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GOUT



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A BOOKLET FOR PATIENTS



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DEAR READER,

If you suffer from gout, you'll be pleased to know that of all the forms of arthritis and rheumatism, it is the most easily treated. This booklet has been written by a specialist to help you understand the disease better and maintain, with effective treatment, your quality of life.

I'm only too happy to endorse it because of the work The Arthritis and Rheumatism Council is doing to find the cause and cure of all rheumatic diseases.

The Council is a charity and this could not have been produced for you without the voluntary donations their work depends on.

You can help in the fight against rheumatic disease by completing and returning the form at the back of the booklet.

2 GOUT

Gout has been known since before the days of Christ. As far back as the 18th century a famous doctor wrote that "more rich than poor, more wise than fools" seemed to be affected, and that "kings and potentates, generals of armies and admirals of fleets, philosophers and many others such as these" were common victims.

As this is probably true you are in good company!

Also it would seem that sufferers from gout are often of more than average intelligence. Gout can affect men of any age but is less common in women and then only occurs after the change of life (menopause).

Luckily, gout is probably the most easily treated form of rheumatic disease.

GOUT EXPLAINED

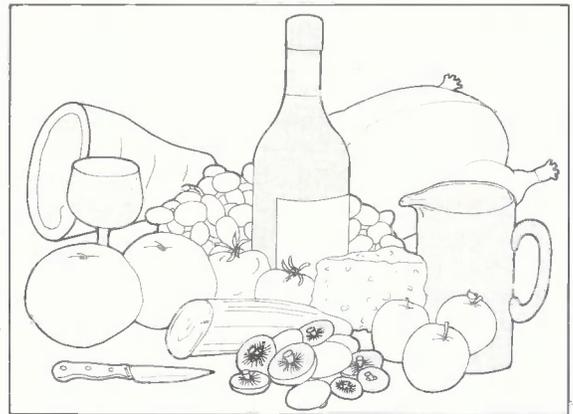
The old adage that simply eating and drinking too much caused gout has now been proven wrong, though it is true that if you over-indulge in alcohol – especially beer and wine – or food gout attacks are more likely.

People get gout because there is something wrong with the chemical processes of their body. Uric acid (which we all have in our blood) can build up and form crystals in the joints and cause them to feel acutely painful. This defect is usually inherited from a parent or grandparent. Gout runs in families.

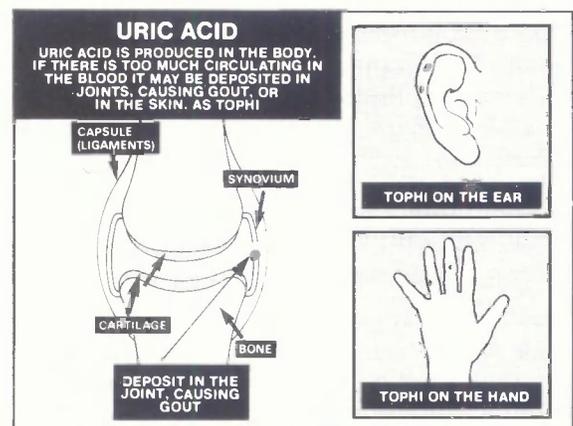
The joints are not the only part of the body to be affected. Crystals may appear under the skin and sometimes elsewhere (such as on the lobe of the ear). They look like little white pimples and are called tophi.

THE ROLE OF URIC ACID

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Too much eating and drinking can help to bring on attacks.



Gout is due to too much uric acid in the body.

the kidneys into the urine, so levels tend to be higher in people with kidney disease. Certain diseases produce too many cells (for example, white blood cells in some blood disorders). These cells release uric acid when the body has finished with them and they break up causing an increase in the uric acid level.

Uric acid in the blood stream travels in the clear part of the blood – the plasma – in the form of a salt (urate). The plasma urate level normally tends to be higher in men than women.

- 4 from gout may have too much uric acid in their bodies yet never have a single attack of gout in their lives. Certain tablets – such as diuretics, which drain water from the body, used to treat heart disease or high blood pressure – increase uric acid and may cause gout.

Remember

* Gout is inherited (though by no means every member of a family gets attacks), but environmental factors can play a part.

* It is due to too much uric acid in the body.

THE ACUTE ATTACK

This is the most painful of all forms of rheumatism or arthritis. Attacks usually start during the night, often with pain in the big toe. The toe becomes very red, swollen and extremely tender. Even someone bumping into the bed can pause pain. It sometimes resembles a boil near the joint and it can be difficult even for a doctor to tell whether the trouble is gout or inflammation in a bunion. The inflammation is caused by uric acid crystals being shed into joints.

Other joints – the knee, the elbow or the wrist, for example – may be attacked.

If you are a gouty subject and injure or bruise a joint which then becomes more painful, or takes longer than expected to get better, always see your doctor. You may have triggered an attack of gout.

Apart from injury, other things such as fatigue, worry or illness can start an attack. Sometimes an operation (even a minor one like having a tooth out) can bring on an attack a few days later. Excessive eating and drinking can be another cause of attacks in those who have inherited a tendency to gout.

Remember

* Always suspect an acute attack of gout if a joint is unduly painful after a minor injury.

* Anything which upsets your system may bring on an attack.

LONG-TERM RISKS

The first few attacks of gout do no permanent damage to the joints and you can expect complete recovery, leaving you with a normal joint. It is only when a joint is repeatedly attacked by gout – a rare occurrence nowadays – that the uric acid crystals damage the joint and so start off chronic arthritis. In mild cases the attacks are often so infrequent, with intervals of many years between them, that permanent damage is unlikely ever to occur.

Gout is occasionally associated with high blood pressure and too much fat in the blood (hyperlipidaemia). Also, stones may form in the kidney if gout is untreated.

DIAGNOSIS

Your doctor may suggest the following investigations:

A blood test. This measures the amount of uric acid in the blood (as plasma urate). A raised level strongly supports the diagnosis of gout, but unfortunately this may be present in the other conditions already mentioned, and also in healthy people who do not have gout – especially if they are overweight.

Examination of joint fluid. Synovial fluid may have to be withdrawn from a joint through a needle for examination under a microscope, where any crystals of urate will be quickly spotted. If crystals are present, the diagnosis of gout is proved. This test, which seldom causes more discomfort to the patient than a blood test, is particularly useful when gout starts in an unusual way. For example, it can occasionally mimic another form of rheumatic disease such as rheumatoid arthritis.

X-rays of joints. These may be done, but as they often appear normal they may not help in the diagnosis.

Remember

6 * Modern treatment can prevent arthritis developing.

TREATMENT

Acute attacks of gout are usually treated by anti-inflammatory analgesics (tablets that relieve pain and help inflammation to subside). Indomethacin was often the first choice, but there are now many more other non-steroidal anti-inflammatory drugs (NSAIDs for short). These drugs do not contain any form of the steroid, cortisone. Drugs containing aspirin should be avoided.

Used for the short periods needed to treat an acute attack, these tablets are unlikely to cause side-effects. But occasionally a patient with a tendency to allergy may notice indigestion, a rash, headache, dizziness, or even asthma.

Anything more serious – such as damage to the cells that form blood – is very rare. Unfortunately, there is always a slight risk of indigestion in some people; anyone who has had a peptic ulcer has to be especially careful to make sure that their tablets are taken either with a meal or straight after eating.

Colchicine is another tablet that has long been used to treat acute attacks. This is an old-fashioned remedy obtained from the meadow saffron – the autumn crocus – and it is safe and works well. A doctor usually prescribes colchicine tablets to be taken every two hours until the pain is relieved or until diarrhoea occurs. If the acute attack resists treatment, your doctor may have to prescribe a cortisone-type drug.



test will usually be required.

If possible, tablets should be taken at the very beginning of an attack, and sometimes – if attacks are repeated – the doctor may give you tablets to keep by you so you do not have to wait until he arrives, or the chemist opens. By following your doctor's instructions carefully and promptly, your attack of gout can usually be controlled quickly and satisfactorily.

A painful joint such as the big toe may have to be protected. A "cage" over it taking the weight of your bed-clothes can offer quick relief.

The drugs given to relieve an acute attack have little effect on uric acid levels in the blood. They can do little to prevent further attacks, or stop uric acid being laid down in the joints. Should your attacks become more frequent, or if blood tests show you are accumulating too much uric acid, your doctor may decide to prescribe one of the drugs that reduce the quantity of uric acid in the blood. **These have to be taken every day, whether you have an attack or not, as a preventive measure.**

REGULAR PREVENTIVE TREATMENT

The object of preventive treatment is to keep uric acid levels controlled. Attacks of gout are avoided by stopping uric acid crystals from being deposited in the joints and other parts of the body, where they may do damage.

There are now several drugs available that will do this satisfactorily, but it must be appreciated that you may have to persist with the daily treatment for the rest of your life. Should you stop, uric acid will begin to accumulate again.

These tablets are prescribed to be taken regularly. Taken consistently over a period the treatment ensures that you maintain a normal blood level of urate.

The most common of these tablets is allopurinol that reduces the amount of uric acid made by the body. It is remarkably safe even when taken for years: the

- 8 Other types of drug used to control uric acid include probenecid or sulphinyprazole, which flush out uric acid through the kidneys.

Sometimes acute attacks of gout may become more common when these drugs are started, so it may be necessary to take colchicine or an NSAID as well. Whichever drug proves right for you, drinking plenty of fluid will help to get rid of urate through the kidneys.

Remember

- * Preventive treatment means life-time treatment.
- * Drink plenty of fluids.
- * Treat any acute attacks in the usual way.

DIET

Special diets used to be prescribed but since effective treatment has been found most sufferers can eat or drink anything they like. However, certain foods contain a greater concentration of cells and, since uric acid is formed by the breakdown of cells, it may be sensible to avoid liver, sweetbreads (eg pancreas) and kidneys. Protein, such as meat, should be eaten in moderation, but as this is a good idea for everyone it should not be too great a hardship. If you are overweight you should lose a few pounds. This alone will decrease urate in your blood as well as lessening the strain on your heart. Avoid periods of sudden strict starvation because these sometimes start an attack of gout.

(See ARC Information Sheet on Diet & Arthritis)

ALCOHOL

Excessive drinking may not cause gout but it can bring on an attack. There are many myths about what kinds of alcohol you should or should not drink – don't take these seriously. Sometimes, however, a patient with gout finds that a particular type of drink

SOME QUESTIONS ANSWERED

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DO WOMEN GET GOUT?

Rarely. The disease is very occasionally found in older women, particularly if they are taking diuretics, drugs which are used in the treatment of high blood pressure or heart disease, because these drugs can cause the body to retain uric acid. Gout in young women is extremely rare and requires special investigation.

CAN GOUT CAUSE SERIOUS JOINT DISEASE?

Occasionally. This can happen if the condition is left untreated. At first the attacks are acute, the joint afterwards returning to its normal state, but eventually the deposits of uric acid can cause severe deformity and disability. Fortunately this is preventable with proper treatment.

IS URIC ACID DEPOSITED ELSEWHERE THAN IN JOINTS?

Yes. It can be deposited under the skin – for example, on the ears. It can also be deposited in internal organs, particularly the kidneys, so that it is usual to test kidney function when investigating a patient with gout. A specimen of your urine may be needed for this.

CAN IT BE HARMFUL TO TAKE DRUGS THAT LOWER URIC ACID OVER A LONG PERIOD?

The drugs in question are remarkably safe. They sometimes have to be discontinued because of an adverse effect such as a rash or dyspepsia, but otherwise they can be taken indefinitely without side-effects.

WHAT IS "SECONDARY GOUT"?

This is gout that is predominantly due to a well defined underlying cause. Diuretics have already been mentioned; other causes include certain rare blood diseases that raise the level of uric acid. Low-grade lead poisoning, seen in plumbers and painters

10 tify such causes, and the condition is then referred to as "primary gout".

ARE THERE ANY OTHER TYPES OF CRYSTAL - APART FROM URIC ACID - THAT CAN CAUSE JOINT DISEASE?

The only other common kind of "crystal arthritis" is caused by a certain type of calcium crystal, which is deposited in the joints rather like uric acid. It may cause acute attacks rather like gout, but the knee is more often involved than the big toe.

IS GOUT EQUALLY COMMON IN ALL COUNTRIES?

There are certain races (such as some of the Pacific peoples) who have high uric acid levels and who are therefore especially susceptible to gout. The prevalence of gout can also vary in the same people at different times - it became rare in Europe, for example, during the period of deprivation and hardship caused by the Second World War.

IS THERE ANY RESEARCH IN PROGRESS TO STUDY THE CAUSES OF THE DISEASE?

The Arthritis and Rheumatism Council is sponsoring research to find out more about the underlying chemical processes that cause gout and also to search for even more effective drugs.



Rheumatic disease affects about 20 million people.

WORKING FOR YOUR BENEFIT

The booklet you're reading has been produced free because of donations given to The Arthritis & Rheumatism Council.

The ARC is the only national charity in the UK raising money solely to further research and knowledge into these all too common diseases.

The ARC raises over £10 million a year for

12 ARTHRITIS AND RHEUMATISM - THE FACTS

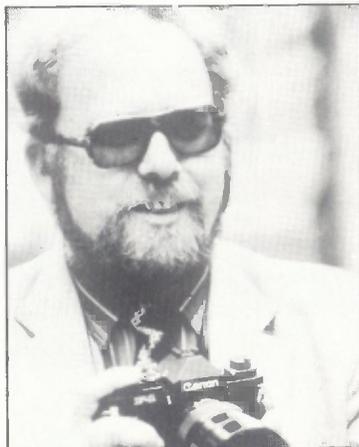
Rheumatic disease is the greatest single cause of disability in the UK today.

It affects about 20 million people, and between six and eight million of those are significantly affected

One child in every thousand suffers from a juvenile form of arthritis.

Only one person in 50 will escape some form of rheumatic complaint in their lifetime.

Arthritis costs around 88 million lost working days each year.



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THE RESPONSE

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The Arthritis and Rheumatism Council is . . .

. . . sponsoring a *major effort* to find the cause and cure of these painful diseases (there are over 200 of them)

. . . funding 250 *short-term projects* in hospitals, universities and laboratories

. . . supporting 19 *research units* involved in long-term investigation into rheumatic diseases

. . . circulating *regular reports* on practical aspects of treating patients with rheumatic diseases to all NHS family doctors and some hospital doctors

. . . funding 24 *appointments* of professors and lecturers in rheumatology at medical schools to make sure the next generation of doctors receives a better education about the rheumatic diseases and their treatment

. . . financing 25 senior and junior *research fellowships*, to attract both established and up-and-coming doctors and scientists into rheumatology

. . . supporting *bursaries and scholarships* to help physiotherapists, occupational therapists and other paramedical staff develop their knowledge and treatment of rheumatic patients

and, of course, producing *literature* like this explaining many of the common rheumatic diseases and helping patients learn how to cope with daily living.

THE GOOD NEWS

Steady progress is being made through ARC-funded research. More is now known about the diseases, and some are now controllable. Advances in treatment, therapy and joint replacement have been significant. There's no need for most rheumatic patients to suffer unduly or have their lives unnecessarily restricted by their disease.

