

Information on gout treatment in New Zealand

This is a summary of the [gout domain of the Atlas of Healthcare Variation](#).

If you have gout and are concerned about it or would like to understand more about the medicine you are taking to treat it, please contact your GP.

About the gout Atlas domain

The Atlas is an online tool showing differences in the type and quality of health care people receive in different district health board (DHB) regions. It is published by the Health Quality & Safety Commission.

The gout Atlas domain includes information about:

- how common gout is
- whether certain groups of people are more likely to get gout
- what treatments are used
- treatment comparisons; for example, how many people are prescribed medicine for gout flares and how many people with gout receive long-term medicine to prevent gout flares.

Doctors can use the Atlas information to improve the health of patients living with gout.

What the Atlas shows

The most common gout prevention medicine is allopurinol, which is a urate-lowering therapy. However, in DHB regions where gout is most common, proportionately less urate-lowering therapy was prescribed.

Patients who take urate-lowering therapy regularly do not need as many other medicines to treat gout flares and have lower rates of hospital admission. The aim is to treat the cause of the gout flares rather than provide symptomatic relief.

While Māori and Pacific peoples were more likely to receive some urate-lowering therapy in a year, they were less likely to receive it regularly. The urate-lowering therapy benefits people when used continuously long-term.

Māori had at least twice and Pacific peoples at least three times the rates of gout compared with the general population, affecting up to one-third of Pacific or Māori men aged 65 years and over.

Pacific peoples had the highest rates of hospital admissions from gout, followed by Māori.

People with gout used more drugs to treat pain over a one-year period than the general population. This difference is likely to represent higher dispensing for gout flares, instead of use of urate-lowering therapy to prevent gout flares.

About gout

Gout is the most common form of inflammatory arthritis. It affects about 5.3 percent of adult New Zealanders, particularly male Māori and Pacific peoples.

Gout is caused by a build-up of urate in the blood. Urate is a substance in your body. It is normal to have some urate in your body but when it is high you are more likely to get gout. Most people get rid of urate through their urine (mimi).

Different medicines are used to treat gout:

- Prednisone, colchicine, and non-steroidal anti-inflammatory drugs such as diclofenac are used for acute attacks of gout, and aim to provide relief of pain and inflammation symptoms only.
- Allopurinol lowers the amount of urate in the blood and prevents gout flares and joint damage. It is taken every day. Allopurinol is not recommended for people who have high serum uric acid without symptoms of gout (asymptomatic hyperuricaemia).

During a gout flare, people experience pain, swelling and redness in their joints.

Because gout flares are very painful, they disrupt work and home life, making it difficult for people to do normal activities.

Gout can also cause damage to bones and joints.

If someone is having more than one gout flare per year, or has joint damage due to gout, their doctor will probably recommend they take regular medication such as allopurinol to reduce the amount of urate in their blood to prevent further gout flares.

More information

About gout:

[Ministry of Health website](#)

[PHARMAC website](#)

About the gout Atlas domain:

www.hqsc.govt.nz/Atlas/gout