

## Colchicine may be needed for slow allopurinol escalation

This is an NZ-based 12-month RCT<sup>1</sup> of people with gout and eGFR >30mL/min/1.73m<sup>2</sup> starting allopurinol.

All participants had allopurinol escalation by 50-100 mg per month until the target serum urate <0.36 mmol/L was reached. Participants were randomised to colchicine 0.5 mg daily or placebo for the first 6 months, and during this period, the placebo group had more gout flares compared with the colchicine group.

In the second 6 months, after the colchicine/placebo was discontinued, there was a rise in the number of flares in those who had received colchicine which was not seen in those who received placebo.

Over the whole 12 months, there was no difference in the mean number of flares per month between groups.

It can appear to patients that allopurinol is making their gout worse rather than better. Colchicine reduces these flares when starting allopurinol.

This Gem has been approved by Professor Lisa K Stamp.

Reference:

1. [Is colchicine prophylaxis required with start-low go-slow allopurinol dose escalation in gout? A non-inferiority randomised double-blind placebo-controlled trial](#) Ann Rheum Dis. (2023)

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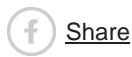
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