Management of gout

Consultation on draft scope
Stakeholder comments table
19th December 2019 to 21st January 2020

Stakeholder	Page no.	Line no.	Comments	Developer's response
British Society for Rheumatology	003	003 - 006	Gout is more common in patients with metabolic syndrome (hypertension /hyperlipidaemia /impaired glucose tolerance). Perhaps some consideration to mentioning this would be useful in the document and ensuring these factors are screened for at diagnosis	Thank you for your comment. The respective roles of NICE and the UK National Screening Committee in producing guidance about targeted screening are currently under review, so this topic was not included in the scope of the guideline.These factors will be considered by the committee when discussing the diagnosis of gout.
British Society for Rheumatology	004	001 - 006	Consideration needs to be given to the use of benzbromarone (unlicensed drug) for treatment in patients unable to take allopurinol or febuxostat. This drug can be provided on a named patient basis through specialist centres	Thank you for your comment. NICE cannot make recommendations about drugs which are not licensed in the UK.
NHS England/NHS Improvement Specialised Rheumatology CRG	Whole document		We endorse this proposed NICE Clinical Guideline on management and treatment of gout and are happy to contribute in the future/review documents. We have registered as a stakeholder.	Thank you for your comment.
Renal Association	General		We welcome this document and the recognition that 40% of patients with gout have underlying chronic kidney disease (CKD). The initial draft is good – these comments are in addition to these	Thank you for your comment.
Renal Association	005	012	It should be recognised that kidney function should be assessed as part of assessment of patients presenting with gout as CKD is a risk factor for gout, and additionally kidney function will dictate prescribing of treatment options	Thank you for your comment. The respective roles of NICE and the UK National Screening Committee in producing guidance about targeted screening are currently under

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				review. If NICE retains responsibility for targeted screening for CKD, this will be flagged with the NICE surveillance team for future updates of the CKD guideline..
Renal Association	005	012	Should be recognised that other drugs are risk factors for gout other than diuretics, particularly ciclosporin used in kidney transplant patients	Thank you for your comment. Managing gout in transplant recipients is particularly challenging, however the diagnosis of gout will be consistent in this population. Risk factors for gout were not prioritised for inclusion in the scope of this guideline.
Renal Association	005	018	Risk and sided effects of medications used to treat gout as well as concomitant medications should be considered (risk of acute kidney injury if NSAIDS given to patients on diuretics and spironolactone- 'triple whammy' BMJ 2013; 346: e852, Kidney Int 2015; 88: 396-403, Br J Clin Pharmacol. 2019 Oct 29. doi: 10.1111/bcp.14141). NSAIDS caused worsening of existing CKD	Thank you for your comment. The guideline will review adverse events of pharmacological intervention.
Renal Association	005	018	Some recommendation on dosing would be welcome for steroids and colchicine	Thank you for your comment. Dosing will be considered by the committee when drafting the review protocols.

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Renal Association	005	022	Consideration should be made between management strategies for patients presenting with acute gout while already receiving uric acid lowering therapy	Thank you for your comment. It was considered that the treatment in this population would be the same as those not already receiving ULT.
Renal Association	005	024	Guidelines for dosing of allopurinol in impaired kidney function should be issued across the strata of renal function including dialysis. Likewise dose recommendations for colchicine in CKD would be welcome. Similar for febuxostat	Thank you for your comment. This will be considered when drafting the protocols. Reference may also be given to the BNF for guidance on dosages.
Renal Association	005	024	Recognition that allopurinol interacts to cause bone marrow suppression in patients taking azathioprine (commonly for vasculitis or kidney transplant) should lead to alternative strategies to facilitate allopurinol prescription (e.g changing azathioprine to mycophenolic acid)	Thank you for your comment. This will be considered when developing review protocols and discussing the evidence of pharmaceutical intervention.
Renal Association	006	005	Evidence for 'non typical' pharmacological strategies for addressing hyperuricaemia should be addressed, including evidence for any particular diuretic in patients requiring diuretics (e.g furosemide vs bumetamide), losartan vs ACEi in patients requiring drug inhibiting renin angiotensin system	Thank you for your comment. This will be considered when developing review protocols.
Royal College of General Practitioners	001	018	Can the committee review the statement "almost 40% of people with gout have chronic kidney disease". Our belief is that this statistic comes from a US study of a subset of gout patients (not total population of those with gout), where it was demonstrated that two thirds of those studied have CKD2 (which is clinically often not considered significant). If we are	Thank you for your comment. This text has now been revised.

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			correct, then the statistic could be considered misleading. Can the sentence be clarified in its evidence base to determine if it should be removed or replaced?	
Royal College of General Practitioners	002	002	Thiazides and loop diuretics are not first line treatments for CKD. This statement is inaccurate and should be rewritten. Did the committee mean hypertension? If so, thiazides and loop diuretics are no longer first line treatments either although some patients may still be taking these medications if their blood pressure is stable.	Thank you for your comment. The text of the scope has now been amended.
Royal College of General Practitioners	005	010	Can the committee ensure cardiovascular risk scoring and cardiovascular assessment is included when a diagnosis of gout is made? Evidence now shows that gout is an independent risk factor for cardiovascular disease (https://academic.oup.com/rheumatology/article/56/7/e1/3855179). Opportunistic review of cardiovascular risk at this point in primary care is worthwhile	Thank you for your comment. This will be considered in the next update of CG181 [Lipid modification]
Royal College of General Practitioners	006	016	Can the committee clarify the risks of lowering the urate level too far when discussing the "target to treat"? Is there a lower safe limit to treat to or should we aim for as low as we can?	Thank you for your comment. Complications and adverse events will be included as an outcome and considered for this topic.
Royal College of Nursing	General	General	The Royal College of Nursing (RCN) welcomes proposals to develop this guideline for Management of gout.	Thank you for your comment.
Royal College of Nursing	General	General	RCN supports the scope	Thank you for your comment.
Royal College of Physicians	General	General	The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United	Thank you for your comment.

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and Surgeons of Glasgow			Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments. The College welcomes this draft scope on Gout. It recognises Gout as an important cause of morbidity and disability which is often treated sub-optimally and badly reviewed within primary and secondary care. This review is timely.	
Royal College of Physicians and Surgeons of Glasgow	General	General	The guideline scope covers new diagnosis, ongoing management and flares of gout. The inclusion of management of patients with chronic kidney disease is welcomed as the presence of kidney disease can make treatment of gout challenging in routine clinical practice. The development team will need to review existing Gout Management Guidelines (eg. British Society for Rheumatology 2017 Guideline and the European League Against Rheumatism (EULAR) 2016 Guideline). The review should include the existing patient information available (eg. Versus Arthritis (formerly Arthritis Research UK) information booklet on gout).	Thank you for your comment. This will be discussed and reviewed with the guideline committee when drafting protocols. Whilst we do not formally review exiting guidelines on gout, these have been taken into consideration during the drafting of the scope. A review question on information and support needs is included within the guideline, and the committee will consider making links to other sources of information within the information for the public section on the NICE website.

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Royal College of Physicians and Surgeons of Glasgow	General	General	Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? At present febuxostat can only be prescribed following failure or intolerance of Allopurinol. Cost effectiveness of using febuxostat first should be assessed.	Thank you for your comment. There is a NICE Technology Appraisal for Febuxostat (TA164) which originally assessed its use as a first line therapy. However, given the uncertainty of the clinical and cost effectiveness of Febuxostat as a first line therapy, the TA committee recommended that it only be offered following failure or intolerance to allopurinol. This guidance was reviewed by NICE for update in 2016 and it was found that there has been no change in the evidence base that was likely to lead to a change in the existing recommendations. It is not thought that there has been any further evidence published in the last 4 years that would alter these recommendations. Therefore, guidance on Febuxostat will not be updated in this guideline.

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Royal College of Physicians and Surgeons of Glasgow	002	022	It is noted that certain races have a higher incidence of Gout, notably the Maori race where there is often association with diabetes mellitus and hypertension.	Thank you for your comment which has been noted.
Royal College of Physicians and Surgeons of Glasgow	006	011	Diet and lifestyle modifications need to put in perspective in this review. In the past they have been stressed as primary interventions whereas in practice they have a small part to play.	Thank you for your comment. Diet and lifestyle will be considered amongst all of evidence for the guideline when considering recommendations.
Royal College of Physicians and Surgeons of Glasgow	006	029	The association of hyperuricemia and coronary artery disease needs to be included in outcomes. Also monitored levels of patients on treatment need to be considered in relation to risk of coronary artery disease.	thank you for your comment. These outcomes will be considered for appropriate review protocols during the drafting process.
The National Institute of Medical Herbalists	General	General	*Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?* Consultation with a qualified herbal practitioner may enable patients who have expressed a preference for this approach to manage both the acute and chronic aspects of their gout more effectively. By integrating herbal strategies into their management plan, the frequency and severity of acute flares may be reduced, thereby reducing the costs of pharmaceutical treatment and need for specialist input. Herbal interventions may also permit dose reductions and unwanted effects of conventional treatment, thereby saving both drug and consultation costs.	Thank you for your comment. Herbal interventions have not been identified as a priority, but all non-pharmacological interventions will be considered during the development of review protocols.

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The National Institute of Medical Herbalists	005	006, 007, 008, 009	Information and support for people with gout and their families or carers should incorporate recognition of patient preference for complementary therapies including herbal interventions to manage acute flares and support long-term management. We believe that evidence-based interventions should include patient preferences and practitioner experience as well as the best research available.	Thank you for your comment. Non-pharmacological interventions will be considered in this guideline. Patient preference to treatment will also be considered when reviewing the evidence and making recommendations.
The National Institute of Medical Herbalists	005	020, 021, 022	Non-pharmacological interventions for acute flares of gout should include complementary therapies, including herbal interventions used as part of an integrated approach alongside any recommendations as part of management undertaken by a conventional healthcare professional.	Thank you for your comment. The inclusion of herbal interventions will be considered by the committee during the development of review protocols.
The National Institute of Medical Herbalists	006	011, 012	Dietary and lifestyle interventions may include the use of herbal preparations and be recommended as part of an integrated herbal approach to the management of acute flares of gout.	Thank you for your comment. The inclusion of herbal interventions will be considered by the committee during the development of review protocols.

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