAIDs

1. Q: What are the common contraindications for NSAID use?

A: 1. Impaired renal function.

2. History of serious gastrointestinal toxicity.

1. Q: What are the alternative medications for those patients at risk for ulcers?

A: 1. COX-2 inhibitors

2. Along with a PPI or Misoprostol

1. Q: What is another first line medication for gout when NSAIDs are contraindicated?

A: Colchicine

1. Q: How fast does colchicine relieve pain?

A: Colchicine relieves pain within 24 hours for 90% of patients treated within first few hours of at pain onset.

1. Q: What is the recommended dosage of Colchicine?

A: Initial dose of 1.2 mg, followed by 0.6 mg one hour later

1. Q: What drug interactions are common with Colchicine?

A: 1. CYP3A4 inhibitors 2. P-glycoprotein

1. Q: When are CYP3A4 inhibitors, P-glycoproteins, and Colchicine contraindicated?

A: 1. Renal impairment 2. Hepatic Impairment

1. Q: Name some CYP3A4 inhibitors

A: 1. Erythromycin

1. Clarithromycin
2. Verapamil
3. Ketoconazole
4. Itraconazole
5. Many antiretroviral drugs
6. Q: Name a P-glycoprotein

A: Cyclosporine

1. Q: What are the symptoms of Colchicine toxicity?

A: 1. GI symptoms

2. Fever

3. Leucopenia

1. Q: Are corticosteroids indicated for treating gout?

A: 1. Intra articular cortisone injections are effective.

2. Oral prednisone: at a dose of 30 mg QD.

1. Q: What is the typical recurrence pattern for gout?

A: Most patients have a second attack within 6 to 24 months of the first incident.

1. Q: What are the main lifestyle choices that contribute to gout?

A: 1. Diet: meat, seafood, beer, liquor, and beverage fructose.

2. Obesity is clearly linked to gout.

1. Q: What are the target lab test values for the treatment of gout?

A: <390 milli mol / L of serum urate

1. Q: How does the drug Allopurinol affect gout?
2. A: It is a Xanthine Oxidase Inhibitor and it inhibits the production of uric acid.
3. Q: How effective is Allopurinol?

A: Full doses reduce serum urate concentrations to normal in 80% of gout patients.

1. Q: What are the possible side effects of using Allopurinol?

A: 1. Rash 2. Exfoliative dermatitis 3. Vasculitis 4. Bone marrow suppression

5. Liver depression 6. Fever 7. Eosinophilia 8. Acute interstitial nephritis

1. Q: What other Xanthine Oxidase Inhibitor medication is an alternative to Allopurinol?

A: Febuxostat

1. Q: What are the advantages of using Febuxostat?

A: 1. Lower dosages are needed: 40mg = 300 mg of Allopurinol

2. It is well tolerated.

3. Very small quantities are excreted renally.

1. Q: What are the adverse reactions reported for Febuxostat?

A: 1. Rash

2. Nausea

3. Diarrhea

4. Arthralgias

5. Liver function abnormalities

1. Q: What drugs will interact with Febuxostat causing severe toxicities?

A: 1. Azathioprine

2. Mercaptopurine

3. Theophylline

1. Q: What drug treatments are recommended for the intercritical period?

A: Use low dose NSAID or colchicine when initiating urate lowering therapy.