

# Consensus statement issued on management of foot, ankle gout

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(HealthDay)—The American College of Foot and Ankle Surgeons and

the American Association of Nurse Practitioners-Orthopedics Specialty Practice Group have issued a new joint clinical consensus statement on the etiology, diagnosis, and treatment of gouty arthritis of the foot and ankle; the consensus statement was published in the November-December issue of the *Journal of Foot & Ankle Surgery*.

Roya Mirmiran, D.P.M., from the Sutter Medical Group in Sacramento, California, and colleagues used the best available evidence, clinical experience, and common sense to develop consensus on 23 statements related to gouty arthritis localized to the foot and ankle.

The panel reached consensus on a number of statements that were considered appropriate. The risk for gouty flares is increased for patients on thiazide diuretics and for those with [excessive alcohol consumption](#). Age and diet are risk factors for [gout](#), and diet modification can decrease incidence of recurrence. For an initial acute gout episode, standard workup should include blood uric acid level, [erythrocyte sedimentation rate](#), C-reactive protein, complete blood count, and serum creatinine. For diagnosing gout, advanced imaging is not necessary, while joint aspiration and microscopy are the gold standards. The first-line treatment for acute gout is nonsteroidal anti-inflammatory drugs. In cases of recalcitrant gout, multidisciplinary referral provides optimal care.

"In working with an interprofessional team, we have been able to create a thorough [consensus statement](#) for the management of patients with gout," a coauthor said in a statement. "This document will serve as a valuable clinical guide for the interprofessional management of gout arthritis."

**More information:** [Abstract/Full Text](#)



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