

# Gout



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This factsheet is for people who have gout, or who would like information about it.

Gout causes swelling and pain in joints, usually in the arms or legs. It affects one in every 50 to 100 people.

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## About gout

Gout is an arthritic (meaning inflammation of the joint) condition that causes swelling and pain, usually in one joint in the body - commonly the big toe (see Symptoms). However, it can affect any of your joints including those in your:

- instep (arch of the foot)
- heel
- ankle
- knee
- finger
- wrist
- elbow

Gout is more common in men aged 30 to 60 and in older people. Overall, more men than women get gout. Young people can also get gout but this is rare. Some people only ever have one attack of gout in their lifetime, but for many people it does return. An attack of gout is often spontaneous but may be triggered by illness, alcohol or too much exercise.

## Causes of gout

You can develop gout if you have too much urate in your body.

Urate (also called uric acid) is a chemical which everybody has in their blood. It travels in the clear part of the blood (the plasma). Excess urate is usually passed out of the body through the kidneys and into the urine. However, if you are prone to gout, the level of urate in your blood can rise if:

- your kidneys don't pass urate fast enough
- your body produces too much urate

If the level of urate is too high, it can form tiny crystals that collect in your tissues, particularly in and around your joints. This is what causes the swelling and pain. These crystals form at cooler temperatures which is why gout is more common in your fingers or toes.

Not everybody with high levels of urate gets gout and some people get gout but don't have high levels of urate.

It's not known why some people develop gout and others don't.

There are certain factors that can increase your likelihood of getting gout. You are more likely to have gout if you:

- are a man aged 40 to 50
- are a post-menopausal woman, although women are much less likely to develop gout
- consume high levels of substances called purines in your diet, which are commonly found in red meat and seafood (see Prevention)
- drink excess alcohol
- take certain medicines, such as diuretics ("water tablets"), which increase the flow of urine from the body
- take medicines that raise levels of urate in your blood, for example vitamin B12
- have a family history of gout
- have kidney disease causing your kidneys to not pass enough urate out in your urine
- are overweight
- have a medical condition such as psoriasis (itchy, dry and flaky skin) which can sometimes cause your body to produce too much urate
- have high blood pressure
- injure a joint

## Symptoms of gout

The symptoms of gout include:

- severe pain in your joint(s) that develops within a few hours
- swelling and warmth around your joint
- red and shiny skin around your joint
- fever
- firm, white lumps beneath the skin, called tophi (if you have had gout for some time)

People usually have gout for a period of up to two weeks (an attack) and then it goes away eventually, even without treatment. With treatment, this can be reduced to less than one week.

Left untreated, attacks of gout may become more frequent and last longer.

## Complications of gout

It's uncommon for gout to cause any further problems but you may get:

- gout spreading to other joints
- inflamed tophi, which can cause more damage to joints
- formation of kidney stones if urate crystals collect in your urinary tract
- damage to the kidneys if crystals collect in your kidney tissue

## Diagnosis of gout

If you think you have gout, see your GP. He or she will ask about your symptoms and examine you. He or she may also ask you about your medical history.

Your GP may do one or all of the following tests or refer you to a rheumatologist (a doctor specialising in conditions that affect the joints) for them.

- A blood test will measure the levels of urate in your blood but the level may also be high in healthy people who don't have gout.
- Fluid may be removed from your swollen joint with a needle. This usually causes no more discomfort than a blood test. If urate crystals can be seen in the fluid under a microscope, you have gout. If calcium crystals are

seen, you have a similar condition called pseudogout.

- An X-ray of your affected joint may be taken to rule out other medical conditions, but this is less common.

## Treatment of gout

### Self-help

There are a number of steps you can take to reduce the pain and swelling of the gout attack.

- Raise and rest your limb - for example you shouldn't do vigorous physical exercise. Sometimes a splint is used to immobilise the joint.
- Keep your joint cool and don't cover it. Apply ice or a bag of frozen peas wrapped in a towel to your joint for about 20 minutes to help reduce swelling. You shouldn't apply ice directly to your skin as it can damage your skin. If you need to repeat this, let the affected part return to normal temperature first.

### Medicines

There are also medicines that your GP can prescribe to help ease the pain and swelling of acute attacks of gout. These can also prevent further attacks and complications. You should start treatment as soon as possible and keep taking the medicine for a couple of days after you feel better.

- Non-steroidal anti-inflammatory drugs (NSAIDs) such as naproxen (eg Arthrofen) may relieve pain and inflammation. If you have a heart condition, high blood pressure, kidney disease, lung disease or if you are over 65, these drugs may be harmful so you should talk to your GP about taking them.
- If NSAIDs aren't suitable for you, colchicine is an alternative. It works by reducing the build-up of urate. But many people who take it have side-effects such as feeling sick, vomiting and/or diarrhoea.
- Steroid tablets are occasionally prescribed if you can't take NSAIDs or colchicines.
- Steroid injections are sometimes used for large joints (such as the knee).

## Prevention of gout

Identifying and not doing the things that bring on an attack of gout are an essential part of your overall treatment plan (see Risk factors).

For example, you:

- *Avoid a lot of red meat*
- shouldn't eat foods that are very high in purine such as liver, kidneys and seafood (especially oily fish such as mackerel, sardines and anchovies), and certain vegetables (asparagus, beans, cauliflower, lentils, mushrooms, oatmeal and spinach) - ask your doctor or a dietitian for advice
- shouldn't drink too much alcohol - especially beer, stout, port and fortified wines
- should eat a well-balanced diet and exercise to lose excess weight
- should drink up to two litres of water a day unless you have been advised not to

If you have repeat attacks of gout, there are also medicines that can help to prevent it.

A medicine called allopurinol, taken long-term daily, prevents gout by stopping the formation of uric acid from purines. You may also be given a medicine such as sulphapyrazone (eg Anturan) to increase the amount of uric acid your kidneys remove from your blood. These medicines aren't used to treat an acute attack of gout and are usually prescribed once an attack is over.

Allopurinol may actually cause an attack of gout when it's first taken, because the level of urate will rise a bit before it falls. To help prevent this happening, your doctor may prescribe NSAIDs, colchicine or steroid tablets alongside allopurinol for up to three months. You should make sure that you drink lots of fluids when taking these medicines.

## Further information