



MANAGING YOUR HEART FAILURE

# GOUT AND ACUTE PAIN IN HEART FAILURE

## **GOUT**

Gout is a painful inflammatory reaction to deposits of urate crystals in one or more joints. It is often in the big toe. Urate is made in the body and is usually harmless. From time to time, the blood urate level becomes too high and crystals of urate may form, irritating the tissues in joints.

Many factors contribute to raised urate levels, including:

- Excess alcohol (> 1-2 standard drinks per day)
- Certain foods
  - Meat, particularly red meat, liver, kidneys, and heart
  - Seafood, particularly shellfish, scallops, mussels, herring, mackeral, sardines and anchovies
  - Foods containing yeast, e.g. Vegemite and beer
  - Foods and drinks that are high in sugar, e.g. sweetened soft drinks, fruit juice and store-bought cakes and cookies
- Being overweight
- High blood pressure, high cholesterol, diabetes and kidney problems
- Diuretic therapy (e.g. Frusemide, Hydrochlorothiazide)

### Reduce your risk for a repeat gout attack by:

- Cutting down the amount of alcohol and certain foods (see above)
- Ensuring a healthy weight
- Managing your risk factors with your GP, Cardiologist and HF Nurse

You may require medicine such as Allopurinol (Progout, Zyloprim) to reduce your urate level. Some benefits have been found with increased intake of low-fat dairy products (e.g. low-fat milk, cheese and yoghurt) and Vitamin C 500mg daily.

Please talk to your Cardiologist or Heart Failure Nurse about other ways to reduce your risk of further gout attacks.

### **Acute Gout**

Acute gout usually resolves by itself, but often treatment is needed to relieve the pain and inflammation. Management of acute gout for patients with Heart Failure can be different to the general population.

# Most patients with CHF should avoid all types of non-steroidal anti-inflammatory drugs, as they may worsen your heart failure.

Some examples of drugs to avoid include:

- Ibuprofen (Brufen®, Advil®, Nurofen®)
- Diclofenac (Voltaren®, Fenac®)
- Naproxen (Naprosyn®)
- Indomethacin (Indocid®)

- Piroxicam (Moblis<sup>®</sup>, Feldene<sup>®</sup>)
- Celecoxib (Celebrex<sup>®</sup>)
- Meloxicam (Mobic®)
- High dose Aspirin (low dose 100mg daily is ok)

### **Treatment Plan:**

It is very important to discuss with your HF Cardiologist and/or GP a treatment plan for acute gout which does not include anti-inflammatory drugs. All medications have possible adverse effects and the following treatment options should be discussed with your Doctor:

A) Colchicine (Colgout®, Lengout®) - TWO tablets as soon as possible, then ONE tablet one hour later. Maximum THREE tablets per course and do not repeat course within three days.

You must discuss the maximum amount of Colchicine YOU can safely take with your Doctor.

- B) Prednisolone Typically a short course of 3-5 days.
- C) Resting the affected limb and applying cold packs may also help reduce pain and inflammation.

This information was prepared as a guide for Chronic Heart Failure patients suffering from Gout.

It is a summary only and should not replace consultation with a medical practitioner.

# **CHRONIC GOUT**

Patients who have recurring gout attacks and raised urate levels may benefit from urate-lowering therapy (e.g. Allopurinol).

It is strongly recommended you DO NOT start urate-lowering therapy DURING your FIRST gout attack, as this may worsen your symptoms due to sudden decrease in urate levels.

### **Treatment Plan:**

- After your acute gout attack has resolved, urate-lowering therapy may be prescribed at a low dose and slowly increased at a monthly interval, aiming for a low urate level.
- If you are already taking urate-lowering therapy (e.g. Allopurinol), DO NOT stop or change therapy during an acute attack, because sudden changes in urate concentration can prolong or worsen the attack.
- Low dose Colchicine (e.g. one tablet daily) may sometimes be required for the first few months to prevent a flare up of acute gout.

Please talk to your HF Cardiologist for your personalised treatment plan.

If you have any queries regarding any of this information, please contact the Heart of Melbourne Specialist Heart Failure Clinic on:

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