Calderdale and Huddersfield
NHS Foundation Trust

Patient Information Leaflet

SDEC Patient Information – Gout

Diagnosis: Gout

Following your visit to the Same Day Emergency Centre (SDEC), you have been diagnosed with gout. Gout is a common form of arthritis caused by uric acid crystals forming in joints, leading to sudden, painful inflammation.

What is Gout?

Gout is a type of arthritis caused by a build-up of urate (uric acid) crystals in and around joints.

Typical features include:

- Sudden onset of severe joint pain
- Swelling, redness, warmth, and tenderness
- Skin may appear red and shiny
- Most commonly affects the big toe, but can involve ankles, knees, fingers, wrists, or elbows

Flares:

- Often occur at night
- Develop rapidly over a few hours
- Last 3–10 days (sometimes up to 1–2 weeks)
- Often recur (around 2 in 3 people have another attack within a year)

What Causes Gout?

Gout occurs when there is too much uric acid in the blood, leading to crystal formation in joints.

Uric acid normally:

- Is produced naturally in the body
- Is removed via the kidneys (urine) and gut

In gout:

- The body may not remove enough uric acid (most common cause)
- Or may produce too much

Triggers and contributing factors:

- Alcohol (especially beer and spirits)
- Dehydration
- High-purine foods (red meat, offal, seafood, oily fish)
- Sugary drinks (especially fructose-containing)
- Sudden illness or surgery
- Certain medications (e.g. diuretics, aspirin, chemotherapy drugs)

Risk Factors – Who is More Likely to Get Gout?

You are more at risk if you:

- Are male
- Are over 30 years old (rare under 20)
- Are overweight or obese
- Have high blood pressure, diabetes, or high cholesterol
- Have kidney disease
- Have a family history of gout
- Have conditions with high cell turnover (e.g. psoriasis, blood disorders)

What Tests or Investigations Are Needed?

Gout is usually diagnosed based on symptoms and examination.

Tests may include:

- Blood tests (urate levels; ≥360 micromol/L supports diagnosis)
- Repeat urate level after flare if initially normal
- Joint fluid analysis (definitive test – crystals seen under microscope)
- X-ray or ultrasound (if diagnosis unclear or chronic gout suspected)

What Are the Treatment Options for Gout?

1. Treatment During a Flare

- NSAIDs (e.g. Naproxen, Diclofenac)
  - Rapid relief (often within 12–24 hours)
  - Risk: stomach irritation, bleeding (higher risk if >65 or history of ulcers)
- Colchicine
  - Alternative if NSAIDs unsuitable
  - Risk: diarrhoea, gastrointestinal upset
- Corticosteroids (oral or injection)
  - Useful if NSAIDs/colchicine not suitable

Important:

- Do not take multiple NSAIDs together
- Check with a doctor if on aspirin or other medications
- Consider stomach protection (e.g. PPI like omeprazole) if needed

2. Long-Term Prevention (Recurrent Gout)

- Allopurinol (first-line)
  - Lowers uric acid levels
  - Takes 2–3 months to become fully effective
  - Taken daily, often lifelong
  - Started 3–4 weeks after a flare settles
- May initially trigger a flare, so:
  - Often combined with NSAID/colchicine for first few months
- Febuxostat (alternative if allopurinol not tolerated)

When Is Preventive Treatment Needed?

You may be started on long-term treatment if you:

- Have ≥2 attacks per year
- Have tophi

- Have joint damage or kidney disease
- Have kidney stones
- Are on medications that increase uric acid

What Should I Do During a Gout Flare?

Do:

- Take medication early
- Rest and elevate the joint
- Apply ice pack (20 minutes, wrapped)
- Stay well hydrated

Avoid:

- Alcohol
- Strain or injury to the joint

Lifestyle Measures to Prevent Gout

- Maintain a healthy weight (avoid crash/high-protein diets)
- Drink plenty of water (up to ~2L/day if appropriate)
- Limit alcohol (≤14 units/week, avoid binge drinking)
- Reduce high-purine foods
- Avoid sugary drinks
- Exercise regularly

Additional:

- Vitamin C may slightly reduce uric acid (discuss with GP)
- Review medications that may trigger gout

What Complications Should I Be Aware Of?

If untreated, gout can lead to:

- Recurrent attacks
- Permanent joint damage and deformity
- Tophi (urate crystal deposits under skin)
- Kidney stones and kidney damage

Gout can also affect:

- Mobility and daily activities
- Mental wellbeing (pain can lead to low mood or anxiety)

What Is the Outlook (Prognosis)?

- Acute attacks usually resolve within 1–2 weeks
- Without treatment, attacks may become:
  - More frequent
  - More severe
- With proper treatment, most people can completely prevent further attacks

When Should I Seek Help Urgently?

Call 999 or attend A&E immediately if you have:

- Fever (≥38°C) with joint pain (possible infection/septic arthritis)
- Severe pain with inability to move the joint
- Feeling unwell with a hot, swollen joint

Who Should I Contact for Other Concerns?

Contact SDEC if you:

- Have worsening symptoms
- Are unsure about medication
- Have frequent attacks

Contact your GP if you:

- Have first episode of gout
- Do not improve within a few days
- Need long-term prevention
- Have medication side effects

Contact information

If you have concerns after leaving SDEC, please contact:

SDEC / Hospital Advice Line: _____

GP: _____

Out of hours: NHS 111

In an emergency, call 999.