

Gout and Pseudogout
October 2002
Sprabery

1. True statements regarding hyperuricemia include
 - a. by statistical definition includes 2.5% of the population
 - b. Patients with asymptomatic hyperuricemia clearly should undergo prophylactic treatment to prevent acute gouty arthritis, chronic tophaceous gout, renal impairment and urolithiasis
 - c. Diet plays a considerable role in development of hyperuricemia.
 - d. Daily alcohol consumption of 1 drink clearly is associated with overproduction of uric acid
 - e. Dietary sources of purines include organ meats, meat and seafood, spinach, yeast, alcohol, legumes, oatmeal, mushrooms, asparagus, and cauliflower
 - f. Hyperuricemia is statistically associated with atherosclerotic disease
 - g. Patients under excrete uric acid because of decreased GFR, a defect in tubular secretion or another compound's competing with uric acid at the tubule
 - h. Mean duration of asymptomatic hyperuricemia is 30 years

2. True statements regarding acute gouty attacks
 - a. Greater than 95% of acute attacks occur in the lower extremities
 - b. Incidence is greater in women than in men
 - c. Patients rarely have low grade fever and leukocytosis
 - d. Attacks generally resolve in 7-10 days without treatment
 - e. First line therapy is colchicine
 - f. Prednisone, up to 60 mg/day, may be used to treat these patients, and tapered rapidly over 7-10 days

3. true or false statements regarding "interval gout"
 - a. prophylactic treatment should be considered if patient has ≥ 2 attacks/year
 - b. interval between attacks typically shortens without prophylaxis
 - c. goal is to lower uric acid to less than 8 mg/dL
 - d. risk of gouty attack falls after uric acid is normal for a few days
 - e. A fulminant hypersensitivity syndrome may be seen in 10% of patients taking allopurinol, but has a low mortality
 - f. The risk of drug rash with allopurinol is increased 10 fold by the concomitant use of ampicillin
 - g. Losartan is a uricosuric agent that may one day play a role in the treatment of gout

4. in review of your learning last week,
 - a. pseudogout has strongly negative birefringent crystals of calcium pyrophosphate
 - b. pseudogout is associated with hemochromatosis, hypothyroidism, hyperparathyroidism, and severe DJD
 - c. typically CPPD (calcium pyrophosphate disease) is seen in the elderly and is monoarticular

Gout and Pseudogout - Answers
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1. True statements regarding hyperuricemia include
 - a. by statistical definition includes 2.5% of the population **true**
 - b. Patients with asymptomatic hyperuricemia clearly should undergo prophylactic treatment to prevent acute gouty arthritis, chronic tophaceous gout, renal impairment and urolithiasis **false – only time renal ds prevented is in setting of lympho- or myeloproliferative malignancies getting chemo. Might prevent stones if family hx of urate stones, but these patients mainly need to avoid dehydration**
 - c. Diet plays a considerable role in development of hyperuricemia **false – dietary sources contribute only 10% of body's uric acid level; fasting elevates uric acid also**
 - d. Daily alcohol consumption of 1 drink clearly is associated with overproduction of uric acid **false – 100 gm/day**
 - e. Dietary sources of purines include organ meats, meat and seafood, spinach, yeast, alcohol, legumes, oatmeal, mushrooms, asparagus, and cauliflower **true, altho after “c” above, I don't know why you need to know these**
 - f. Hyperuricemia is statistically associated with atherosclerotic disease **true – probably the association of thz use in tx of htn**
 - g. Patients under excrete uric acid because of decreased GFR, a defect in tubular secretion or another compound's competing with uric acid at the tubule **true- asa and thz**
 - h. Mean duration of asymptomatic hyperuricemia is 30 years **true**

2. True statements regarding acute gouty attacks
 - a. Greater than 95% of acute attacks occur in the lower extremities **true**
 - b. Incidence is greater in women than in men **false**
 - c. Patients rarely have low grade fever and leukocytosis **false – not that unheard of, extremity may look like cellulites also**
 - d. Attacks generally resolve in 7-10 days without treatment **true**
 - e. First line therapy is colchicine **false – dose good enough for joint produces n/v/d – use nsaid**
 - f. Prednisone, up to 60 mg/day, may be used to treat these patients, and tapered rapidly over 7-10 days **true – esp if intol of nsaid**

3. true or false statements regarding “interval gout”
 - a. prophylactic treatment should be considered if patient has ≥ 2 attacks/year **true**
 - b. interval between attacks typically shortens without prophylaxis **true**
 - c. goal is to lower uric acid to less than 8 mg/dL **false – less than 6.5 mg/dL**
 - d. risk of gouty attack falls after uric acid is normal for a few days **false – 3-6 months**
 - e. A fulminant hypersensitivity syndrome may be seen in 10% of patients taking allopurinol, but has a low mortality **false – seen in < 1%, but 10-25% die**
 - f. The risk of drug rash with allopurinol is increased 10 fold by the concomitant use of ampicillin **true**
 - g. Losartan is a uricosuric agent that may one day play a role in the treatment of gout **true**

4. in review of your learning last week,
 - a. pseudogout has strongly negative birefringent crystals of calcium pyrophosphate **false – weakly positive**
 - b. pseudogout is associated with hemochromatosis, hypothyroidism, hyperparathyroidism, and severe DJD **true**
 - c. typically CPPD (calcium pyrophosphate disease) is seen in the elderly and is monoarticular **true**