

**Acute Gout Therapies****Colchicine**

**Dose:** ACUTE GOUT FLARES: 1.2 mg stat then 0.6 mg 1 hour later for total 1.8 mg on the first day, then 0.6 mg once or twice daily until symptoms resolve  
PROPHYLAXIS FOR ULT: 0.6 mg once or twice daily for 6 to 12 months

**Renal/hepatic considerations**  
For acute flare: If CrCl <30 ml/min do not repeat treatment course more often than once every two weeks.<sup>37</sup> For patients on dialysis total recommended dose for acute flare is 0.6 mg.<sup>37</sup>  
 No dose adjustment necessary for hepatic impairment but with severe impairment do not repeat treatment course more than once every 2 wks.<sup>37</sup>  
For prophylaxis: CrCl <30 mL/min: start at 0.3mg daily & monitor closely if dose increases are required. Patients on dialysis, 0.3 mg twice weekly; monitor closely.  
 Consider dosage reduction in severe hepatic impairment.<sup>38</sup>

**Adverse Effects:** Abdominal pain and cramps, diarrhea, nausea, vomiting

**Comments**  
 Not recommended for acute treatment if cannot be given < 36 hours after onset.<sup>2</sup>  
 Numerous drug interactions: Check with pharmacist or drug interaction reference for patient-specific interactions.

**Cost <sup>a</sup>** \$ 3.85/ 7 days; \$ 7.70 – 15.40/ 30 days

**NSAIDs :**

**Dose:** Naproxen: ACUTE - 750 mg stat then 500 mg BID PROPHYLAXIS FOR ULT - 250 MG BID  
 Indomethacin: ACUTE: 50 mg TID PROPHYLAXIS FOR ULT: No mention of use of indomethacin for prophylaxis in any reference consulted, although not specifically contraindicated for this

**Renal/hepatic considerations**  
Caution advised if CrCl < 60mL/min)  
Contraindicated with CrCl <30 ml/min<sup>1,38</sup>  
 Liver disease: Child-Pugh Class III, initiate with lowest recommended dosage, monitor patient closely and reduce dosage if necessary  
 Elderly: initiate with the lowest recommended dosage, monitor patient closely

**Adverse Effects:** GI upset, fluid retention, hypertension, renal impairment. Indomethacin only: Headache, dizziness, somnolence<sup>38</sup>

**Comments**  
 May need gastroprotection depending on risk. Contraindicated with active gastroduodenal ulcer, CVD especially heart failure and hard to control hypertension, coagulopathy or anticoagulant therapy  
 All NSAIDs carry black box warnings concerning serious thromboembolic events which can be fatal, and risk of serious gastrointestinal adverse events especially in the elderly.  
 Naproxen appears to have lowest CV risk of any NSAID.  
 No evidence indomethacin is more effective than other NSAIDs. Indomethacin more likely to cause neurological AEs.

**Cost <sup>a</sup>** Naproxen: \$2.95/ 7 days (500 mg bid); \$6.41/ 30 days (250 mg bid) Indomethacin: \$ 9.37/ 7 days (50 mg tid)

**Prednisone**

**Dose:** ACUTE: 0.5 mg/kg/day for 5 to 7 days<sup>2</sup> PROPHYLAXIS FOR ULT: ≤ 5 – 10 mg/day

**Renal/hepatic considerations**  
 Renal insufficiency: no adjustment necessary. Not removed by hemodialysis.<sup>38</sup>  
 No information on dosing in hepatic insufficiency, corticosteroid effect may be increased in cirrhosis, due to decreased metabolism.<sup>38</sup>

**Adverse Effects:** Hypertension, edema, impaired glucose tolerance, increased appetite, osteoporosis, disturbance in mood.<sup>38</sup>

**Comments**  
 Usually reserved for people with end-stage renal disease or those who cannot take NSAIDs or colchicine. Does not need to be tapered when given for acute treatment. Prophylactic use is not well supported by evidence and is almost certain to cause adverse effects.

**Cost <sup>a</sup>** \$1.96/ 7 days (70 Kg patient, 35 mg/day)

**Urate Lowering Therapy – Xanthine Oxidase Inhibitors****Allopurinol**

**Dose:** Start 50 or 100 mg/day; Increase by 50 or 100 mg/day q 2 – 4 weeks to maximum of 800 mg

**Renal/hepatic:** Renal impairment: Start 1.5 mg/mL/min eGFR (see table on reverse); Increase by 50 mg q 2-4 weeks<sup>16, 20</sup>

**Adverse Effects:** Skin rash, GI upset, hepatotoxicity, fever, hypersensitivity syndrome, xanthine stones

**Comments:** Starting dose of 50 mg/day recommended for the elderly and in patients with hepatic impairment or frequent attacks.<sup>8</sup>

**Cost:** \$ 6.38/ 30 days (300 mg/d) \$15.60/ 30 days (800 mg/d)

**Febuxostat (Uloric®)**

**Dose:** 80 mg daily

**Renal/hepatic considerations**  
 Mild to moderate renal impairment: (CrCl, 30-89 mL/min), no dosage adjustment necessary.  
 Mild to moderate hepatic impairment: (Child-Pugh class A or B), no dosage adjustment necessary.<sup>38</sup>

**Adverse Effects:** Nausea, arthralgia, skin rash (at higher dose), increased hepatic aminotransferase levels.

**Comments**  
 NS Pharmacare covers febuxostat only in patients who have documented hypersensitivity to allopurinol.

**Cost <sup>a</sup>** \$ 51.76/ 30 days (80 mg/day)

<sup>a</sup> Wholesale costs from McKesson Pharmaclik online as of Nov 15, 2013; do not include professional fee

Reference numbers refer to references in handout document.