Treatment of gout

Drugs

- 1. Acute gout attack
 - strong anti-inflammatory action
 - pain-killers
 - inhibition of leucocyte migration to the joint
- 2. Hyperuricemia therapy / prevention of gout attack
 - increase of uric acid excretion
 - block of synthesis
 - + diet

Treatment of acute gout attack

NSAIDs

- higher doses (i.m., p.o., p.r.)
- some have preferably uricosuric effect
- indometacine, diclofenac, piroxicam

• colchicine

- alcaloid obtained from Colchicum autumnale
- p.o. every 2-4 hrs
- mitotic poison, inhibits phagocytosis and leukocyte migration
- AE: severe diarrhea rehydratation!

- glucocorticoids
 - local adm. (i.a.) –
 triamcinolone
 - systemic (p.o., i.m., i.v.) –
 prednison,
 methylprednisolon
- canakinumab
 - IL-1 inhibitor, human monoclonal antibody
 - patients who do not tolerate
 NSAIDs and GC
 - s.c. aplication

Chronic treatment of gout

1. Uricosurics

• inhibit reabsorption of uric acid in primary tubulus

Lesinurad

• only in combination with xantin oxidase inhibitors

Probenecide

- sometimes used with antibiotics or antivirotics to make them stay longer in the body
- unregistered in Czech Rep.

2. Antiuratics

• inhibit syntesis of urine acid by inhibition xantin oxidase (XO)



Allopurinol

- isomer of hypoxanthin, competitive inhibition of xanthin oxidase
- inhibits *de novo* syntesis of purines
- not combine with cytostatics of purine structure (azathioprin, 6mercaptopurin) – allopurinol 1 their toxicity!
- **AE:** usually well tolerated, most common:
- rash, GIT intoleration, hypersensitive reaction

Febuxostat

- **MA:** non-purine inhibitor of xantinoxidase
- clinical trials proved higher efficacy than allopurinol
- **AE:** gout attacts, liver function abnormalities, diarrhoea, nausea, headache

Pegloticase (recombinant uricase)

- MA: transforms uric acid to alantoin with better solubility
- **AE:** anaphylactic shock, reaction to infusion, gout attacts at the beginning of therapy
- i.v. aplication (only to inpatient)