The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Gout: diagnosis and management
NICE Reference	NG219
Previous NICE Reference (if applicable)	TA164 and ESNM23
Date of Publication	June 2022
Date of Last Update	N/A
Date of Summary by Trainee:	January 2023
Summary of Guidance (Max 250 words)	This guideline covers the diagnosis and management of gout. This guideline replaces *Febuxostat for the management of hyperuricaemia in people with gout* (TA164) and *Gouty arthritis: canakinumab* (ESNM23). **Diagnosis** • Measure serum urate in individuals with symptoms and signs of gout: serum urate ≥360 µmol/L confirm clinical diagnosis. • If <360 µmol/L during a flare and gout is strongly suspected, repeat serum urate measurement minimum 2 weeks after the flare has settled. • If diagnosis of gout remains unconfirmed, consider joint aspiration and microscopy of synovial fluid. • Alternatively, consider imaging the affected joints with X-ray, ultrasound or dual-energy CT. **Managing flares** • First-line treatment include NSAID, colchicine or a short course of an oral corticosteroid (off-label use). • Consider proton pump inhibitor if prescribed NSAID. • If NSAIDs, colchicine and corticosteroids are contraindicated, refer patient to rheumatology service before prescribing an IL-1 inhibitor. • Apply ice packs to the affected joint along with the prescribed medicine. **Long-term management** • Low dose urate-lowering therapies (ULT), such as allopurinol or febuxostat, should be offered to people with gout who also have multiple flares, CKD stages 3-5, diuretic therapy, tophi, or chronic arthritis using a treat-to target management strategy. • Measure serum urate monthly, to guide dose increases, until the target serum urate concentration (<360 µmol/L) is reached. • Patients with tophi or chronic gouty arthritis, or who continue to have ongoing frequent flares despite serum urate level <360 µmol/L, might need to maintain a lower target serum urate concentration (<300 µmol/L). • Annual monitoring of serum urate required for patients with gout who are continuing ULT after target serum urate concentration reached.

Impact on Lab (See below)	**Moderate**
Lab professionals to be made aware *Please select/highlight appropriate choices*	**Laboratory Manager** **Chemical Pathologist** **Clinical Scientist** **Biomedical Scientist**
Please detail the impact of this guideline (Max 150 words)	Based on systematic reviews, consideration of cost effectiveness and the committee's clinical experience, this NICE guideline list number of recommendations for diagnosis and management of gout. The updates within the guideline might implicate laboratory testing in terms of increased demand as treat-to-target ULT, increased levels of monitoring and follow-up may lead to an initial increase in service demands.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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Date: January 2023