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2012 American guidelines for the management of gout as seen by general practitioners. Comment on “GOSPEL 3: Management of gout by primary-care physicians and office-based rheumatologists in France in the early 21st century – comparison with 2006 EULAR Recommendations.” by Goossens et al



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In an article published in *Joint Bone Spine*, Goossens et al. suggested that there are differences between practice patterns and 2006 recommendations in the management of gout [1]. In this correspondence, we wish to add further data to support the conclusions of this article.

As also reported in Goossens et al article, guidelines for treating gout exist, but management remains inadequate and recommendations should be simplified [1,2]. In 2012, new guidelines from the US were proposed for managing gout [3]. We aimed to record the opinions of general practitioners (GPs) and their level of agreement with these American guidelines.

A questionnaire was mailed to all the 1263 GPs in Auvergne, France in 2015. For each guideline, we asked general practitioners (GPs) if they agreed or not. The response rate was 40% ($n=505/1263$). In the management of acute gout: 90.7% of GPs agreed with pharmacological management within 24 hours of the attack; 95% of GPs agreed with using colchicine, 72% short-course nonsteroidal anti-inflammatory drugs, and 16.6% corticosteroids; 81% approved of continuing hypouricemic therapy during the attack. In the management of chronic gout: 61.6% agreed with not treating asymptomatic hyperuricemia. Allopurinol or febuxostat are used as the first-line therapies according to 88.7%. Half of respondents lowered target serum uric acid (SUA) when gout was tophaceous. The need for a specialized opinion in severe tophaceous gout was accepted by 91.3% of GPs. We found that 72% of GPs agreed with the guidelines.

However, the problem with recommendations is that they are not always applied. First reason may be that doctors are unaware of their existence. Another explanation may concern the practitioners' experience. A GP using for years an effective and well-tolerated treatment would be perhaps more reluctant to change its habits to comply with a recent recommendation. A lower colchicine dose in accordance with the 2012 American guidelines has been shown to

be equally effective. Nonetheless, it is possible that the old dosage might still be used.

The management of gout is still inadequate, with therapeutic targets not always met [1]. Several reasons could explain this failure: insufficient treatment [2], lack of SUA monitoring [4], insufficient compliance of patients [5]. This lack of compliance among patients may be due to false beliefs or lack of knowledge [6]. Patient education has shown its effectiveness in other chronic disease, such as rheumatoid arthritis [7]. Development of therapeutic patient education covering the main principles of gout treatment (diet; permanent preventive treatment; physical exercise) should certainly be encouraged [8].

Our study results provide information that reinforces the conclusions of Goossens that guidelines are not completely in line with routine practice. Guidelines will not provide solutions to all the difficulties reported by GPs, especially in the elderly. Other tools to improve gout treatment could be developed, such as therapeutic patient education, medical education training courses, multidisciplinary medical consultations.

Disclosure of interest

The authors declare that they have no competing interest.

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