

EULAR publishes 2018 update of evidence-based recommendations for diagnosis of gout

1. April 2020, Kilchberg, Switzerland – The European League Against Rheumatism, EULAR, has published updated evidence-based recommendations for the diagnosis of gout. The new report supersedes EULAR's 2006 recommendations.

Although gout is the most common inflammatory arthritis, it is still frequently misdiagnosed and its management remains suboptimal, despite effective treatments. In view of this, a EULAR task force has generated eight new recommendations for gout diagnosis based on a systematic review of the latest literature.

These are the eight updated recommendations:

1. Search for crystals in synovial fluid or tophus aspirates is recommended in every person with suspected gout, because demonstration of monosodium urate (MSU) crystals allows a definitive diagnosis of gout.
2. Gout should be considered in the diagnosis of any acute arthritis in an adult. When synovial fluid (SF) analysis is not feasible, a clinical diagnosis of gout is supported by the following suggestive features: mono articular involvement of a foot (especially the first metatarsophalangeal, MTP) or ankle joint; previous similar acute arthritis episodes; rapid onset of severe pain and swelling (at its worst in <24 hours); erythema; male gender and associated cardiovascular diseases and hyperuric a emia. These features are highly suggestive but not specific for gout.
3. It is strongly recommended that synovial fluid aspiration and examination for crystals is undertaken in any patient with undiagnosed inflammatory arthritis.
4. The diagnosis of gout should not be made on the presence of hyperuric a emia alone.
5. When a clinical diagnosis of gout is uncertain and crystal identification is not possible, patients should be investigated by imaging to search for MSU crystal deposition and features of any alternative diagnosis.
6. Plain radiographs are indicated to search for imaging evidence of MSU crystal deposition but have limited value for the diagnosis of gout flare. Ultrasound scanning can be more helpful in establishing a diagnosis in patients with suspected gout flare or chronic gouty arthritis by detection of tophi not evident on clinical examination, or a double contour sign at cartilage surfaces, which is highly specific for urate deposits in joints.
7. Risk factors for chronic hyperuric a emia should be searched for in every person with gout, specifically: chronic kidney disease; overweight, medications (including diuretics, low-dose aspirin, cyclosporine, tacrolimus); consumption of excess alcohol (particularly beer and spirits), non-diet sodas, meat and shellfish.
8. Systematic assessment for the presence of associated co morbidities in people with gout is recommended including obesity, renal impairment, hypertension, ischaemic heart disease, heart failure, diabetes and dyslipid a emia.

Gout is caused by prolonged hyperuric a emia which leads to the formation of monosodium urate (MSU) crystals that accumulate in joints and other tissues. It is recognised as the most common form of inflammatory arthritis, with a prevalence of 0.9% to –2.5% in Europe, 3.9% in the USA and over 6% in some Oceanic-Pacific ethnic groups.

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with RMDs. EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

Contact

Ursula Aring, EULAR Public Affairs Manager, ursula.aring@eular.org

Tel. +41 44 716 30 38

Notes to Editors

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