

Treat-to-target strategy in gout management is effective

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Gout is the most common form of inflammatory arthritis, caused by crystallization of uric acid in the joint. Rheumatologists have long recommended that patients with gout be treated with drugs to lower uric acid in their blood to prevent crystallization. Specifically, rheumatology societies around the world recommend that uric acid should be lowered to below 6mg/dL because that's below the concentration at which uric acid can crystalize. This strategy is known as "treat-to-target."

Recently, controversy about this recommendation was raised because the American College of Physicians' guidelines stated that there were insufficient data to support a treat-to-target strategy, and that a strategy of treating to avoid symptoms may be reasonable.

In a [randomized controlled trial](#) published in the *Lancet*, nurse-led care that included education and engagement of patients as well as a treat-to-target strategy to lower [uric acid](#) was compared with usual care by general practitioners (GP). In this trial, the nurse-led care group had more than a three-fold higher achievement of lowering uric [acid](#) to below 6mg/dL, had 67 percent lower risk of gout flares and 79 percent lower risk of having any tophi at the end of follow-up at two years compared with usual care. Further, the nurse-led care strategy was projected to be cost saving by five years.

An accompanying *Lancet* comment led by Tuhina Neogi, MD, Ph.D., professor of medicine and epidemiology at Boston University Schools of Medicine and Public Health, noted that this trial adds to a growing body

of evidence that the treat-to-target strategy in gout management is effective and there is now ample data from randomized trials to support this treatment approach.

"The high adherence, combined with use of higher doses of allopurinol in the nurse-led group contributed to the marked beneficial effects experienced in the nurse-led group. The findings highlight that patients can adhere to treatment when they receive the appropriate information about their disease, adequate support by their healthcare provider with regular follow-up and feedback," said Neogi.

According to the authors, this trial provides definitive evidence that a treat-to-target strategy in gout results in better patient outcomes than the usual care provided by GPs. "While GPs may not have the capacity to see their patients with gout more frequently, other health care professionals can be trained to implement this approach as has been done in other diseases," she explained. "Highly efficacious and cost-effective gout management can be readily achieved by educating and spending time with patients. Patients with gout can get their disease under control using a treat-to-target approach. This should now be the standard of care for gout management."

Provided by Boston University School of Medicine

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