

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Gout: diagnosis and management

The Department of Health and Social Care in England and NHS England have asked NICE to develop a guideline on the management of gout.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for gout.

1 Why the guideline is needed

Gout is a type of arthritis caused by monosodium urate crystals forming inside and around joints, resulting in sudden flares of severe pain, heat and swelling. Although any joint can be affected, gout is most common in distal joints, such as the big toes, knees and ankles, and fingers.

Key facts and figures

Between 2 and 3 in every 100 people in the UK have gout. It usually occurs in men over 30 and women after menopause. Gout is more common in men, affecting approximately 4 in 100 compared with 1 in 100 women. Long-term complications of gout include joint damage and renal stones. The prevalence of chronic kidney disease is also recognised to be higher in people with gout.

Current practice

Gout is most often managed in primary care without specialist rheumatological input. A flare is usually treated with a non-steroidal anti-inflammatory drug (NSAID), colchicine or a steroid. However, most people go on to have further flares. These can be prevented by a combination of lifestyle modification (losing weight, changing diet) and medicines to reduce urate levels such as allopurinol or febuxostat. However, only one-third of people with gout receive

these medicines and they are used effectively (lowering serum urate level to the biochemical target) for only one-third of those who take them. People with chronic kidney disease often have contraindications to a number of agents used to manage gout, necessitating dose adjustments or alternative therapy. Medicines such as thiazides and loop diuretics elevate serum urate levels and are commonly prescribed for cardiovascular conditions in people who have gout, including those who also have chronic kidney disease.

Gout is a painful and debilitating condition with high prevalence and associated morbidity. There are a range of pharmacological and lifestyle interventions available to manage gout, and this has led to variations in management. Diagnosing gout, specifically differentiating gout from other arthritis, is not always straightforward and the best method of diagnosis is often unclear. This guideline aims to improve the diagnosis and management of gout and the quality of life for people affected by it.

2 Who the guideline is for

This guideline is for:

- healthcare professionals providing NHS-commissioned services
- commissioners of health and social care services
- people using services, their families and carers, and the public.

It may also be relevant for:

- private healthcare providers, including physiotherapy and care homes.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

3 What the guideline will cover

3.1 *Who is the focus?*

Groups that will be covered

- Adults (18 years and older) with gout.

Specific consideration will be given to people with gout and chronic kidney disease.

Groups that will not be covered

- People with calcium pyrophosphate crystal deposition, including pseudogout.

3.2 *Settings*

Settings that will be covered

The guideline will cover all settings where NHS healthcare is provided or commissioned.

3.3 *Activities, services or aspects of care*

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Information and support for people with gout and their families or carers
- 2 Diagnosis and assessment of gout
- 3 Management of gout flares
 - Pharmacological management
 - Non-pharmacological management
- 4 Long-term management of gout
 - Pharmacological management, including urate-lowering therapies

- Non-pharmacological management, including diet and lifestyle
- 5 Ongoing care and monitoring
 - Treating to target
 - Monitoring disease activity and follow-up
- 6 Specialist services

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

Areas that will not be covered

- 1 Prevention of first gout

Related NICE guidance

- [Febuxostat for the management of hyperuricaemia in people with gout.](#) (2008) NICE technology appraisal guidance 164
- [Lesinurad for treating chronic hyperuricaemia in people with gout](#) (2018) NICE technology appraisal guidance 506

NICE guidance that will be updated by this guideline

[Canakinumab for treating gouty arthritis attacks and reducing the frequency of subsequent attacks \(terminated appraisal\).](#) (2013) NICE terminated appraisal 281

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to the management and diagnosis of gout.

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Medicines adherence](#) (2009) NICE guideline CG76

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

3.5 Key issues and draft questions

While writing this scope, we have identified the following key issues and draft questions related to them:

- 1 Information and support for people with gout and their families or carers
 - 1.1 What information and support is needed by people with gout and their families or carers in relation to gout, and when should this be provided?
- 2 Diagnosis and assessment of gout
 - 2.1 What signs and symptoms indicate gout as a possible diagnosis?
 - 2.2 What are the most accurate and cost-effective approaches to diagnosing gout, in particular serum urate level compared with joint aspiration?
- 3 Management of gout flares
 - 3.1 In people with gout (including people with gout and chronic kidney disease), what is the clinical and cost effectiveness of pharmacological interventions, including NSAIDs, colchicine, corticosteroids and IL-1 inhibitors, for managing gout flares?
 - 3.2 What is the clinical and cost effectiveness of non-pharmacological interventions, including rest, elevation and topical ice, for managing gout flares?
- 4 Long-term management of gout
 - 4.1 Which people with gout should be offered a urate-lowering therapy such as a xanthine oxidase inhibitor, and when should urate-lowering therapy be started?

- 4.2 In people with gout (including people with gout and chronic kidney disease), which urate-lowering therapies (either alone or in combination with each other) are the most clinically and cost effective for first-line treatment?
- 4.3 In gout that is inadequately controlled by first-line treatment, which urate-lowering therapies (either alone or in combination) are the most clinically and cost effective?
- 4.4 If first-line treatment for gout is not tolerated, which urate-lowering therapies (either alone or in combination with each other) are the most clinically and cost effective?
- 4.5 In people with gout (including people with gout and chronic kidney disease), what is the clinical and cost effectiveness of colchicine, NSAIDs, corticosteroids and IL-1 inhibitors for the prevention of gout flares during the initiation or titration of urate-lowering therapy?
- 4.6 What is the clinical and cost effectiveness of diet and lifestyle modifications for gout?
- 5 Ongoing care and monitoring
- 5.1 What is the clinical and cost effectiveness of a 'treat-to-target' management strategy compared with usual care for gout?
- 5.2 What is the best serum urate level target to use when monitoring disease activity in gout?
- 5.3 What is the optimum frequency of disease activity monitoring using serum urate level measurement in gout?
- 5.4 What follow-up should be offered to people after a gout flare?
- 6 Specialist services
- 6.1 What are the indications for referring people with gout to specialist services?
- 6.2 What is the clinical and cost effectiveness of surgical excision of tophi (deposits of monosodium urate crystals)?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- 1 quality of life
- 2 pain
- 3 joint swelling
- 4 joint tenderness
- 5 joint inflammation
- 6 serum urate levels
- 7 frequency of flares
- 8 tophus number and size
- 9 adverse events and complications of gout
 - radiographic joint damage
 - renal stones
- 10 adverse events and complications of interventions.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that will use this guideline as an evidence source when they are being developed

- Gout. NICE quality standard. Publication date to be confirmed

4.2 NICE Pathways

[NICE Pathways](#) bring together everything we have said on a topic in an interactive flowchart. When this guideline is published, the recommendations will be included in the NICE Pathway on gout (in development).

Other relevant guidance will also be added, including:

Lesinurad for treating chronic hyperuricaemia in people with gout (2018) NICE technology appraisal guidance 506

Febuxostat for the management of hyperuricaemia in people with gout (2008)
NICE technology appraisal guidance 164

An outline based on this scope is included below. It will be adapted, and more detail added as the recommendations are written during guideline development.



5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in March 2022.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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