

Gout: key findings 2019

Gout is the most common form of inflammatory arthritis. It is caused by the formation of monosodium urate crystals in the presence of high urate concentrations. It is estimated to affect approximately 6 percent of adult New Zealanders, and rates are particularly high in Māori and Pacific men. Recent research has found genetics were significantly more likely than unhealthy foods to lead to higher urate levels.¹

Gout flares are extremely painful and disrupt work and home life.

Long-term urate-lowering therapy is recommended for patients with recurrent gout flares (two or more per year), chronic gouty arthritis and joint damage. Gout flares can be treated with non-steroidal anti-inflammatory drugs (NSAIDs), colchicine or corticosteroids.

Other indicators of gout management quality include frequency of serum urate monitoring,² use of NSAIDs and rate of hospital admissions.

This Atlas domain presents information on gout by DHB including prevalence, ethnicity and treatment. It identifies areas of wide variation between different parts of the country and opportunities for quality improvement.

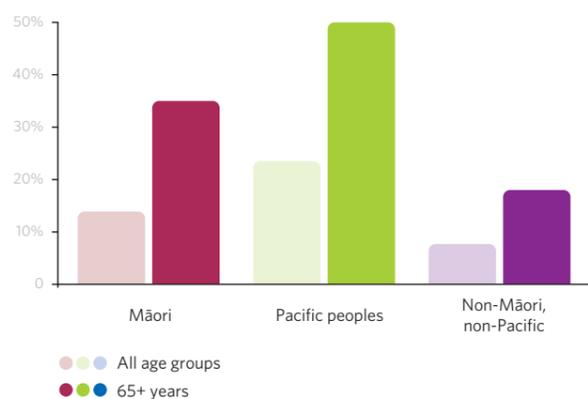
Prevalence

- At least **208,000** people aged 20+ years have identified gout (**5.7%**) (4.5% in 2012).
- Prevalence increases significantly with age.
- Men are over three times more likely than women to have gout.



- Māori and Pacific peoples are **2-3** times more likely to have gout than non-Māori, non-Pacific.

Percentage of all men affected by gout vs men aged 65+ years

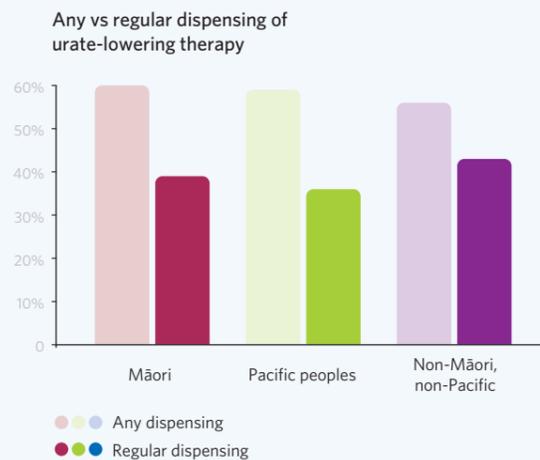


Treatment

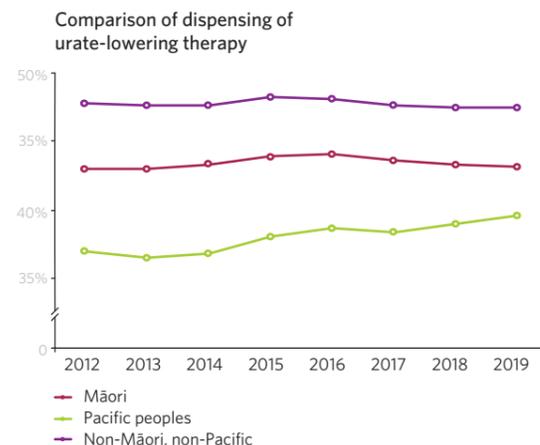
Urate-lowering therapy

- People experience benefits when urate-lowering therapy is used **continuously long-term**.
- Māori and Pacific peoples are slightly more likely to receive this therapy than non-Māori, non-Pacific **BUT less likely to receive it regularly**.

The inequity in regular urate-lowering therapy raises questions as to what is needed to address it.

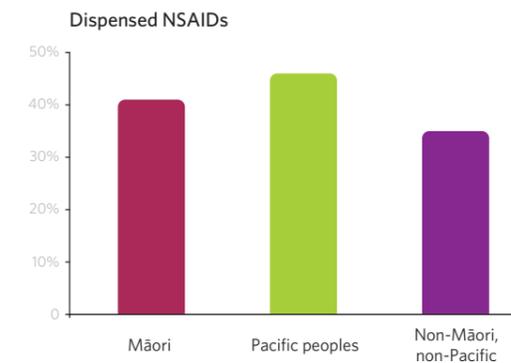


Regular urate-lowering therapy is increasing for Pacific peoples, but there are persistent inequities in regular urate-lowering therapy.



NSAIDs

- Dispensed to **38%** of those identified as having gout.
- Māori and Pacific peoples with gout were dispensed NSAIDs at significantly higher rates than non-Māori, non-Pacific.



Hospital admissions

Pacific peoples are **9x**, Māori **5x**, more likely to be admitted to hospital for gout than non-Māori non-Pacific people.

PACIFIC PEOPLES:



MĀORI:



NON-MĀORI, NON-PACIFIC:



1 Major TJ, Topless RK, Dalbeth N, et al. 2018. Evaluation of the diet wide contribution to serum urate levels: Meta-analysis of population based cohorts. *BMJ* 363: k3951. URL: [bmj.com/content/363/bmj.k3951](https://www.bmj.com/content/363/bmj.k3951) (accessed 6 November 2018).

2 Dalbeth N, Winnard D, Gow PJ, et al. 2015. Urate testing in gout: why, when and how. *NZMJ* 128(1420): 65-8.