

# Gout in South Auckland

*CME teaching*

**Dr Karen Lindsay MRCP**  
**Rheumatology Research Fellow**  
**Middlemore Hospital**

17th May, 2007.



# Background

- 198/910 ( 21.7%) medical & surgical adm
- CMDHB the highest proportion
- 46.29 per 100,000 has had a hospital admission (NZ mean of 18.76)

# Background

- 525 NZ-wide (113 CMDHB) for primary gout :
- Ethnicity
  - 60 Maori
  - 63 Pacific Island
  - 8 other
- No data

## **Ethnicity in South Auckland**

- 14.9% Pacific men
- 9.3% Maori men and
- 4.1% European men (Richard Hulme, East Tamaki Health Care, 2006).
- 6.4% in Maoris v 2.9% in people with European background
- Urinary excretion fraction of uric acid

# Aims

- Burden
- Impact
  - Patient
  - Family, whanau and community
- Explore
  - Participants understanding
  - Answer the question ‘why is the gout so bad in south Auckland’
- Improve the quality of care in CMDHB

# Methods

- Grounded theory analysis of the transcribed interviews
- Selection
- Quantitative data proforma
- Feedback to participants
- Patient's notes

# Results

- 11 men
- Median age 46 (32-69)
- Median age at onset 28 (17-43)
- Median disease duration 12 years
- Median before starting allopurinol 9 years

<b>Patient</b>	<b>Ethnicity</b>	<b>Source</b>	<b>Age</b>	<b>Age of Onset</b>	<b>Years of gout</b>
<b>1</b>	Samoan	Volunteer	38	23	15
<b>2</b>	Samoan	Primary care	40	28	12
<b>3</b>	Samoan	Primary care	40	28	12
<b>4</b>	Maori	Ward 7	38	25	13
<b>5</b>	Maori	Ward 2	63	40	23
<b>6</b>	Maori	Gout clinic	52	40	12
<b>7</b>	Samoan	New patient referral	32	22	10
<b>8</b>	NZ European	New patient referral	69	40	19
<b>9</b>	Tokelauan	Primary care	46	37	9
<b>10</b>	NZ European	Gout clinic	54	43	11
<b>11</b>	Cook Island Maori	Ward 1	57	17	40

<b>Patient</b>	<b>Years on allopurinol</b>	<b>Where?</b>	<b>Intention to treat</b>	<b>Years of untreated gout</b>
<b>1</b>	6	Secondary care	<b>9</b>	9
<b>2</b>	0	-	<b>12</b>	12
<b>3</b>	3	Primary care	<b>9</b>	9
<b>4</b>	0	-	<b>8</b>	13
<b>5</b>	4 months	Secondary care	<b>22</b>	23
<b>6</b>	1 month	Secondary care	<b>6</b>	12
<b>7</b>	5	Samoa - by mother	<b>7</b>	7
<b>8</b>	19	Secondary care	<b>1</b>	1
<b>9</b>	0	-	<b>8</b>	9
<b>10</b>	2	Secondary care	<b>9</b>	9
<b>11</b>	4 months	Secondary care	<b>37</b>	40

# Risk factors for gout

No	Wt (kg)	DM	Units/week	Times eaten seafood
1	122	-	2	0
2	91	y	0	0
3	233	-	.	
4	117	-	36	1
5	71	-	3	0
6	133	y	6	0
7	132	-	0	0
8	69	-	0	1
9	100	-	6	0
10	80	-	3	0
11	134	-	0	0

# Pain

- Severe

*“Well when I get it there is a lot of throbbing in the area, it just feels like the area that is inflamed, is cooking, I mean it is hot, a real hot sensation and then if it is real bad it feels like the flesh is trying to rip, like it is going to burst, your skin is stretching and it is going to rip because it is stretching too much that is sort of just how it sort of feels.”* —

Patient 3

# Pain

- Isolating and sensitive

*“I would say it is worse than a broken leg, a broken arm or anything. Because at least with a broken leg and all that when the wind blow or when somebody walks past you there is no pain. But with the gout I expect you to walk around me about 5 to 10 meters because any little wind will trigger off pain.”* – Patient 6

# Pain

- **Bedbound & dependant upon others**

*“It is very hard for them - it was lucky the last time I got it that was six days and I didn’t want to come to hospital so I told them I would stay home and it was lucky that my son..... I have two sons and I was lucky that their shifts didn’t cross. So one would come and look after me and the other one would come when it was his turn to go to work and then when my wife went to work someone else would come.” – Maori- patient 5*

# Pain

- **Intolerable**

*SUBJECT: It destroyed me, I thought I was going to die I survived but it was so traumatic I asked my wife to put a pillow over my head*

*INTERVIEWER: To kill you?*

*SUBJECT: Yeah, well it was just horrific.” -Patient 7*

# Pain

- **Debilitating**

*“A real pain, debilitating, um, painful is the only word that comes to mind. Debilitating as well. It just prevented me from doing so much for a short period of time.” - Patient 1*

# Progressiveness

- Escalating medications
- Escalating triggers
- Increasing number of joints involved
- Radiological joint damage
- Tophi increase in size
- Increased frequency of attacks
- Days in bed
- Constant gout

*“I wasn’t sure the pain that I was in you know the pain changes from one area to another in the body it came to my mind that I don’t know what an attack is and I don’t know what it feels like because it’s just pain everyday.” – Patient 7*

*“I had the gout continuous for four or five months.”  
– Patient 5*

# Medication

No	Meds neede to settle a flare	Current meds	EGFR
1	NSAIDS	Alopurinol 100mg	60
2	Voltaren	voltaren	?
3	Colchicine		60
4	Prednisone 40mg colchicine 0.5mg bd		60
5	Prednisone 20mg colchicine 0.5mg bd	Alopurinol 300mg	60
6	Prednisone 20mg colchicine 0.5mg bd	Alopurinol 300mg	60
7	Prednisone 40mg colchicine 0.5mg bd and NSAIDS	Alopurinol 300mg colchicine 0.5mg bd	60
8	Prednisone 10mg	Alopurinol 200mg	44
9	Prednisone 10mg	NSAIDS	?
10	colchicine 0.5mg bd	Allopurinol 300mg	60
11	Prednisone 60mg	Allopurinol 300mg Prednisone 5mg	60

# Gout treatment in SA

- **Colchicine – not hypouricaemic**

*“The new doctor. She moved me on to Colchicine and then from Colchicine I think it was 2005/2004 that year I got a real bad case of gout, I had it about half a dozen times in the one year and from Colchicine they put me onto Allopurinol which I am on today and I haven’t had gout for three years.”*

– Patient 3

# Gout treatment in SA

- **Untreated gout can lead to diagnostic uncertainty**

*“Because what brought it on is because my attacks started coming sort of regular, like when my knees, and the thing in my elbows, then I was having trouble with my hips she got a little bit concerned and she did blood tests and she was still worried so she sent me into Greenlane and that nuclear medicine place.” – Patient 10*

# Gout treatment in SA

- Allopurinol - severe polyarticular flares if started late.
- 3/11 still not on it.
- Prevents attacks even tophaceous gout.

*“I tell you its magic. I know the difference in a big way.....Yeah because the people around the lodge said oh you’re around, and I said yeah this is a record and they had a party that night to celebrate. But they all noticed it you know but believe it or not everyday when I wake up and put my feet over the side of the bed and stand up you know I’m really thankful I can do that you know.” – Patient 11*

# Lack of awareness

- **Individual**

- Misdiagnosis
- No understanding of what gout is or how medication works
- Associated with poor compliance

- **Community**

- Jokes, unhelpful myths
- ‘the limp’ in Pacific communities
- No information on prevention

- **Within families**

- No communication
- Shared “fire-fighting” medication (NSAIDs)
- Stoicism and tolerance of pain and debility as normal part of life

- 9/11 in full time employment
- None have ever lost a job due to gout
- Days off work spent in bed with family members looking after them

*'So instead of having five to six days off work with Colchicine I only at the best of times took three days off work.'* - patient 3.

Patient	Days in bed	Attack frequency	Job
<b>1</b>	0 (5)	yearly	Social worker
<b>2</b>	1	3 monthly	Prison warden
<b>3</b>	0 (6)	yearly	Consultant
<b>4</b>	5	constantly	Sickness benefit
<b>5</b>	6	3 monthly	Retired
<b>6</b>	3	weekly	Forklift driver
<b>7</b>	4	constantly	Customs officer
<b>8</b>	0	monthly	Retired
<b>9</b>	0	constantly	Teacher
<b>10</b>	3	3 monthly	Driver
<b>11</b>	6	3 monthly	Sickness benefit

# Sport

- Abrupt halt - 4 rugby players

*“I couldn’t play sport whatsoever when I’d had gout, and I was always really cautious about getting any knock on the foot or the toes. I enjoyed cricket so I didn’t play cricket, just the mere thought of having the ball strike your toes really. Stopped playing badminton because I got gout in the wrist. In a lot of ways it prevented me from playing sports.”*

– Patient 1

# Self management

- No self control to be able to get on Allopurinol
  - Patient 4
- Acceptance of gout as a way of life- Patient 2, 6, 11

*“Oh yes, yes very much. As I said before I suppose if you want to sacrifice the pain then you will eat what the book says to you not to eat.”*

**INTERVIEWER:** *So you know exactly what to do but you make a personal choice?*

**SUBJECT:** *It's my choice, yes.*

- Patient 6

# Self management

- Allopurinol flare persists in preventing compliance. Patient 9
- Ongoing disease activity, full compliance, help seeking behaviour - Patient 1, 3, 5, 7, 8, 10,

# Conclusions

- Large burden of untreated gout
- Burden on whanau – 24-hour care.
- Minimal knowledge or understanding of gout.
- Widespread tolerance/acceptance.
- Struggle to work.
- Made lifestyle changes

# Acute gout – do you know this is treatable and preventable?

- Pain relief
  - Anti-inflammatory with stomach protection
  - Colchicine BD
  - Prednisone with stomach protection
- Ask about frequency of attacks, which joints? How many days in bed/off work? Tophi? arthritis between attacks? Sport? Worries about family history?
- **PLAN TO START ALLOPURINOL WITH PRACTICE NURSE INVOLVEMENT/Cultural support**
- Re-iterate the cause of gout is non-compliance with allopurinol/ high serum uric acid
- Serum uric acid spuriously low during flares

# Chronic gout

- Wait 4 weeks until gout has settled
- Bring wife or partner with him
- Start allopurinol with cover to prevent allopurinol flare
- WARN the patient
- Consequences of not starting allopurinol
- Pictures/ Gout booklet
- Monitor serum uric acid
- Titrate the dose of allopurinol to target below 0.36 to reduce size of tophi and stop attacks

# Progressiveness

- Escalating medications
- Escalating triggers
- Increasing number of joints involved
- Radiological joint damage
- Tophi increase in size
- Increased frequency of attacks
- Days in bed
- Constant gout

*“I wasn’t sure the pain that I was in you know the pain changes from one area to another in the body it came to my mind that I don’t know what an attack is and I don’t know what it feels like because it’s just pain everyday.” – Patient 7*

*“I had the gout continuous for four or five months.”*  
– Patient 5



# Chronic gout

- Never stop allopurinol during a flare
- Explain what the tablets are doing
- Urban myths about gout
  - Trauma
  - Tomatoes (pH)
  - Weather
  - Big Feed
  - Beer
  - Dairy
  - Wine
  - Moderation- portion size

# Compliance tips

- Annual gout review (early warning -link to metabolic syndrome)
- Self management
- Wt loss rather than blanket bans on food they enjoy
- Shared target – going hunting/ playing touch with the kids/ getting back to work

# Conclusions

- Without allopurinol gout is progressive.
- Two attacks in one year allopurinol is recommended
- Monitor serum urate
- Target serum urate 0.36
- Job satisfaction+++

# Acknowledgements

- Nicola Dalbeth and Peter Gow
- Caran Barrat-Boyes
- Ross & Ata Gregory and Maori Tikanga class
- Frances Kasmi
- Jane Vanderpyl
- Liz Stewart & Amy Heshmati
- Maori and Pacific health unit
- May Soh & Ingrid Hutton



Questions?

# Crisis and help seeking behaviour which fails to result in treatment with allopurinol- frequency of attendances in the last 12 months

*“No all the doctor did then was said you’ve got gout and gave me a prescription for Voltaren and then I said to the doctor I’m actually on Colchicine so the doctor goes oh okay do you have any tablets, I said oh a few, here is a prescription for some Colchicine and sent me home. But at that time that would have been the worse case of gout I had ever had it was that painful that I don’t know how I managed to get out of bed and in the car and into the ED”* Patient 2

Patient	ED	GP
1	0	3
2	0	12
3	0	6
4	1	12
5	1	3
6	0	0
7	0	24
8	1	3
9	0	5
10	0	0
11	15	0