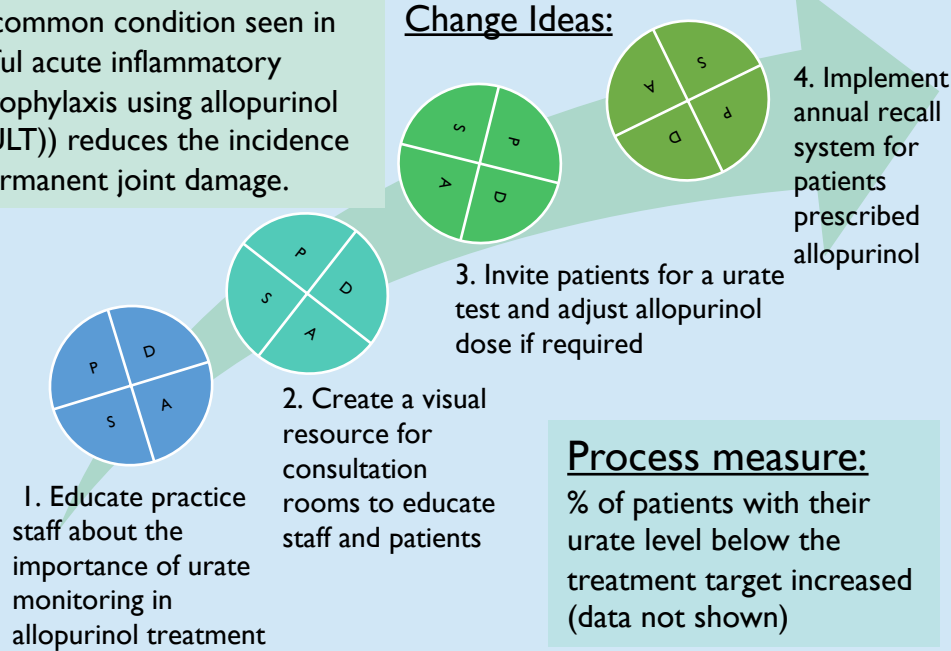


# IMPROVING ALLOPURINOL URATE LOWERING THERAPY MONITORING FOR GOUT PROPHYLAXIS IN PRIMARY CARE

Catriona Sinclair (ScotGEM Medical Student), Dr Jodi Callander (Lochmaben Medical Group)

**Background:** Gout is a common condition seen in primary care, causing painful acute inflammatory arthropathies (“flares”). Prophylaxis using allopurinol (urate lowering therapy (ULT)) reduces the incidence of flares and the risk of permanent joint damage.

The recommended serum urate treatment target is  $<0.36\text{mmol/L}$ , (lower than the upper limit of normal), meaning ULT is often not adequately titrated. Regular review of ULT is recommended but does not often occur in primary care settings.

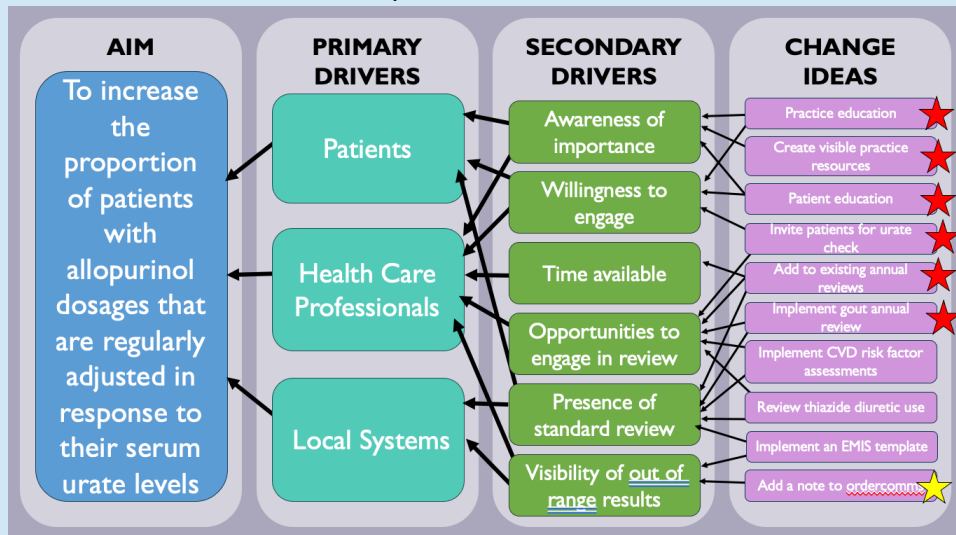
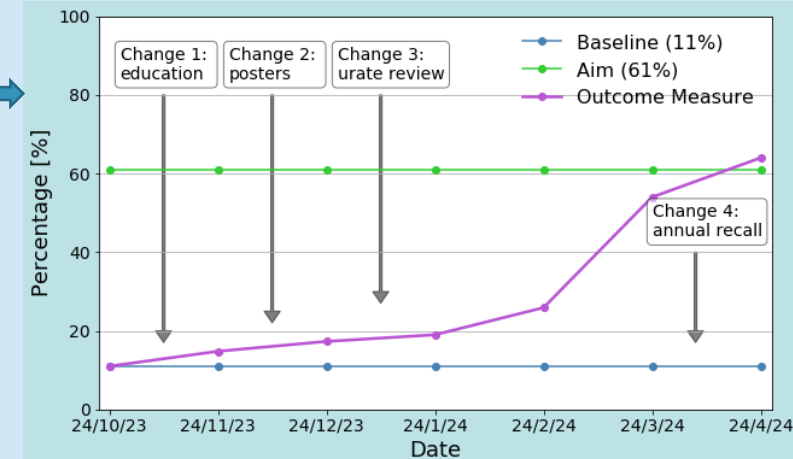


**Project Aim:** to increase the percentage of patients prescribed allopurinol for gout prophylaxis in Lochmaben Medical Group who have had their dosage appropriately titrated according to a recent urate level blood test, according to NG219, in the previous 12 months, by 50% by April 2024

**Outcome measure:**  
% of patients with their ULT dosage titrated according to a urate level in the last year

**Balancing measure:**  
Number of phlebotomy appointments used for urate level checks (data not shown)

**Process measure:**  
% of patients with their urate level below the treatment target increased (data not shown)



## Conclusions:

- The project aim was met, with a 54% increase in the outcome measure
- The proportion of patients with a recent urate level, and with a urate below the treatment target both increased
- No adverse effects associated with increased Allopurinol doses occurred
- The number of flares did not change significantly. This may be due to small number statistics, the fact that acute flares often represent the initiation of ULT, or be the limited project timescale
- These changes involved 49 phlebotomy appointments, reflecting an increased workload, but introducing annual monitoring incorporating into existing annual reviews will minimise this impact
- Patients and staff reported improved confidence and knowledge regarding the process of ULT

## Learning & next steps:

- Staff absences can have a large impact on review process
- Ongoing staff education to ensure “normal” but out-of-range lab results are not overlooked
- Incorporating ULT monitoring into existing annual reviews to save time for staff and patients