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Letter to the Editor

**Inpatient rheumatology consultation for gout flares and advice to initiate urate lowering treatment (ULT) in hospital discharge summary increases ULT prescription in primary care**



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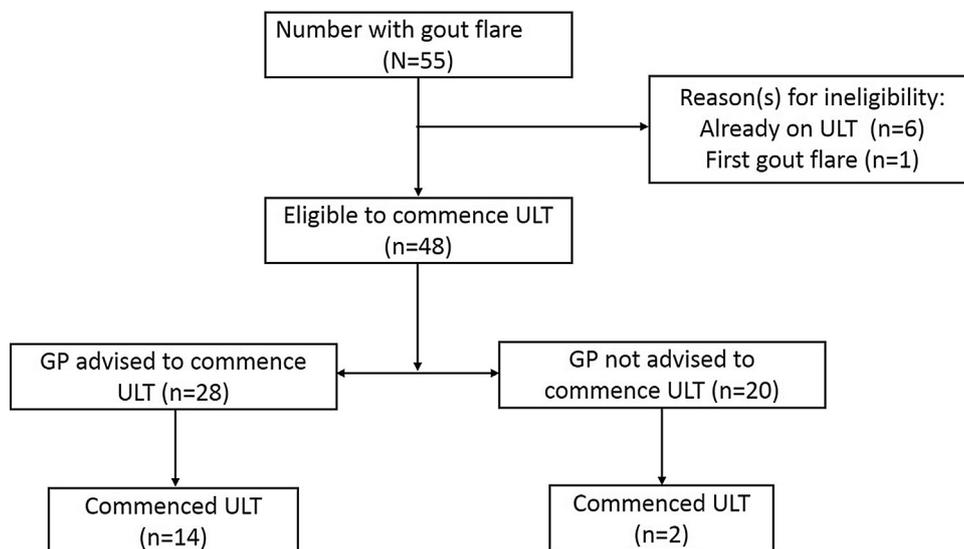
Gout affects 2.5% adults in the UK, and is predominantly managed by general practitioners (GPs) [1]. However, gout flares resulted in 3496 emergency hospitalizations in England alone in the year 2008–2009, with increasing annual number of hospitalizations over time [2,3]. Current guidelines recommend that people with gout flares should only be commenced on urate lowering treatment (ULT) 2–3 weeks after flare resolution [4]. As gout is mainly managed in primary care, the responsibility of initiating ULT after hospitalization for a gout flare lies with the patients' GP. Thus, the objectives of this study were to examine if GPs of people hospitalized with gout flares are advised to initiate ULT in the hospital discharge summary, and whether ULT is prescribed by the GP based on this. This audit was approved by Clinical Governance Department, Nottingham University Hospitals (NUH) NHS Trust, UK.

Fifty-five consecutive people with crystal proven gout flare, admitted to NUH between 30th March and 16th November 2016 were included. Inpatient data were obtained from case-note review, and patients were contacted by phone, 3–6 months after their discharge to find out if ULT was initiated. *n* (%) and mean (standard deviation [SD]) were used for descriptive purposes. Logistic regression was used to examine associations. Statistical analyses were performed using Stata v14.

The mean (SD) age, and serum urate were 67.12 (18.53) years and 421.81 (151.38)  $\mu\text{mol/L}$  respectively. There were 12 (21.8%) females, 7 (12.7%) had oligo-articular flare, and 6 (10.9%) were on ULT at the time of hospitalization. They were admitted to acute medicine (25), casualty (16), surgery (3), geriatrics (3), orthopaedics (2), rheumatology (2), and others specialties (4) respectively. Forty-two received inpatient rheumatology consultation.

GPs of 28 patients were advised to initiate ULT after discharge (Fig. 1). Half of them were commenced on ULT. Only 10% people who's GP was not advised to commence ULT in the discharge summary were commenced on it. Of the six people prescribed ULT at hospitalization, four had SUA > 300  $\mu\text{mol/L}$ , and three were advised to increase the treatment dose. This was implemented in two instances. No patient was commenced on ULT during hospitalization. Receiving inpatient rheumatology consult associated with advice to GP to initiate ULT (aOR [95%CI] 22.25 [2.36–209.98], *P* = 0.007, adjusted for age, sex, admitting specialty).

This audit suggests that when indicated, advice to initiate ULT should be included in the hospital discharge-summaries, and



**Fig. 1.** Number of people with gout flares commenced on urate lowering treatment (ULT) by their GP.

rheumatologists should be involved in management of inpatients with gout. Generalists managing flares should educate the patient about ULT and advise the GP to initiate treatment. A systematic review of two small studies suggests that allopurinol can be initiated during a flare without affecting its severity, and, although larger studies are needed to confirm this, ULT could be initiated during hospitalization for gout flare, thereby minimizing the therapeutic inertia [5–7]. ULT initiation during gout flare, alongside anti-inflammatory treatment, is supported by American College of Rheumatology guidelines [8]. In conclusion, communication from hospitals to GPs that includes advice to commence long-term treatment associates with ULT initiation.

The corresponding author certifies that all authors approved the entirety of the submitted material and contributed actively to the study

#### Disclosure of interest

AK declares that she has no competing interest.

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#### References

- [1] Kuo CF, Grainge MJ, Zhang W, et al. Global epidemiology of gout: prevalence, incidence and risk factors. *Nat Rev Rheumatol* 2015;11:649–62.
- [2] Elliot AJ, Cross KW, Fleming DM. Seasonality and trends in the incidence and prevalence of gout in England and Wales 1994–2007. *Ann Rheum Dis* 2009;68:1728–33.
- [3] Robinson PC, Merriman TR, Herbison P, et al. Hospital admissions associated with gout and their comorbidities in New Zealand and England 1999–2009. *Rheumatology (Oxford, England)* 2013;52:118–26.
- [4] Hui M, Carr A, Cameron S, et al. The British Society for Rheumatology Guideline for the Management of Gout. *Rheumatology (Oxford England)* 2017;56 [e1–e20].
- [5] Eminaga F, La-Crette J, Jones A, et al. Does the initiation of urate-lowering treatment during an acute gout attack prolong the current episode and precipitate recurrent attacks: a systematic literature review. *Rheumatol Int* 2016;36:1747–52.
- [6] Hill EM, Sky K, Sit M, et al. Does starting allopurinol prolong acute treated gout? A randomized clinical trial. *J Clin Rheumatol* 2015;21:120–5.
- [7] Taylor TH, Mecchella JN, Larson RJ, et al. Initiation of allopurinol at first medical contact for acute attacks of gout: a randomized clinical trial. *Am J Med* 2012;125 [1126e7–1134e7].
- [8] Khanna D, FitzGerald JD, Khanna PP, et al. 2012 American College of Rheumatology Guidelines for Management of Gout Part I: systematic non-pharmacologic and pharmacologic therapeutic approaches to hyperuricemia. *Arthritis Care Res* 2012;64:1431–46.

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