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Spotting Depression and an Instant Fix for Gout - Concurrent Workshop

Saturday, 17 August 2013 Start 4:30pm Duration: 60mins Kremlin

depression and gout

a practical approach

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who am I

- joined dept of GP 1991
- practice in manurewa 1991 to present
- HOD GP 2005 to 2011
- cochrane primary care co-ordinator 2005 to 11
- developed cochrane pearls
- 3 cochrane reviews
- practical research
  - stuff you can use tomorrow

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depression rapid diagnosis

- two questions
  - Have you felt depressed down or hopless for all or most of the past month
  - Have you lost interest in all or most activities for most of the last month
- very good to rule out i.e. if not positive then unlikely to have depression
- if positive then need to ask more questions
- the 1st two questions of DSM-IV

	depressed	not depressed
1 or 2 yes	28	129
no	1	263

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help question

- do you want help today – yes 17x
- help yes but not today 8x
- no help 0.25

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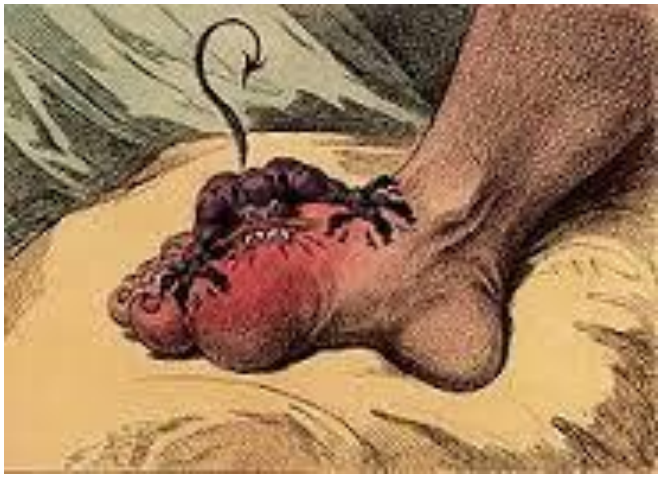
nlp model of depression



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rapid treatment and diagnosis of gout

- Factors (against joint aspiration)
  - Male
  - Previous arthritis attack
  - Onset within 1 day
  - Joint redness
  - Metatarsophalangeal joint #1
  - Uric acid high ? >0.50 umol/l
    - Arch intern med 2010;170(13);1120-26

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nz factors

- older age and in older women
- maori can be early 20’s
- pacific can be in early 20’s

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rapid treatment of gout

1. blister packs essential
2. gouthappyfeet.com
    1. patient and family information
    2. pharmac pamphlet in english, samoan and tongan

- Gout has affected me by not being able to attend work, reduced my income, could not walk to the bathroom, unable to cook and complete housework as usual. To deal with these problems, I came to the doctor for medications and kept trying to walk even if I had gouty pain. After I started the medications (in the study) given I felt much better. The third day I was able to walk, then the fourth and fifth days, the pain had gone. I took medications regularly as directed with food. There was a big change of our family diet because it was only us parents with our disabled child. Using the blister packs was very convenient and easy to use because I just opened the blister packs and took what was already in the packs. (Samoan woman) 62 years old.

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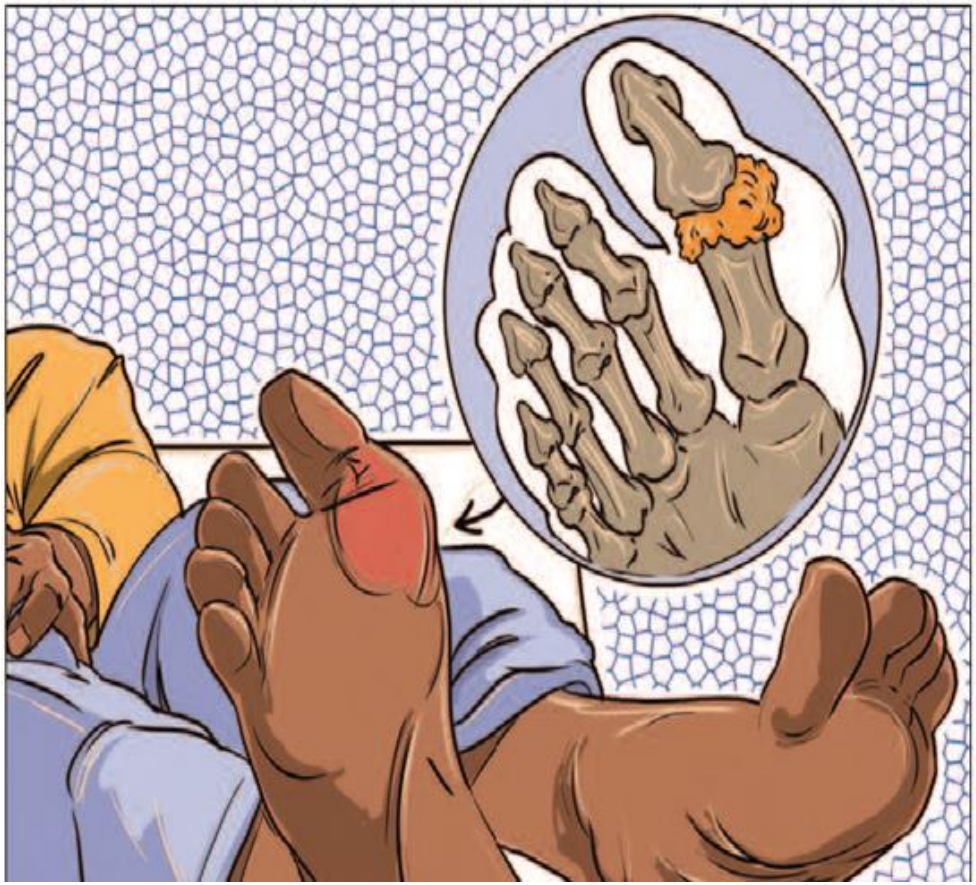

dealing with acute attack

1. prednisone 40m mg daily for 4 days
2. prednisone 20 mg for 4 days
3. prednisone 10 mg for 3 days
4. prednisone 5 mg for 3 days
5. need to check no infection
    1. Temp < 37, move toe, pulse and bp normal

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four options

1. have "gout starter pack"
    1. Option 1 eGFR >90
    2. Option 2 eGFR 60-90
    3. Option 3 eGFR 30-60
    4. Option 4 eGFR <30

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four options

1. Colchicine for 6 months
    1. Option 1 eGFR >90 Colchicine 500 mcg BD
    2. Option 2 eGFR 60-90 Colchicine 500 mcg DB
    3. Option 3 eGFR 30-60 colchicine 500 mcg daily
    4. Option 4 eGFR <30 colchicine 500 mcg daily
        1. If eGFR very low discuss with Rheumatologist

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four options- allopurinol forever

1. Option 1 allopurinol 100mg 28 days then 200 mg for 28 days then 300 mg for 21 days –directed by uric acid (can wait for 2 weeks after onset)
2. Option 2 allopurinol the same but uric acid in 21 days
3. Option 3 50 mg allo 56 days the 100 mg in 21 days UA
4. Option 4 eGFR 50 mg alt days then 100 mg 21 days UA
5. Rare side effect of allopurinol losing skin ? hospital

alternative

1. NSAID for 2 weeks ? Is renal fx ok
2. Colchicine 500 mcg bd or tds
    1. Avoid old idea of increase unti diarrhoea

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teach back

1. When you go home who will you tell about what we have discussed today
2. Can you tell me what you will say to them so that I am sure that what I have said makes sense
3. All else fails lowest dose hypnotic

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case

- 78 year old man with recurrent gout
- CHF
- gets severe diarrhoea on colchicine
- creatinine 120 mmol/l
- Tried allopurinol on its own → gout
- What do you do
- Uric acid 0.6 mmol/litre

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new drugs

- benzbromarone ? Maori and pacific
- febuxostat- renal problems- contact ba for supply