

What is gout?

Gout is a metabolic disorder that causes acute, intermittent and painful attacks of arthritis in the joints of the foot, knee, ankle, hand and wrist - especially the big toe. If left untreated, attacks become more frequent, more prolonged and more generalized.

Facts and Figures

- Gout is the most common cause of inflammatory joint disease in men over 40 years old.
- A joint in the big toe is the first joint affected in 70% of cases
- In most patients only one joint is affected while in about 10% of patients it affects more than one joint

What causes gout?

Gout occurs as a result of excess uric acid (urate) in the blood and tissues. After prolonged super saturation of the tissues, crystals of urate can form in and around the joints and kidneys. If uric acid crystals enter the joint, they may trigger the development of inflammation. The affected joint becomes red, swollen and extremely painful and tender. Infrequently, stones (calculi) may form in the kidneys. Most patients with gout have high levels of urate in their blood because they do not pass enough in their urine. In most cases this is caused by an inherited peculiarity of the kidneys, which is in other respects harmless. It can also be caused by high levels of uric acid in the diet or by some drugs e.g. diuretics. Much less commonly, patients produce too much uric acid in the first place, owing to an inherited metabolic abnormality or disorders associated with greatly increased production of cells in the body.

How do I know if I have gout?

Gout is usually diagnosed on the basis of its distinctive symptoms and an examination of the joint. An acute attack of gout often develops during the night or early hours of the morning.

How is gout treated?

Step one – treatment of the acute attack

During the actual attack, the most important thing to do is relieve pain by controlling the inflammation and immobilizing the joint. Currently non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, diclofenac or indomethacin are used as first-line therapy.

Step two-reduce likelihood of recurrences by lifestyle modification.

Once the attack has passed, the next step is to help prevent recurrences by addressing trigger factors that can be modified. Patients are advised to lose weight if they are obese, to reduce alcohol consumption (especially beer) and to eat smaller amounts of purine-rich food.

Step three – lowering uric acid levels

In most patients, long-term drug treatment aimed to lower the level of uric acid in the blood. The drugs that are used include:

- Allopurinol, a drug that reduces production of uric acid in the body.
- Uricosuric drugs, such as probenecid, which lowers urate levels in the blood by increasing the excretion of uric acid.

Does gout recur?

If the uric acid level remains high most may have a second attack between six months and two years after the first. Subsequently, attacks become frequent and more prolonged and may result in joint damage if the uric acid level is not controlled

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