Sussex MSK Partnership

NHS

Gout

Suspected septic Arthritis → **Acute orthopaedic referral to A&E**

History and Examination

Investigations

- Urate levels (Repeat once attack resolves if normal as a urate level within the normal range does not exclude gout)
- ESR, CRP, U&E, RhF, FBC
- Patient temperature
- No Imaging necessary
- Only consider auto antibodies if symptoms suggestive of connective tissue Disorder ie Dry eyes/mouth, photosensitive rash, significant alopecia, recurrent miscarriage.
- Consider joint aspiration when the diagnosis is uncertain.

- **Management**
- Patient education and advice
- RICE
- Stop or change precipitating drug where appropriate
- NSAID e.g. Naproxen 750mg then 250mg tds with PPI
  or
  Colchicine 0.5mg 2-4 times daily
- Continue for 48 hours after attack has passed
- If NSAID or Colchicine not tolerated consider prednisolone 20mg daily for 5 days
- Review at 4-6 weeks to assess lifestyle factors, BP, urate, U&E/creat, glucose, cholesterol

Chronic

- Lifestyle Factors
- Agree management plan with patient
- Caution with renal impairment
- Allopurinol 1-2 weeks after inflammation has settled
- NSAID or Colchicine prophylaxis for at least 1 month of starting urate lowering therapy
- If acute attack develops during treatment then treat

Urgent referral to Integrated MSK Service if:

- Unresponsive or toxicity to Allopurinol
- First episode **and** symptoms are more than 10 days **and** not responding to Primary care management

Refer to Urology

- If patient has Urolithiasis