

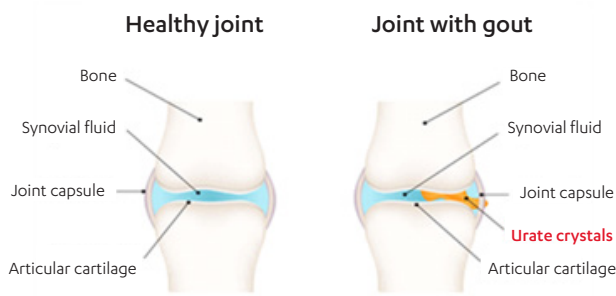
Gout and pseudogout

What are gout and pseudogout?

Gout and pseudogout are both caused by sharp crystals that collect in the joint.

Gout (also called metabolic arthritis) is a common form of arthritis and occurs when uric acid crystals form in and around joints, causing sudden and intense pain, redness and swelling (see Figure 1). It is usually found in the big toe, but other joints of the feet, ankles, knees, elbows, wrists and fingers can also be affected. It can occur at any time and is more common with increasing age. It is seen more often in males than females. Gout may also lead to kidney stones.

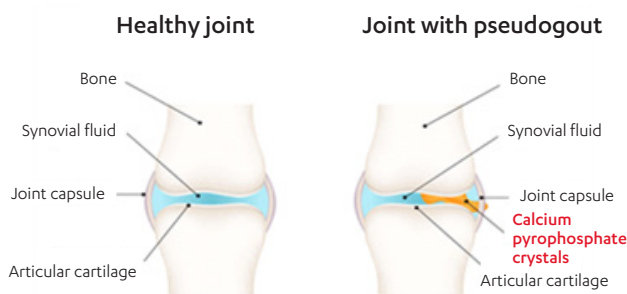
Figure 1: Gout



Pseudogout, also known as calcium pyrophosphate crystal disease, is caused by calcium crystals (see Figure 2 below). When these crystals occur in joints they can create intense pain, redness, warmth and swelling in a joint. The knee is the most commonly affected, but it also occurs in other large joints such as hips, ankles, wrists, elbows and shoulders.

Gout and pseudogout have similar symptoms but the causes and treatments are different.

Figure 2: Pseudogout



Alan, Ada and Eva Selwyn Emergency Department
24 hours, 7 days a week
183 Wattletree Road, Malvern, VIC 3144
(03) 9508 1500 | www.cabrini.com.au

What causes gout?

There are many reasons someone may get gout including:

- Family history of gout
- Being overweight or obese
- High cholesterol, high blood pressure or glucose intolerance
- Kidney disease
- Taking diuretics ('water tablets')

What causes pseudogout?

Pseudogout risk factors include:

- Previous trauma or surgery to the joint
- Family history of the condition
- Excess iron (haemochromatosis)
- Some metabolic diseases (such as thyroid problems)

What are the symptoms?

An attack of gout or pseudogout can come on very quickly and usually means that the affected joint will become red, swollen and very painful. Usually only one joint is affected at a time.

Treatment

Blood tests and x-rays may be needed to diagnose the type of arthritis or gout. A sample of fluid (aspirate) may be taken from the joint to test for infection and gout or pseudogout crystals.

Gout is treated with medication such as colchicine, non-steroidal anti-inflammatories (for example, indomethacin or ibuprofen) or corticosteroids (for example, prednisolone). Allopurinol is a medication used to lower uric acid levels and prevent attacks of gout; it is best started after an episode of gout has resolved. Your doctor will explain which treatment best suits you and its possible side effects.

Pseudogout is usually treated with anti-inflammatory medication or injections and sometimes by removing fluid from the joint.

In both cases, treatment of any related conditions, and prevention of acute attacks, is important.

Home care

There are many ways to make life more comfortable for people prone to gout or pseudogout:

PATIENT INFORMATION

- Do not exercise a painful, swollen or hot joint. If an exercise causes pain, stop.
- A physiotherapist can help you improve your muscle tone, reduce stiffness and keep you mobile. Ask your doctor or physiotherapist about the right exercises for you.
- Maintain a healthy weight to avoid excess pressure and wear on your joints
- Wear supportive footwear
- There are a wide range of tools that can help with cooking, cleaning and other household chores. These can be found at larger pharmacies or discussed with an occupational therapist.
- Take simple painkillers such as paracetamol if necessary
- If you suffer from gout, restricting your intake of organ meats (such as kidney, brain and liver), shellfish and tinned fish, and avoiding alcohol, may help prevent further attacks

What to expect

Gout may last a few hours to a few days depending on how quickly treatment is started. Pseudogout attacks can last longer than gout.

Some people may need to go on to daily medication to prevent more attacks.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Return to Cabrini ED if you:

- **Have pain that does not improve with painkillers**
- **Have increased severe joint swelling**
- **Have increased stiffness**
- **Feel generally unwell with a fever**
- **Cannot function at home**

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Contact Arthritis Victoria on 1800 011 041 or www.arthritisvic.org.au
- Contact Musculoskeletal Australia on 1800 263 265 or www.msk.org.au
- Visit the Better Health Channel at www.betterhealth.vic.gov.au