

GOUT TREATMENT

Non-pharmacologic therapy includes lifestyle and dietary changes such as weight management, reduced alcohol intake and consumption of high purine foods (ex. anchovies, asparagus, game meats, gravy, herring, liver, mackerel, mushrooms, sardines, scallops), as well as maintenance of blood pressure and lipid control.

Generic	Brand	Form	Strength	Notes
Acute Attack				
colchicine	Colcrys	tabs	0.6mg	
indomethacin	—	caps	25mg, 50mg	<ul style="list-style-type: none"> • Use lowest effective dose and shortest duration • Discontinue if experiencing severe side effects
		supp	50mg	
	Indocin Susp	susp	25mg/5mL	
methylprednisolone	Depo-Medrol	susp for inj	20mg/mL, 40mg/mL, 80mg/mL	<ul style="list-style-type: none"> • Gently move joint after IA inj to aid mixing of susp with synovial fluid
naproxen	Naprosyn	tabs	250mg+, 375mg, 500mg+	<ul style="list-style-type: none"> • EC-Naprosyn not recommended • Use lowest effective dose and duration
		susp	125mg/5mL	
	Anaprox	tabs	275mg	
	Anaprox DS	tabs	550mg	
	Naprelan	controlled release tabs	375mg, 500mg, 750mg	
prednisone	Rayos	del-rel tabs	1mg, 2mg, 5mg	<ul style="list-style-type: none"> • Use lowest effective dose • Withdraw gradually • Take with food
		scored tabs	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	
	—	soln	5mg/5mL	
	—	intensol	5mg/mL	
sulindac	Clinoril	scored tabs	200mg	<ul style="list-style-type: none"> • Use lowest effective dose and shortest duration • Take with food • Max dose: 400mg/day
triamcinolone hexacetonide	Aristospan Intra-articular	susp for inj	20mg/mL	
Chronic / Management / Prevention				
allopurinol	Zyloprim	scored tabs	100mg, 300mg	<ul style="list-style-type: none"> • Take with food • Ensure adequate fluid intake to yield $\geq 2L$ daily urine output • Maintain alkaline or neutral urine • Administer in divided doses • Max dose: 800mg/day and 300mg/dose • Discontinue if rash appears
colchicine	Colcrys	tabs	0.6mg	
febuxostat	Uloric	tabs	40mg, 80mg	<ul style="list-style-type: none"> • Gout flare prophylaxis, with an NSAID or colchicine, upon initiation of therapy and for up to 6mos, is recommended.
pegloticase	Krystexxa	soln for IV infusion after dilution	8mg/mL	<ul style="list-style-type: none"> • Discontinue oral urate-lowering agents before starting; do not institute while on pegloticase therapy • Give by IV infusion over at least 2hrs and premedicate with antihistamines and corticosteroids • Slow rate, or stop and restart at lower rate, if infusion reaction occurs; observe at least 1hr post-infusion
probenecid	—	scored tabs	500mg	<ul style="list-style-type: none"> • Take with plenty of fluids • Maintain alkaline or neutral urine • Reduce dose if GI intolerance occurs
probenecid + colchicine	—	scored tabs	500mg + 0.5mg	<ul style="list-style-type: none"> • Take with plenty of fluids • Maintain alkaline or neutral urine • Reduce dose if GI intolerance occurs

NOTES

Key: +=scored tabs; IA=intra-articular; soln=solution; susp=suspension; supp=suppositories

REFERENCES

Adapted from: National Institute of Arthritis and Musculoskeletal and Skin Diseases. 2002 [updated 2012]. National Institutes of Health (www.niams.nih.gov)

(Rev. 8/2013)