

Gout Stop Plus Patient Journey

1. Patient presents to general practice with history of 2 (or more) acute flares within a 12-month period.
2. Patient is prescribed a 'gout stop' prescription.
 - a. Different options available as per appendix 1.
 - b. Patient is provided with an overview of the gout stop programme by the referring clinician and advised that they will be contacted by the Gout Stop Nurse in the next two weeks.
3. General Practice team will ensure BP, height and weight are up to date at the time of the consult.
4. Patient is advised by general practice team to get bloods and urine sample done on day of consult.
 - a. Urine ACR, eGFR, uric acid, HBA1c, lipids, liver function)
5. Patient will collect prescription from pharmacy.
 - a. Pharmacist will advise on medications +/- blister packing.
6. MTH Gout Stop nurse will call within 2 weeks of prescription being issued.
7. Virtual follow up between the MTH gout stop nurse and the patient will continue for duration of 3 month 'gout stop prescription'.
8. At completion of 3-month prescription, gout stop nurse will connect patient back to general practice team.
 - a. General practice team will issue repeat prescription of allopurinol at same dose as patient's last dose of allopurinol (dependent on initial gout stop pack issued).
 - b. General practice team will also issue prescription for Colchicine 0.5mg od PRN + 2 repeats. Mitte 20 tabs. To take in case of 'niggles' only ie on PRN basis.
 - c. General practice team will request follow up uric acid test to be done by patient before nurse follow up appointment.
9. Patient is advised to make appointment with the practice nurse for a 'gout stop follow up appointment' - this must take place before their 3-month prescription runs out.
10. Patient has gout follow up appointment between months 3-6 (post initial prescription being issued). This may be a virtual follow up. They will be asked about:
 - a. Gout symptoms, niggles
 - b. Discuss gout management plan.
 - c. Discuss flare plan.
 - d. Have a screen for other associated conditions.
 - e. May be referred to health coach/HIP team if requiring more support.

- f. May be referred to GP/NP if evidence of other long-term conditions eg hypertension, high cardiovascular risk etc
 - g. They will receive recalls every year for urine and blood checks to ensure they remain well. If they have not been recalled and it has been more than a year since their last check, then they should be advised to contact the general practice team for further advice.
11. If uric acid level is not to target, the patient is still at risk of acute flares. They will therefore need to have their uric acid levels checked monthly until it is to target. The general practice team will do a lab request for monthly uric acid levels and encourage the patient to attend the lab for bloods monthly until told to stop. Once their results are available, the General Practice team will contact the patient with advice on what dose of allopurinol +/- colchicine to take.
12. The patient should be advised that they may continue to get 'niggles' from their gout whilst they are finding the right dose of allopurinol for them. This is normal. If the dose of allopurinol is to be increased, then they will be advised to continue taking colchicine once daily on a regular basis to combat this. Once they have reached their target dose, they can stop taking the regular colchicine. Sometimes, this does cause rebound niggles too. This is normal and usually disappears within a few days. In the meantime, the patient should take colchicine once daily only if needed for pain relief (rather than every day).
13. The patient should also be advised not to stop taking their medications. If they stop or forget, it is ok to continue their medications so long as it has not been longer than 2 weeks since their last dose. If it has been longer than 2 weeks, then there is risk of having another flare when they restart. They should contact their general practice team or pharmacist for advice on what to do next.

Appendix 1: Gout Stop Prescription Options

RENAL FUNCTION (eGFR)	Blister Pack 1 – 14 days	Blister Pack 2 – 28 Days	Blister Pack 3 – 28 days	Blister Pack 4 – 21 days
Option 1 eGFR > 60	Prednisone: use 5mg tabs 4 days: 40mg = 8 tab 4 days: 20mg = 4 tab 3 days: 10mg = 2 tab 3 days: 5mg = 1 tab Total: 57 x 5mg Prednisone	Allopurinol 100mg daily Colchicine 500mcg daily 28 x 100mg allopurinol 28 x 500mcg Colchicine	Allopurinol 200mg daily Colchicine 500mcg daily 56 x allopurinol 28 x 500mcg Colchicine	Allopurinol 300mg daily Colchicine 500mcg daily 63 x 100mg allopurinol 21 x 500mcg Colchicine
Option 2 eGFR 30-60	Prednisone: use 5mg tabs 4 days: 40mg = 8 tabs 4 days: 20mg = 4 tabs 3 days: 10mg = 2 tab 3 days: 5mg = 1 tab Total 57 x 5mg Prednisone	Allopurinol 50mg daily Colchicine 500mcg daily 14 x 100mg allopurinol 28 x 500mcg Colchicine	Allopurinol 100mg daily Colchicine 500mcg daily 28 x 100mg Allopurinol 28 x 500mcg Colchicine	Allopurinol 200mg daily Colchicine 500mcg daily 42 x 100mg Allopurinol 21 x 500mcg Colchicine
Option 3 eGFR 10-30	Prednisone: use 5mg tabs 4 days 40mg = 8 tabs 4 days 20mg = 4 tabs 3 days: 10mg = 2 tabs 3 days: 5mg = 1 tab Total 57 x 5mg Prednisone	Allopurinol 50mg alt day Colchicine 500mcg alt day 7 x 100mg Allopurinol 14 x 500mcg Colchicine	Allopurinol 50mg daily Colchicine 500mcg alt day 14 x 100mg Allopurinol 14 x 500mcg Colchicine	Allopurinol 100mg daily Colchicine 500mcg alt day 21 x 100mg Allopurinol 11 x 500mcg Colchicine
Option 4 Diabetes Alternative eGFR > 60	Naproxen 500mg bd 28 x 500mg Naproxen	Allopurinol 100mg daily Colchicine 500mcg od 28 x 100mg Allopurinol 28 x 500mcg Colchicine	Allopurinol 200mg daily Colchicine 500mcg od 56 x 100mg Allopurinol 28 x 500mcg Colchicine	Allopurinol 300mg daily Colchicine 500mcg od 63 x 100mg Allopurinol 21 x 500mcg Colchicine