

# A SURVEY ON THE DIAGNOSIS AND MANAGEMENT OF GOUT AMONG GENERAL PRACTITIONERS



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# Gout

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- It is the most common inflammatory arthritis in men and has now exceeded the prevalence of rheumatoid arthritis (RA) in older women.
- Affects 0.9 - 2.5% of adults in western populations.
- Prevalence increases with age, 10% of males and 3-6% of females over eighty years.
- There is also an increased risk of cardiovascular disease.



*Doherty et al., 2012*

*Neogi et al., 2015*

*Richette et al., 2017*

# Gout

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- Several studies in recent times reflect inadequate knowledge of gout and management.
- There is a lack of interest and activity in the literature and guidelines where gout is not perceived as a serious condition.
- Clinical guidelines exist but are mostly published in rheumatology journals rather than being made accessible to primary care providers and therefore a reason for poor practice.

*Jeyaruban et al., 2015*

*Li et al., 2013,*

*Spencer et al., 2012*

*Doherty et al., 2012*

*Terrill and Riordan, 2018*

# Aims

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To determine the knowledge and practices of general practitioners in the diagnosis and management of gout and compare to clinical guidelines and quality of care indicators to ascertain shortcomings in care.

# Methodology

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A cross sectional, electronic survey of GPs in private practice from Gauteng and Kwa-Zulu Natal provinces of South Africa.

Invitations via email to participate in the electronic survey and the survey design using eSurv™ software.

ACR Quality of care indicators for gout management were applied.

# Questionnaire

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A clinical case vignette of an acute arthritis patient that was later revealed to be gouty arthritis

The Vignette: A 45 year old male overweight dispatch clerk diagnosed with essential hypertension controlled on 2 agents (HCTZ and Enalapril) and dyslipidaemia on simvastatin therapy for 3 years presents to your practice with a 2 day history of swelling and tenderness of the right ankle and midfoot. On further enquiry he has had 3 episodes of pain for the last year. On examination it is warm to touch, swollen, inflamed and tender with no nidus of infection found to the particular limb.

19 questions:

- Diagnosis
- Investigations
- Management of acute gout
- Prophylaxis
- Indications and dosage of urate lowering therapy with allopurinol
- Dietary modification
- Co-morbidity screening

# Statistical analysis

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- Comparison of responses between subgroups using the chi square test.
- Significant results were presented as odds ratio with 95% confidence interval.
- A p-value  $<0.05$  were deemed to be significant.
- At least 200 completed questionnaires were required for the research to progress.

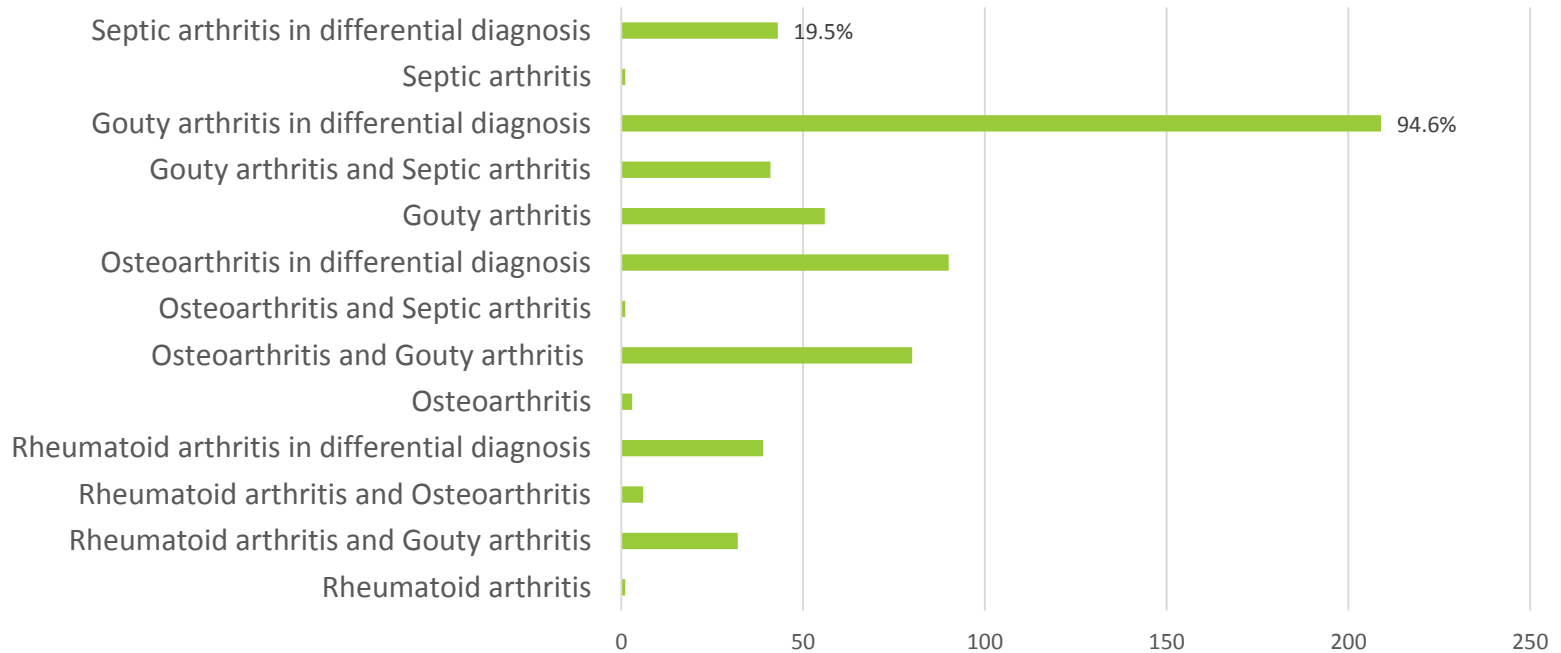
# Results

Demographics and Experience		
Question/Variable		n (%)
Age band	Age	
	<30	18 (8.1)
	<40	66 (29.9)
	<50	62 (28.0)
	<60	43 (19.5)
>60	32 (14.5)	
Gender	Men	114 (51.6)
	Women	107 (48.4)
Type of practice	Solo	120 (54.3)
	Group	101 (45.7)
How many acute gout patients are seen in a month?	<2	63 (28.5)
	2 to 3	78 (35.3)
	>3	80 (36.2)
How many gout patients are seen in a month?	<5	103 (46.6)
	5 to 10	99 (44.8)
	>10	19 (8.6)



# Diagnosis and acute management of Gout

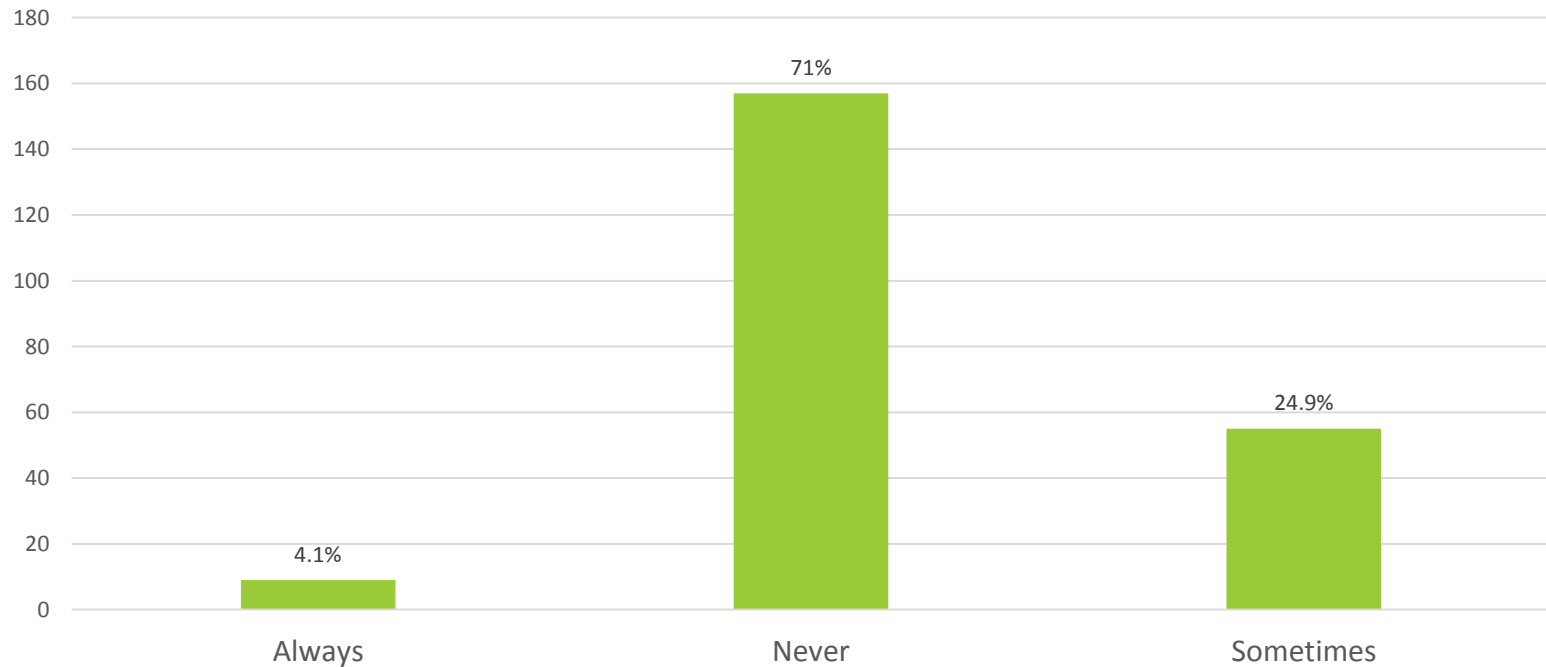
What are the 2 most likely causes of arthritis in this patient?



# Diagnosis and acute management of Gout

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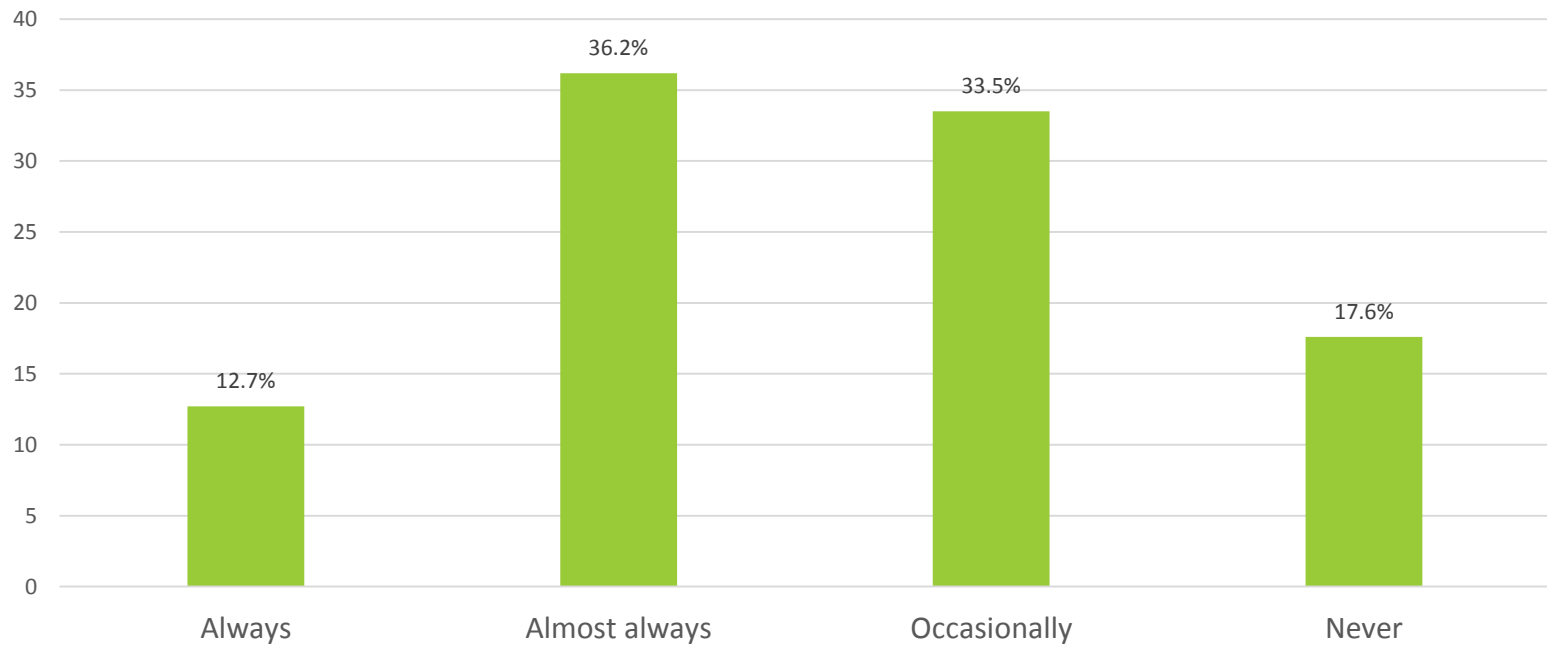
**How often do you perform joint aspiration in a patient suspected to have gout?**



# Prophylaxis in ULT

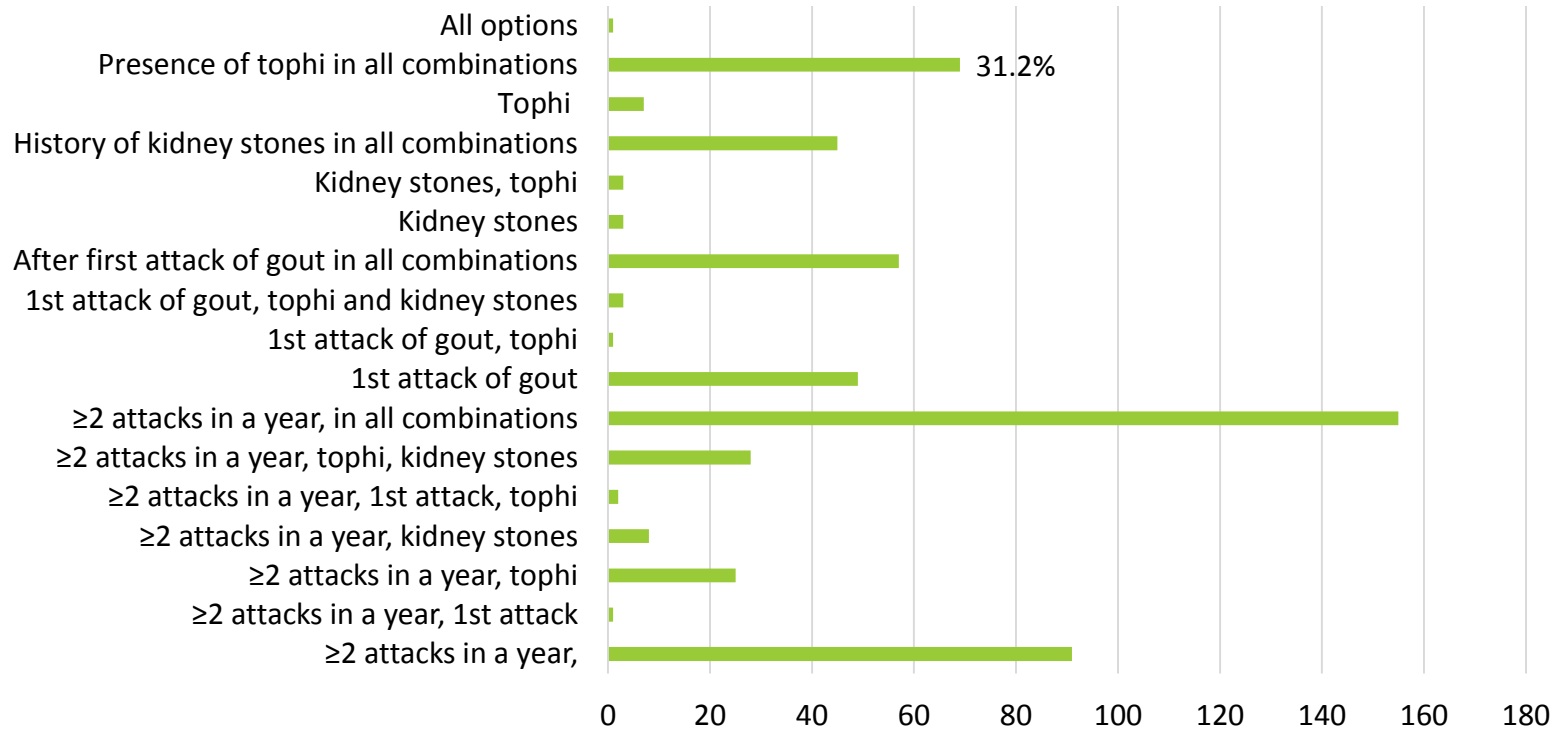
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**How often do you co-prescribe colchicine or a NSAID when initiating ULT like allopurinol?**



# Indications for ULT

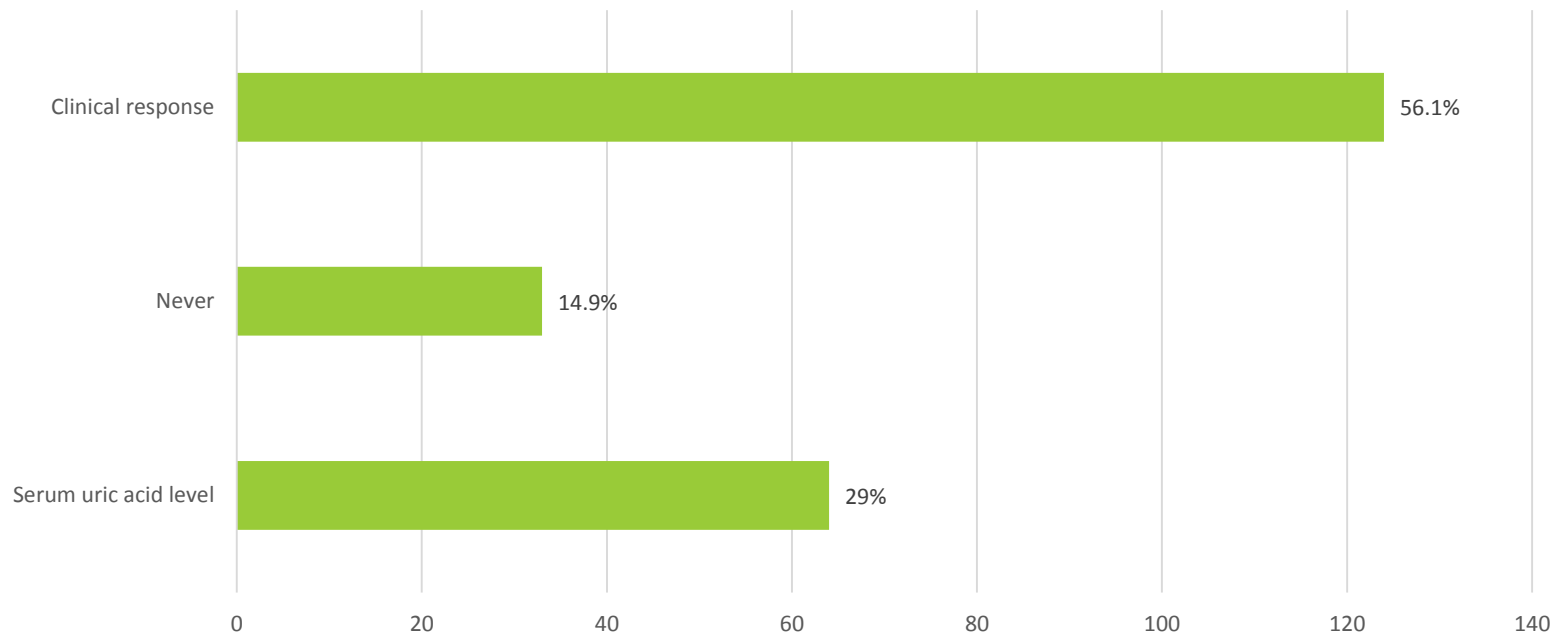
When do you consider using ULT like allopurinol in a patient with gout?



# Titration of Allopurinol

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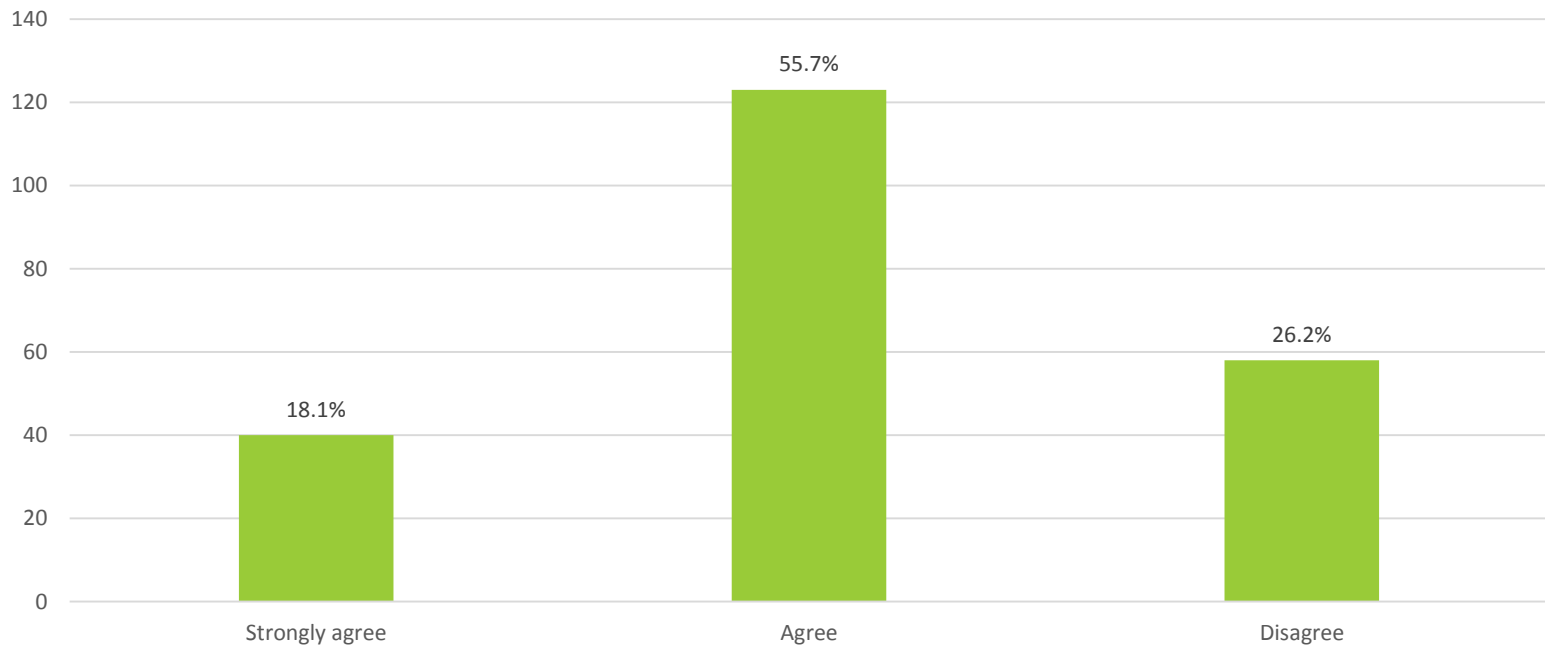
**Do you titrate the dose of allopurinol on the basis of?**



# Co-morbidities

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**Do you believe that gout is a risk factor for ischaemic heart disease?**



Variable	Total (n=221)	Gout patients seen <5 in a month (n=103)	Gout patients seen ≥5 in a month (n=118)	Odds Ratio (95% CI)	P-value
Joint Aspiration					
Almost Always	64 (29.0)	20 (19.4)	44 (37.3)	0.41 (0.22 - 0.75)	0.004
Never	157 (71.0)	83 (80.6)	74 (62.7)		
Corticosteroids prescribed for acute gout					
Yes	34 (15.4)	9 (8.7)	25 (21.2)	0.36 (0.16 - 0.80)	0.011
No	187 (84.6)	94 (91.3)	93 (78.8)		
Prophylaxis with colchicine or NSAIDs when prescribing ULT					
Almost Always	108 (48.9)	42 (40.8)	66 (55.9)	0.54 (0.32 - 0.93)	0.025
Occasionally	113 (51.1)	61 (59.2)	52 (44.1)		
Updated Knowledge in the last 2 years on gout management					
Yes	120 (54.3)	45 (43.7)	75 (63.6)	0.44 (0.27 - 0.76)	0.003
No	101 (45.7)	58 (56.3)	43 (36.4)		

# Limitations

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Limited demographic data of GPs.

A selection bias is possible as those who answered the survey may possibly have known more about gout management however the results do not reflect this.



# Conclusions

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- Most general practitioners diagnosed acute gout correctly
- However, there is poor adherence to management guidelines in chronic care.
- Gout needs a higher priority at undergraduate training and there is a need for ongoing GP education programs.

# Acknowledgements

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Dr N. Govind

Prof M. Tikly