Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · RHEUMATOLOGY AND URGENT CARE

Gout

settling the attack, then preventing the next one

Gout is caused by urate crystals forming in a joint, producing a sudden, ferociously painful attack — classically the base of the big toe, often overnight. Attacks settle within a week or two. What most people never get offered is the treatment that stops them happening at all.

Seek urgent assessment if

- a hot swollen joint comes with a **fever or feeling generally unwell**
- you have a **prosthetic joint**, a weakened immune system, or diabetes
- the joint is a **knee, hip or shoulder** rather than a small joint
- there is **a wound, ulcer or injection site** near the affected joint
- the pain is **escalating rapidly over hours** and you cannot move the joint at all

A hot, swollen, painful joint may be septic arthritis — infection inside the joint — which destroys cartilage within days and needs urgent hospital treatment. It cannot be told apart from gout without examining the joint fluid. Never assume a hot joint is gout, particularly a first attack in a large joint. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Treating an attack

- **Start treatment as early as possible** — within hours of the first twinge. Attacks treated early settle far faster.
- An **anti-inflammatory** at full dose, **colchicine**, or a short course of **steroid** — all three work, and the choice depends on your kidneys, stomach and other medicines.
- **Rest and elevate** the joint. Ice packs wrapped in a towel genuinely help.
- Keep bedclothes off the joint — a frame or a cushion works.
- Drink plenty of water.
- **If you already take allopurinol or febuxostat, do not stop it during an attack.** Stopping makes things worse.

Colchicine dosing has changed

Older advice was to take colchicine repeatedly until symptoms settled or diarrhoea began. That is no longer recommended and caused considerable harm. Modern dosing is much lower and time-limited. Follow the dose you have been given, and do not take more because it is not working yet.

The part that gets missed

Below 360
target blood urate, in micromol/L

Below 300
target if you have tophi or frequent attacks

Years
of treatment — usually lifelong

Treating each attack does nothing to prevent the next one. **Urate-lowering treatment** — usually allopurinol — dissolves the crystal deposits over time and stops attacks altogether. It is under-prescribed, under-dosed, and stopped too early, which is why so many people believe gout is simply something they have.

- It is offered after a second attack, or after a first if you have tophi, kidney stones, kidney disease, or need diuretics.
- The dose is **increased gradually until a blood test shows urate below target**. A fixed starting dose that was never titrated is the commonest reason it fails.
- **Attacks can increase during the first months** as deposits dissolve. This is expected, is not failure, and is covered by taking a low dose of colchicine or an anti-inflammatory alongside for the first six months.
- Once established, it is normally continued indefinitely. Stopping means the crystals reform.

Diet and lifestyle

Diet matters, but far less than most people are led to believe — it typically shifts urate levels by a modest amount, whereas medication reaches target. Blaming diet alone leads to years of unnecessary restriction and continuing attacks.

Worth reducing

- Beer and spirits — beer is the worst offender
- Sugary drinks and anything with high-fructose corn syrup
- Large amounts of red meat, offal and shellfish
- Being significantly overweight, though avoid crash dieting which triggers attacks

Worth adding

- Plenty of water — two litres a day unless told otherwise
- Low-fat dairy, which is associated with lower urate
- Cherries and cherry juice, which have modest supporting evidence
- Regular gentle exercise between attacks

Gout is not just a joint problem

Gout is strongly associated with high blood pressure, kidney disease, diabetes and cardiovascular disease. A diagnosis of gout is a good reason to have blood pressure, kidney function, glucose and cholesterol checked. Some blood pressure medicines, particularly diuretics, raise urate and may be worth changing.

Book an appointment if you are having recurrent attacks, have never been offered urate-lowering treatment, are on allopurinol but have never had your level checked against target, or have a hot swollen joint that needs assessing today. We can test, treat and titrate, and check the associated risks at the same time.

Test, treat and prevent the next attack

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Rheumatology** · **Blood tests** · **Private GP** · **All patient leaflets**

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This leaflet is based on current NHS, NICE and British Society for Rheumatology guidance on gout. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.