

Chronic Tophaceous Gout

Treatment Options

Goals of serum urate-lowering therapy

- Goal range of urate-lowering therapy -- $< 6 \text{ mg/dL}$
 - below the serum urate solubility limit of 6.8 mg/dL

Treatment considerations

- During the initial period of urate-lowering therapy, the patient should receive prophylactic treatment to reduce the risk of recurrent gout flares - Colchicine or NSAIDs

Urate-lowering Medications

- **Allopurinol**
 - preferred therapy for most patients
 - Xanthine-oxidase inhibitor
 - Start 100 mg PO daily
 - Increase 100 mg /day qweek until serum uric acid is $< 6.0 \text{ mg/dL}$
 - Max dose 800 mg/day
- **Febuxostat**
 - Xanthine-oxidate inhibitor
 - Start 40 mg PO daily
 - Increase to 80 mg PO daily if uric acid is not $< 6 \text{ mg/dL}$ after 2 weeks
- **Probenecid**
 - Uricosuric medication
 - Considered for patients that are under excretors of uric acid
- **Pegloticase - uricase**
 - Rapidly reduce serum urate levels
 - Administered through IV infusion
 - Considered when other medications are contraindicated or ineffective
 - MOA- supplies the absent enzyme (uricase) to promote the depletion of serum urate

