Gout is a Systemic Inflammatory Disorder Characterized by MSU Crystal Formation and Painful Flares[1]

Gout is the most common form of inflammatory arthritis, and global prevalence is increasing[2,3]

ESTIMATED 9.2 MILLION Adults in the US living with gout (2015–2016)[4]

~2–6% of patients with gout have uncontrolled gout[5]

What is uncontrolled gout?

ACR guideline definition[a,11]: sUA levels ≥6 mg/dL despite ULT + ≥2 flares per year OR subcutaneous tophi

Uncontrolled gout is characterized by persistent hyperuricemia and ongoing symptoms despite treatment with ULT[12]

What causes gout?

Hyperuricemia

Gout is caused by persistently elevated sUA >6.8 mg/dL (hyperuricemia), due to overproduction or underexcretion of uric acid[1,6]

↓

MSU crystal deposition

sUA levels above the soluble limit of 6.8 mg/dL can result in MSU crystals forming throughout the body[6]

Gout flares

Inflammatory responses to MSU crystals can cause gout flares, characterized by severe joint pain and swelling with rapid onset[1]

Risk factors for developing gout

Genetics[7,8]
Family history (~2× risk) and uric acid transporter gene variants

Lifestyle[8–10]
Purine-rich foods, SSBs, alcohol, and sedentary behavior

Medical conditions[8]
Hypertension, CKD, and BMI ≥30 kg/m^2

Medications[8]
Diuretics, low-dose aspirin, and cyclosporine

Impacts of uncontrolled gout

Tophi can cause progressive joint damage, leading to deformities and disability, while frequent flares can reduce HRQoL.[1,13] Together, this may create a high physical, social, emotional, and financial impact for patients[13]

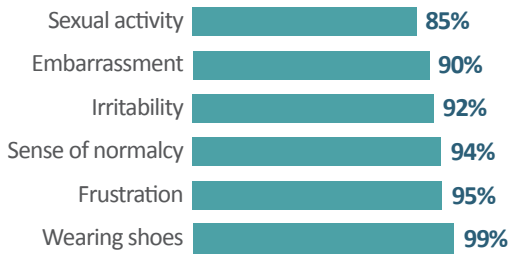
53% Work impact[b,14]

~90% Impaired physical function, and emotional impact[b,14]

48% Work productivity loss (presenteeism)[c]

6.8 Work hours lost within one week

Physical and emotional impacts[d]



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Footnotes

[a]While the definition does not explicitly refer to uncontrolled gout, it can be inferred to describe patients with gout for whom xanthine oxidase inhibitor treatment, uricosurics, and other interventions have failed to achieve the sUA target.[11] [b]A cross-sectional web-based survey was conducted among US patients aged ≥18 years (N=100) with uncontrolled gout (≥2 gout flares within 12 months OR presence of ≥1 gout tophus OR current diagnosis of gouty arthritis) who were receiving ULT OR had received pegloticase in the past 18 months.[14] [c]Scores were assessed using WPAI. WPAI ranges from 0–100%, with high scores indicating greater impairment and less productivity.[14] [d]Data collected using the 12-item Short Form Survey.[14]

Abbreviations

ACR, American College of Rheumatology; BMI, body mass index; CKD, chronic kidney disease; HRQoL, health-related quality of life; MSU, monosodium urate; SSBs, sugar-sweetened beverages; sUA, serum uric acid; ULT, urate-lowering therapy; WPAI, Work Productivity and Activity Impairment.

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