

Wake up call for the Doctors across the world. Gout, the Curable disease, continues to disable many persons.

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"Gout Incidence Increasing, but Most Patients Go Untreated

Fortunately, we have developed a number of evidence-based guidelines in the past 10 years, which may form a basis to start. The study does raise 2 questions: Why we have done poorly? And how [do we] improve?" Dr. Zhang is associate professor and reader in academic rheumatology, University of Nottingham.

Gout prevalence and incidence varied across the United Kingdom, with the highest numbers of cases seen in Wales and the Northeast of England. Dr. Zhang said the reasons for these regional differences are unknown but are more likely to involve variations in management than lifestyle differences.

"This is a very interesting and informative study," said Robert Terkeltaub, MD, professor of medicine at the University of California, San Diego, and rheumatology section chief at the San Diego Veterans Affairs Medical Center in California. "Gout is an extremely well-understood disease, where essentially 'curative' urate-lowering therapy is available, and 2 sets of sound international medical guidelines for management have been published in the last 15 months. Yet quality of care, and patient adherence to treatment, remain substandard, a disappointing and unacceptable circumstance for a disease clearly increasing in prevalence in a similar way in the [United Kingdom] and [United States] and other Western countries."

"This situation is indicative of a systematic failure in both medical and patient education. There is lots of work to do to rectify these problems," added Dr. Terkeltaub, who was not involved in the study.

The authors and Dr. Terkeltaub have disclosed no relevant financial relationships."

The above write up and caption is original and no editing had been done. This appeared in Medscape. Fortunately enough, I am also the member of 'Medscape' who get guidelines about medical practice from learned doctors of the world.

Let us face the reality, how many of us know, that this disease could be , genetic, autoimmune and basic metabolic disorder of the body. Life long care is needed.

The following few lines, depict the known reasons of the disease so far came to light for us. But doesn't explain why does flare up occurs when serum uric acid level is normal or even less than the normal. Here comes the role of auto immune connection with the disorder. We have ignored this aspect of the problem.

Gout occurs when urate crystals accumulate in your joint, causing the inflammation and intense pain of a gout attack. Urate crystals can form when you have high levels of uric acid in your blood. Your body produces uric acid when it breaks down purines — substances that are found naturally in your body, as well as in certain foods Normally, uric acid dissolves in your blood and passes through your kidneys into your urine. But sometimes your body either produces too much uric acid or your kidneys excrete too little uric acid. When this happens, uric acid can build up, forming sharp, needle-like urate crystals in a joint or surrounding tissue that cause pain, inflammation and swelling. the signs and symptoms of gout are almost always acute, occurring suddenly — often at night — and without warning. They include:

Intense joint pain. Gout usually affects the large joint of your big toe, but it can occur in your feet, ankles, knees, hands and wrists. The pain is likely to be most severe within the first 12 to 24 hours after it begins.

Lingering discomfort. After the most severe pain subsides, some joint discomfort may last from a few days to a few weeks. Later attacks are likely to last longer and affect more joints.

Inflammation and redness. The affected joint or joints become swollen, tender and red.

How do we explain, the sudden onset of symptoms at night and before that there is no indication of impending attack? It needs more to be done about it. It may be because of genetic or immune reaction of the body. That is why, it is life long treatment and we don't have to wait for another attack to alleviate the symptoms for the short period.

What do we advise the patients to get minimum flare ups in the future or lesser disabilities?

I don't think the dietary restrictions work here. No answer with us for this aspect of the problem.

How long the treatment needs to be continued?

This is very important aspect of the treatment, which is not discussed with the patients or not known to us as medical practitioners. Just wait for another flare up. This is unjustified approach. We have to say that it is better to take uric acid lowering drugs for the entire life. These are safer and can prevent so many hospital rounds.

What is the indication when you can say that disease is eradicated?

There can't be any such stage when you we say the disease is eradicated. It must be told to the patients in very clear terms. Do we do that way?

This important fact is verified by the patients but not known to us. The flare ups are increased by stress or any activity and exercise. The flare ups can damage any joint and or all the joints of the body. Can you ask your patients to be active so that disease is arrested? The exercise is counterproductive. And many times the blood uric acid is normal or below normal. You can't anticipate the expected flare up by knowing uric acid level. The fact is, once you do exercise, in the more worked out joint, the uric acid would get deposited, in ligaments, surrounding tissues and bones. Thus would damage another joint and bone. It is the most crippling effect of the disease which can be prevented.

Nodules forming under the skin: Uric acid crystals may begin to be deposited in soft tissue, forming nodules called tophi. Tophi commonly appear on the hands, fingers, elbows, and ears, but they can appear almost anywhere on the body. Tophi can be very disfiguring. Chronic gout is sometimes referred to as tophaceous gout, because of the presence of tophi.

Kidney problems: Uric acid is normally eliminated by the kidneys. Kidney disease can cause uric acid build-up and gout. But excess uric acid can also damage kidneys. Kidney problems associated with chronic gout -- and signs that chronic gout is getting worse -- include gouty kidney, kidney stones, and kidney failure.

May be unless you see the crippled person with this disease you may not be able to realize the seriousness of this malady. I had seen one lady who was suffering from the last 30 years and she was on wheel chair and there was no respite from pain in spite of steroids and NSAID's use. She was from Edmonton, Canada. You can know, about the state of some of the desperate patients from all over the world through, www.healthlinkusa.com, and write, 'gout'.

The close link of diabetes and gout is well known, and many diabetics do suffer from it. Not all diabetics are effected, that is good news. But those who are effected, they will find some astounding similarities in both the problems. It had been seen that, asparagus, fish, wine and mushrooms, worsen both the problems at the same time. Some new aspect had come to light is when your gout is controlled and you are taking regular uric acid lowering drugs like, Allopurinol, Febuxostat or Indomethacin etc. Your diabetes is also better and you may require the lesser dose of antidiabetic medications. There could be some common denominator.

Conclusion:

1. If you had one attack of gout, you don't have to wait for another attack, please start the lowest dose of -Tab. Allopuriol 100 mgm per day, your doctor can guide you about it.

You can be active and do normal exercise, nothing can go wrong.

Allopurinol causes joint stiffness or light pain for a short time, lasting for few hours only but ultimately gives good sustained relief.

2. For pain relief, some of the doctors are using Vicodyl[codeine and acetaminophen]. Not a good choice. But the best option for this could be Indomethacin or Mortrin. Indomethacin helps urinary excretion of urates.