

# Many patients with gout do not receive recommended treatment

December 23 2014

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Among patients in England with gout, only a minority of those with indications to receive urate-lowering therapy were treated according to guideline recommendations, according to a study in the December 24/31 issue of *JAMA*.

Current guidelines recommend urate (a metabolite derived from [uric acid](#))-lowering treatment for patients with more severe [gout](#) or accompanying conditions. However, after the first diagnosis, it remains unclear when such treatment is appropriate, according to background information in the article.

Chang-Fu Kuo, M.D., of Chang Gung Memorial Hospital, Taoyuan, Taiwan, and colleagues investigated the timing of eligibility for and prescription of urate-lowering treatment following first gout diagnosis. Patients diagnosed with incident gout in 1997-2010 were identified using the Clinical Practice Research Datalink, containing anonymized information including patient demographics, diagnoses, examination findings, laboratory results, and prescribed medications from approximately 8 percent of the U.K. population.

Of 52,164 patients with incident gout, the median time to first treatment indication (such as multiple attacks, [chronic kidney disease](#), diuretic use) was 5 months and the cumulative probability of fulfilling any indication was 44 percent at 0 years from diagnosis, 61 percent at 1 year, 87 percent at 5 years, and 94 percent at 10 years. The cumulative probabilities for prescription at the same time points were 0 percent, 17

percent, 30 percent, and 41 percent.

The median prescription rate for urate-lowering treatment among practices was 32.5 percent. Examined patient- and practice-level factors accounted for only one-fifth of the variance in [prescriptions](#). "The unexplained variance may be accounted for by factors not available in the database. Recognized barriers to care include suboptimal patient and physician knowledge of gout, its treatment, and clinical recommendations, and patient and physician preferences for treatment."

**More information:** [DOI: 10.1001/jama.2014.14484](https://doi.org/10.1001/jama.2014.14484)

Provided by The JAMA Network Journals

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