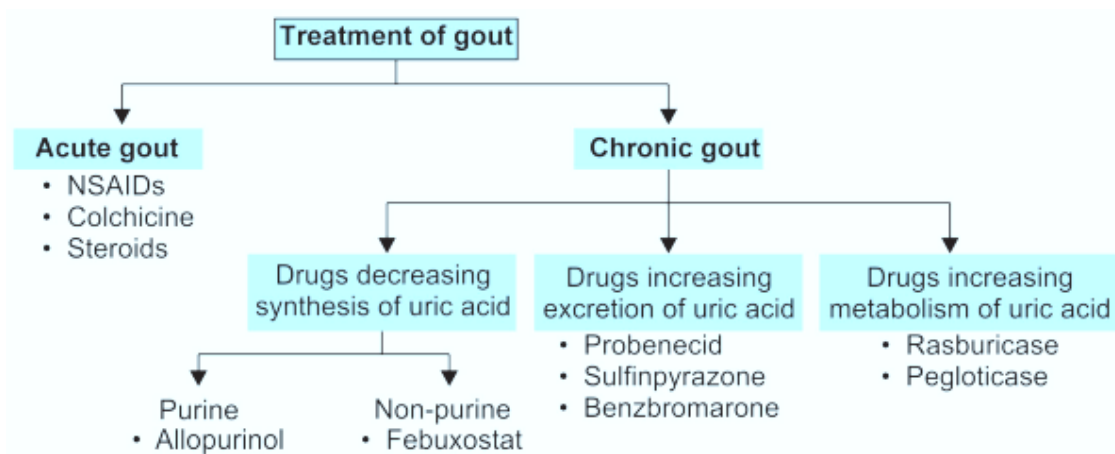


Anti-Gout drugs

Gout is a metabolic disorder that results from increase in body pool of urate & comprises of:

- Arthritis due to a reaction to the deposition of MSU in the joint. It is acute, recurrent, monoarticular, at least in the initial years, and usually involves a peripheral joint in the lower limbs.
- Painless deposition of urate crystals in the soft tissues such as cartilage, bursae and tendons.
- The development of '**tophi**' in the latter after many years of recurring gouty arthritis; tophi may not be seen clinically but are often diagnosed radiologically and
- Renal calculi and nephropathy

Hyperuricemia may be primary; or secondary to (a) Renal impairment; (b) Drugs like Alcohol, Thiazide & loop diuretics; Cytotoxic drugs, Ethambutol etc); or (c) Massive lysis of cells during cancer chemotherapy



IL-1 inhibitors like Anakinara, Canakinumab and Riloncept have efficacy for management of acute gout

NSAIDs (short-acting such as **ibuprofen and indomethacin** due to better tolerability)

COLCHICINE: Colchicine is an alkaloid, has a beneficial effect in gouty arthritis and *can be used both to prevent and to relieve acute attacks*. It prevents migration of neutrophils/ granulocyte into the inflamed joint apparently by binding to tubulin. Colchicine inhibits mitosis, carrying a risk of serious bone marrow depression.

Xanthine Oxidase Inhibitors - ALLOPURINOL is useful for long term management of gout.

