

# 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(s)	Strength(s)	Usual Dosage	Notes
<b>Acute Attack</b>					
Indomethacin	<b>Indocin</b> (Merck)	Caps	25mg 50mg	<ul style="list-style-type: none"> <li>• 50mg 3 times daily until pain relief; rapidly taper and discontinue</li> </ul>	<ul style="list-style-type: none"> <li>• Use lowest effective dose and shortest duration</li> <li>• Discontinue if experiencing severe side effects</li> </ul>
	<b>Indomethacin Suppositories</b> (various)	Supp	50mg		
	<b>Indocin Susp</b> (Iroko)	Susp	25mg/5mL		
Naproxen	<b>Naprosyn</b> (Roche)	Tab	250mg (scored) 375mg 500mg (scored)	<ul style="list-style-type: none"> <li>• 750mg followed by 250mg every 8 hours until pain relief</li> </ul>	<ul style="list-style-type: none"> <li>• EC-Naprosyn not recommended</li> <li>• Use lowest effective dose and duration</li> </ul>
	<b>Anaprox</b> (Roche)	Tab	275mg	<ul style="list-style-type: none"> <li>• 825mg followed by 275mg every 8 hours until pain relief</li> </ul>	
	<b>Anaprox DS</b> (Roche)	Tab	550mg	<ul style="list-style-type: none"> <li>• 825mg followed by 275mg every 8 hours until pain relief</li> </ul>	
	<b>Napirelan</b> (Shionogi)	Controlled release tabs	375mg 500mg 750mg	<ul style="list-style-type: none"> <li>• 1-1.5g once daily for 1 day then 1g once daily until attack subsides</li> </ul>	
Sulindac	<b>Clinoril</b> (Merck)	Tab	200mg (scored)	<ul style="list-style-type: none"> <li>• 200mg twice daily until pain relief; usual duration 7 days</li> </ul>	<ul style="list-style-type: none"> <li>• Use lowest effective dose and shortest duration</li> <li>• Take with food</li> <li>• Max dose: 400mg per day</li> </ul>
Colchicine	<b>Colcris</b> (URL Pharma)	Tab	0.6mg	<ul style="list-style-type: none"> <li>• Gout treatment: 1.2mg at first sign of gout flare, then 0.6mg 1 hour later; max 1.8mg over a 1 hour period; may be given during prophylaxis at max 1.2mg at first sign of flare, then 0.6mg 1 hour later, wait 12 hours, then resume prophylactic dose. Concomitant CYP3A4 and/or P-glycoprotein inhibitors, severe renal or hepatic impairment: reduce dose (see literature).</li> </ul>	
Prednisone	<b>Prednisone</b> (various)	Tab	1mg 2.5mg 5mg 10mg 20mg 50mg	<ul style="list-style-type: none"> <li>• Individualize dose. Usually 5-60mg daily until pain relief; gradually taper</li> </ul>	
		Soln Intensol	5mg/5mL 5mg/mL		
Methylprednisolone	<b>Depo-Medrol</b> (Pfizer)	Susp for inj	20mg/mL 40mg/mL 80mg/mL	<ul style="list-style-type: none"> <li>• IA: Small joint: 4-10mg; medium joint: 10-40mg; large joint: 20-80mg</li> </ul>	<ul style="list-style-type: none"> <li>• Gently move joint after IA inj to aid mixing of susp with synovial fluid</li> </ul>
Triamcinolone hexacetonide	<b>Aristospan Intra-articular</b> (Sandoz)	Susp for inj	20mg/mL	<ul style="list-style-type: none"> <li>• IA: Individualize. Average intra-articular dose: 2-20mg. Large joints: 10-20mg. Small joints: 2-6mg. Usual frequency of injection into a single joint is every 3-4 weeks.</li> </ul>	
<b>Chronic / Management / Prevention</b>					
Allopurinol	<b>Zyloprim</b> (Prometheus)	Tab (scored)	100mg 300mg	<ul style="list-style-type: none"> <li>• Initial: 100mg daily. Increase by increments of 100mg daily at weekly intervals until serum uric acid level <math>\leq</math>6mg/dL (minimizes flare-ups)</li> <li>• Mild: 200-300mg per day</li> <li>• Severe: 400-600mg per day</li> </ul>	<ul style="list-style-type: none"> <li>• Take with food</li> <li>• Ensure adequate fluid intake to yield <math>\geq</math>2 liters daily urine output</li> <li>• Maintain alkaline or neutral urine</li> <li>• Administer in divided doses</li> <li>• Max dose: 800mg per day and 300mg per dose</li> <li>• Discontinue if rash appears</li> </ul>
Colchicine	<b>Colcris</b> (URL Pharma)	Tab	0.6mg	<ul style="list-style-type: none"> <li>• Gout prophylaxis: <math>&gt;</math>16yrs: 0.6mg once or twice daily; max 1.2mg/day. Concomitant CYP3A4 and/or P-glycoprotein inhibitors, severe renal or hepatic impairment: reduce dose (see literature).</li> </ul>	
Febuxostat	<b>Uloric</b> (Takeda)	Tab	40mg 80mg	<ul style="list-style-type: none"> <li>• <math>\geq</math>18yrs: initially 40mg once daily; if serum uric acid is not <math>&lt;</math>6mg/dL after 2 weeks, may increase to 80mg once daily.</li> </ul>	<ul style="list-style-type: none"> <li>• Gout flare prophylaxis, with an NSAID or colchicine, upon initiation of therapy and for up to 6 months, is recommended.</li> </ul>
Pegloticase	<b>Krystexxa</b> (Savient)	Soln for IV infusion after dilution	8mg/mL	<ul style="list-style-type: none"> <li>• 8mg once every 2 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>• Discontinue oral urate-lowering agents before starting; do not institute while on pegloticase therapy</li> <li>• Give by IV infusion over at least 2 hours and premedicate with antihistamines and corticosteroids</li> <li>• Slow rate, or stop and restart at lower rate, if infusion reaction occurs; observe at least 1 hour post-infusion</li> </ul>
Probenecid	<b>Probenecid</b> (various)	Tab (scored)	500mg	<ul style="list-style-type: none"> <li>• Initial: 250mg twice daily for 1 week</li> <li>• Maintenance: 500mg twice daily</li> </ul>	<ul style="list-style-type: none"> <li>• Take with plenty of fluids</li> <li>• Maintain alkaline or neutral urine</li> <li>• Reduce dose if GI intolerance occurs</li> </ul>
Probenecid + Colchicine	<b>Probenecid + Colchicine</b> (various)	Tab (scored)	Probenecid: 500mg Colchicine: 0.5mg	<ul style="list-style-type: none"> <li>• Initial: 1 tablet daily for 1 week</li> <li>• Maintenance: 1 tablet twice daily</li> </ul>	<ul style="list-style-type: none"> <li>• Take with plenty of fluids</li> <li>• Maintain alkaline or neutral urine</li> <li>• Reduce dose if GI intolerance occurs</li> </ul>

## NOTES

KEY: Caps=capsules; IA=intra-articular; Inj= injection; IV=intravenous; Soln=solution; Susp=suspension; Supp=suppositories; Tab=tablets

Adapted from: National Institute of Arthritis and Musculoskeletal and Skin Diseases. 2002 [updated 2012]. National Institutes of Health ([www.niams.nih.gov](http://www.niams.nih.gov)) (Rev. 1/2013)