



Therapies to Relieve Pain and Reduce Swelling of Acute Gout

Name	Dosage	Special Instructions	Possible Side Effects	Be Aware
Colchicine Colcrys	Two tablets (1.2 mg) immediately then one tablet (0.6 mg) after one hour. Then one tablet twice or three times daily for one week.	Take with food if stomach upset occurs. Drink plenty of fluids.	Diarrhea; nausea or vomiting; stomach pain.	High dose colchicine for acute flares is inappropriate. Colchicine should be used with caution in people with renal disease and those with bone marrow suppression.
Glucocorticosteroids Methylprednisolone (Medrol); Prednisone (Deltasone); Triamcinolone (Kenalog)	Kenalog 60 mg x1, followed by low dose steroids or oral prednisone given at 30 mg with a taper to 0 mg over 10 days		Retention of sodium (salt) and fluids; weight gain; high blood pressure; loss of potassium; poor glucose control; and headache.	Particularly useful for those with chronic kidney disease. Use with caution in diabetic patients.
Nonsteroidal anti-inflammatory drugs (NSAIDs) Celecoxib (Celebrex); Ibuprofen (Advil); Indomethacin (Indocin); Naproxen (Aleve, Naprosyn)	High dose of any non-steroidals given for first three days, followed by moderate doses for an additional seven days.		Nausea; stomach discomfort; retention of sodium and fluids; dyspepsia; gastric ulcers; and headache.	May interact with blood pressure and heart medications, especially in the elderly. Use caution in patients with a history of GI ulcers, kidney disease and the elderly.

Anti-inflammatory Prophylaxis for Prevention of Gout Flares

Name	Dosage	Special Instructions	Possible Side Effects	Be Aware
Colchicine Colcrys	One or two tablets (0.6 mg) per day. 1.2 mgs maximum per day. Patients with severe kidney disease may only need one tablet every other day or every third day, depending on creatinine clearance.	Take with food if stomach upset occurs. Drink plenty of fluids.	Diarrhea; nausea or vomiting; stomach pain.	Some people are very sensitive to colchicine. If diarrhea or abdominal pains occur, dosage should be reduced.
Nonsteroidal anti-inflammatory drugs (NSAIDs)	Low dose of any non-steroidals may be used prophylactically following the first six months of urate lowering therapy.		Nausea; stomach discomfort; retention of sodium and fluids; dyspepsia; gastric ulcers; and headache.	May interact with blood pressure and heart medications, especially in the elderly. Use caution in patients with a history of GI ulcers, kidney disease and the elderly. Ulcers may occur without any preceding symptoms.

Long-term UA Management

Most people who develop gout need lifelong therapy. It will take time to determine the correct UA-lowering therapy dosage that will enable a patient to reach and maintain the target range. Generally, once the target is reached, the patient stays on that dosage year after year. However, it may be necessary to increase the dosage if a patient adds or changes other medications that could interfere with the effectiveness of the UA therapy.

Typically UA-lowering therapy encompasses use of these drugs: allopurinol, febuxostat, pegloticase, probenecid and probenecid with colchicine. See the chart below for specific dosage recommendations, possible side effects and tips for each drug category.

Occasionally, a patient may make enough lifestyle modifications, such as losing weight or getting kidney disease under control, that it may be possible to use a lower dosage or go without UA-lowering

drugs to reach a UA level below 7 mg/dL. In that case, symptoms would subside and continued treatment would not be necessary. However, it is quite unusual. Most patients must remain on UA-lowering therapy for the rest of their lives to prevent further destruction and continued pain. It is important to monitor UA levels year over year, even after a diagnosis is made and even after UA-lowering therapy has achieved the target level.

Long-term Urate-lowering Therapies

Name	Dosage	Special Instructions	Possible Side Effects	Be Aware
Allopurinol Lopurin, Zyloprim	100 to 800 mg per day in a single dose. The dose is started and adjusted by 100 mg every two to four weeks to achieve a serum uric acid level lower than 6.0 mg/dL. Patients with severe renal impairment should be started with an initial dose of 50 mg per day with slower dose escalation to achieve target.	Stop taking medication at the first sign of a rash, which may indicate an allergic or hypersensitivity reaction. May need to give as BID in doses over 300 mg per day to avoid nausea.	Rash, hives or itching; nausea; transaminase elevation; rare severe cutaneous reactions occur in approximately 1 in 250-300 patient starts.	Never start or stop allopurinol during a gout attack. Minimize attacks by initially prescribing lower doses along with colchicine or NSAIDs until goal of a uric acid level of ≤ 6.0 mg/dL is reached. Caution with azathioprine, 6-mercaptopurine and theophylline.
Febuxostat Uloric	40 mg per day initially then increase to 80 mg per day in two weeks if serum uric acid level not lower than 6.0 mg.	Take any time of day without regard to food or antacid use.	Elevated liver enzymes (liver irritation); nausea; joint pain; rash.	Never start or stop febuxostat during a gout attack. Minimize attacks by prescribing colchicine or NSAIDs at the time of initiating treatment and until goal of a uric acid level of ≤ 6.0 mg/dL is reached. Contraindicated with azathioprine, 6-mercaptopurine and theophylline.
Pegloticase Krystexxa	8 mg given via IV every two weeks.	For use in difficult-to-control hyperuricemia and chronic gout.	Infusion reactions including fever, nausea and hypotension.	This drug should be given in a monitored infusion center.
Probenecid Benemid, Probalan	500 to 3,000 mg per day in two or three divided doses.	Take with food or an antacid. Drink plenty of fluids. Do not take with aspirin or other NSAIDs. Avoid alcohol.	Headache; loss of appetite; nausea or vomiting.	Ineffective in patients with glomerular filtration rate (GFR) less than 50. Should not be used with history of kidney stones.
Probenecid and colchicine Col-Benemid, Col-Probenecid, Proben-C	One tablet (contains 500 mg probenecid and 0.5 mg colchicine) twice per day.	Take with food or an antacid. Drink plenty of fluids. Do not take with aspirin or other NSAIDs. Avoid alcohol.	Diarrhea; headache; loss of appetite; nausea or vomiting; stomach pain; rash.	Ineffective in patients with GFR less than 50. Should not be used with history of kidney stones.