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Gout in NZ: more allopurinol and fewer NSAIDs

Gout continues to be a problem in New Zealand, particularly in Māori and Pacific populations. In a recent paper, authors report higher use of NSAIDs in Māori and Pacific people compared with other groups, and a higher rate of hospital admission due to gout in Pacific people.¹

NSAIDs are effective for control of flares but don't lower high serum urate; at the same time, they increase the risk of CVD, gastric inflammation and kidney damage.

There has been the suggestion that preventive urate-lowering medication such as allopurinol should be started after a second attack, however recent advice encourages consideration being given to starting after a first attack.²

Allopurinol must be started at a low dose of 50-100 mg (depending on renal function) and up-titrated over a few months to avoid flares and allergic reactions.³

References:

1. Gout in Aotearoa New Zealand: the equity crisis continues in plain sight. The New Zealand Medical Journal (2018) [Click here](#)
2. Latest guidance on the management of gout. Drug and Therapeutics Bulletin, BMJ (2018) [Click here](#)
3. Allopurinol Dosing in Renal Impairment: Walking the Tightrope Between Adequate Urate Lowering and Adverse Events. Seminars in dialysis (2007) [Click here](#)

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