

Long-term management of gout with ULTs

Explain that:

- disease progresses without intervention because high levels of urate in the blood form new urate crystals
- gout is a lifelong condition that will benefit from long-term ULT

Ensure people understand that ULT is:

- usually continued after the target serum urate level is reached
- typically a lifelong treatment

Consider rheumatology referral if:

- diagnosis of gout is uncertain
- treatment is contraindicated, not tolerated or ineffective
- they have CKD stages 3b to 5 (GFR categories G3b to G5)
- they have had an organ transplant

Offer ULT, using a treat-to-target strategy, to people with gout who have:

- multiple or troublesome flares
- CKD stages 3 to 5 (GFR categories G3 to G5)
- diuretic therapy
- tophi
- chronic gouty arthritis

Discuss the option of ULT with people who have had a first or subsequent gout flare who are not within the groups listed above

First-line treatment

Offer either allopurinol or febuxostat

- Offer allopurinol to people with gout who have major cardiovascular disease

Second-line treatment

Consider switching to allopurinol or febuxostat

Treat-to-target strategy:

Start with low-dose ULT and use monthly serum urate levels to guide dose increases, as tolerated, until target serum urate level reached

Start ULT at least 2 to 4 weeks after a gout flare has settled. If flares are more frequent, ULT can be started during a flare

Target serum urate level:

- Aim for below 360 micromol/litre (6 mg/dl)
- Consider below 300 micromol/litre (5 mg/dl) for:
 - tophi or chronic gouty arthritis
 - ongoing frequent flares despite serum urate level below 360 micromol/litre (6 mg/dl)

Consider annual monitoring of serum urate level in people with gout who are continuing ULT after reaching their target serum urate level

Discuss the benefits and risks of taking medicines to prevent gout flares when starting or titrating ULT

For people who choose to have treatment, offer colchicine while target serum urate level is being reached

If colchicine is contraindicated or not suitable, consider a low-dose NSAID or low-dose oral corticosteroid

- Consider adding a PPI, taking into account individual risk factors for adverse events



Do not offer an IL-1 inhibitor unless NSAIDs, colchicine and corticosteroids are unsuitable or ineffective

- Refer to rheumatology before prescribing

This is a summary of the advice on long-term management of gout in [NICE's guideline on gout: diagnosis and management](#).

CKD, chronic kidney disease; GFR, glomerular filtration rate; IL-1, interleukin-1; NSAID, non-steroidal anti-inflammatory drug; PPI, proton pump inhibitor; ULT, urate-lowering therapy



In June 2022, this was an off-label use of NSAIDs and corticosteroids. See [NICE's information on prescribing medicines](#).