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NHS

Information for patients

North East Essex Community Services Collaborative

Gout

What is gout?

Gout is a recurring inflammatory reaction due to the overproduction of monosodium urate crystals that accumulate and deposit into the joints.

Gout is more common in men, with an estimated 1–2% of the world's population affected by gout. The big toe joint (first metatarsophalangeal joint) is the most commonly affected by gout, followed by fingers, wrists, elbows and knees.

Gout attacks usually last between 3–14 days and 60% of patients who experience a gout attack will have a second attack within one year. Gout does not cause lasting damage to joints if treated.

Gout often presents as a red, hot, painful, swollen joint without trauma. This can lead to difficulty wearing shoes and pain when walking.

Causes of gout?

Purines are found in the cells of the body and in the food/drinks we consume (such as red meat, rich sauces, red wine and brandy) are converted into uric acid. It is this uric acid that can crystallize.

Most people with gout have high levels of urate in their blood. This could be caused by diet or lifestyle issues such as crash dieting, stress, illness and certain medications. There may also be a genetic predisposition.

Diagnosis

When a suspected gout flare-up occurs, it is often diagnosed by identifying any of the factors mentioned above. A blood test will also be carried out in order to assess the body's urate levels.

Aspiration of the joint (using a needle to remove some of the joint fluid) can be used to look for the presence of urate crystals.

Treatment

Acute

When the joint becomes red, swollen and painful, pain-relieving and non-steroidal anti-inflammatory (NSAIDS) drugs should be prescribed as soon as possible, as well as immobilising the joint (keeping weight off it as much as possible).

Your doctor may also prescribe steroids to reduce inflammation, or a tablet called colchicine, which is an anti-gout tablet.

Long-term

A healthy lifestyle is key to reducing gout flareups. This includes maintaining a healthy weight and diet, avoiding an excess of rich foods and alcohol, as well as keeping hydrated.

Medications such as colchicine and allopurinol can be taken daily to prevent uric acid build-up. These need to be prescribed by your doctor and are normally required indefinitely. Your GP or pharmacist should review any current medication as diuretics and aspirin (amongst others) can potentially trigger gout attacks.

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When to see a podiatrist

Repeated or prolonged gout attacks can cause damage to joints. This can cause deformities in the feet and toes. It can also lead to a callus or corns forming, and these can become painful. A podiatrist can remove the callus or corns and advise on how to protect the area.

In some cases, urate crystals can penetrate the skin and cause a wound. This can cause bleeding and discharge from the area, and potentially infection.

If this occurs, you should seek urgent medical attention with your GP or practice nurse. They can arrange a treatment or a referral, if required, to services such as Podiatry.



Further information

or

For further information, visit to www.rcpod.org.uk/common-foot-problems/gout

www.nhs.uk/conditions/gout/

Please ask if you need this leaflet in an alternative format.