

SAND abstract No. 167 from the BEACH program 2010–11

Subject: Management of gout in general practice patients

Organisation supporting this study: Novartis Pharmaceuticals Australia Pty Ltd

Issues: The proportion of general practice patients treated for gout; number of gout episodes experienced in the previous 12 months; care sought by patients for gout; managements used for gout; contraindications in gout management.

Sample: 2,800 patients from 95 GPs; data collection period: 08/06/2010 – 12/07/2010

Method: Detailed in the paper entitled *SAND method 2010–11* at:
<<http://sydney.edu.au/medicine/fmrc/publications/sand-abstracts>>.

Summary of results

The age and sex distribution of the 2,800 respondents did not differ from that of patients at all 2009–10 BEACH encounters, with the majority (57.8%) being female.

Of the 2,800 respondents, 145 (5.2%, 95% CI: 4.0–6.4) had at some time been treated for gout. After adjustment for attendance rates by age and sex of patient, we estimated that 3.5% (95% CI: 2.5–4.4) of patients who attended the GP once that year had at some time been treated for gout. Treatment had most commonly occurred for older patients, with one in ten patients in the 65–74 years and 75+ age groups (10.9% and 11.4% respectively) having been treated for gout at some time. The sex-specific rate of gout treatment among male patients (9.0%, 95% CI: 6.8–11.3) was significantly higher than among females (2.4%, 95% CI: 1.4–3.3).

Of 136 respondents (of the 145 who had at some time been treated for gout), 39 (28.7%, 95% CI: 19.5–37.8) had had an episode of gout in the previous 12 months: 19 patients had had one episode and 12 had had two episodes. Of 131 respondents (multiple responses allowed), 34 (26.0%) had used a health service in the previous 12 months for gout management: 33 (25.2%) had visited a GP, one patient (0.8%) had visited a specialist, two patients (1.5%) had required a hospital visit and two visited an emergency department. There were 97 patients (74.1%) who had not used a health service for gout management in the previous 12 months.

Of the 39 patients who had had at least one episode of gout in the previous 12 months, 27 (69.2%) had used a health service: 26 (66.7%) had visited a GP to have their gout managed, one patient (2.6%) had visited a specialist, two patients (5.1%) had required a hospital visit and two patients visited an emergency department for their gout. There were 12 patients (30.8%) who had an episode of gout in the previous 12 months but not used a health service.

Of the 145 patients at some time treated for gout, management information was available for 128. Of these, 104 (81.3%) had received treatment for their most recent episode, and 24 patients (18.8%) had sought no treatment. Ninety-three patients (72.7%) had used medication to treat their most recent episode of gout, and 113 medications were recorded for these patients. Colchicine accounted for 32.7% and allopurinol for 28.3% of medications. The most common other treatment used for the episode of gout was lifestyle modification (39.1%).

GPs were asked to record whether the patient was unable to take specified medications for gout. Suitability of specified medications for gout was recorded for 159 patients, but the response rate varied for each medication. Contraindication or intolerance was indicated for: allopurinol for 9.4%; colchicine 10.1%; oral or systemic corticosteroids for 11.5%; and NSAIDs for 55.7% of cases.

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PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **MANAGEMENT OF GOUT**.
 You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Please answer the following questions for **ALL** of the **next 30 PATIENTS** in the order in which the patients are seen.

Please **DO NOT** select patients to suit the topic being investigated.

Gout

Please indicate whether this patient has ever been **treated for gout** by you or any health professional.

If 'no' please **end questions here** for this patient.

Type of care sought

Please use the tick boxes to indicate whether in the **past 12 months** management of gout has involved a **GP visit, specialist visit, hospital admission, and/or an emergency department visit**.

Tick as many as apply.

Treatment of gout

Please indicate how the most **recent episode** of gout was **managed**:

Medication

Please write the **name, form** and regimen (**dose and frequency**) of the **medication(s)** used to treat gout.

Please specify the **duration** (i.e. the number of days) **that each medication was taken** for management of the most recent gout episode.

Other treatment

Use the tick boxes to advise whether any **other treatments** were used for management of the most recent gout episode.

No treatment

If **no treatment** was used please tick the box labelled '**no treatment used**'.

Unsuitable medications

Please use the tick boxes to advise whether the patient is **unable to take** any of the **specified medications** for the treatment of gout because the medication is **contraindicated**, they are **intolerant** of or **unresponsive** to the medication.

Acute episodes

Please ask the patient approximately **how many acute episodes** of gout they have experienced in the **past 12 months**.

<p>Has this patient ever been treated for gout?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → End questions</p> <p>BL 123C</p>	<p>How many acute episodes of gout in the past 12 months?</p> <p>_____</p> <p>(please specify)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Don't know</p>	<p>In the past 12 mths has gout required:</p> <p><input type="checkbox"/> GP visit</p> <p><input type="checkbox"/> Specialist visit</p> <p><input type="checkbox"/> Hospital admission</p> <p><input type="checkbox"/> Emergency Dept visit</p> <p><input type="checkbox"/> None of the above</p>	<p>How was the most recent episode of gout managed? <input type="checkbox"/> No treatment used</p> <p><u>Medication:</u></p> <table border="1"> <thead> <tr> <th>Name & Form</th> <th>Strength</th> <th>Dose</th> <th>Frequency</th> <th>Duration of med use (please specify no. days)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ days</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ days</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ days</td> </tr> </tbody> </table>	Name & Form	Strength	Dose	Frequency	Duration of med use (please specify no. days)	_____	_____	_____	_____	_____ days	_____	_____	_____	_____	_____ days	_____	_____	_____	_____	_____ days	<p><u>Other treatment:</u></p> <p><input type="checkbox"/> Lifestyle modification</p> <p><input type="checkbox"/> Referral to specialist</p> <p><input type="checkbox"/> Referral to allied health professional</p> <p><input type="checkbox"/> Other: _____</p>	<p>Are any of the medications below unsuitable for use in this patient?</p> <table border="1"> <thead> <tr> <th></th> <th>Contraindicated/ intolerant</th> <th>Unresponsive</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Allopurinol</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NSAID</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Colchicine</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Oral corticosteroid</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Corticosteroid injection</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Contraindicated/ intolerant	Unresponsive	No	Allopurinol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NSAID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colchicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral corticosteroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corticosteroid injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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