

Advances in Gout

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The worldwide burden of gout continues to increase as persons live longer and with more co-morbidity. New insights into old gout risk factors and new associations with dietary and other factors that may predispose to gout and hyperuricemia have been identified. A growing literature associates hyperuricemia with hypertension, cardiovascular and renal disorders. Recent years have seen the advent of new therapeutic agents to manage gout acutely such as inhibitors of interleukin-1, along with new data on best practices for colchicine, glucocorticoids, and non-

steroidal anti-inflammatory therapies. In terms of chronic gout management, allopurinol remains the most commonly used urate lowering therapy, despite its rare risk of serious toxicity. Febuxostat continues to refine its role along with emerging interest in the efficacy and safety of pegloticase. Novel approaches are also under development including new uricosurics. Efforts to better define a gout flare will contribute to our ability to study gout more carefully. Despite these burgeoning therapeutic options, gout continues to be inadequately managed in many communities.