

Crystal Clear : Improving Gout Treatment



equip
Education Experience Excellence

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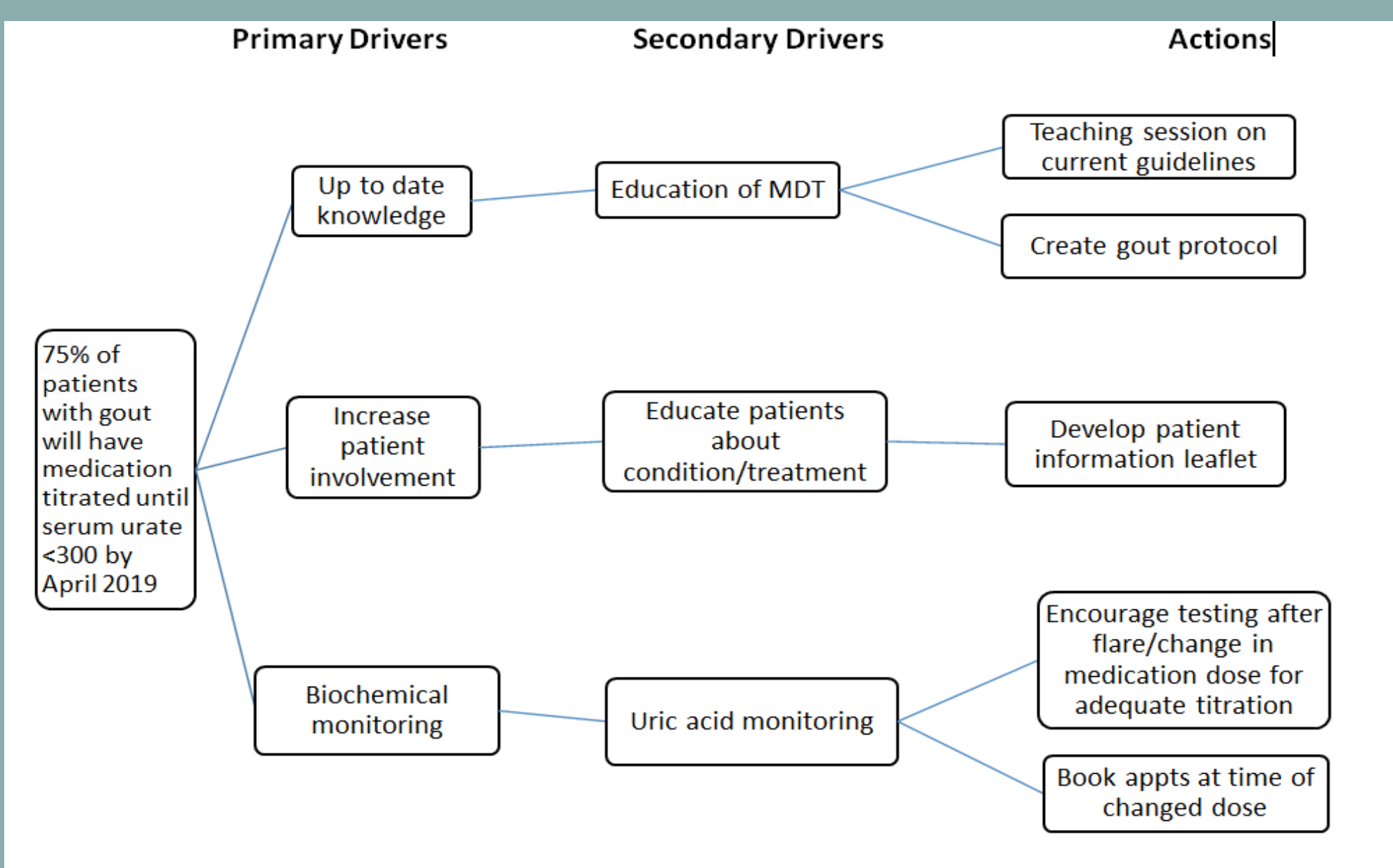


Background

- Gout is the most prevalent inflammatory arthritis, affecting 2.5% of adults in the UK. Improving treatment leads to less pain and joint destruction which preserves function and limits time off work.
- The British Society for Rheumatology produced updated guidance for gout treatment in July 2017 advocating that all patients with gout should be on preventative medication and titrated to achieve a serum urate level of <300 .

Aim

By April 2019 75% of patients with gout will have their preventative medication titrated appropriately to achieve a serum urate of < 300



Improvement Methodology

- Oct 18 – individual patients contacted
- Nov 18- Gout pathway and PIL developed, MDT education. Opportunistic urate levels when having CKD/DM/HTN monitoring.
- Dec 18 – Ongoing education, patient reviews
- Jan 19 – lab now report urate with target <300 for patients on treatment
- Feb 19 – feedback to MDT

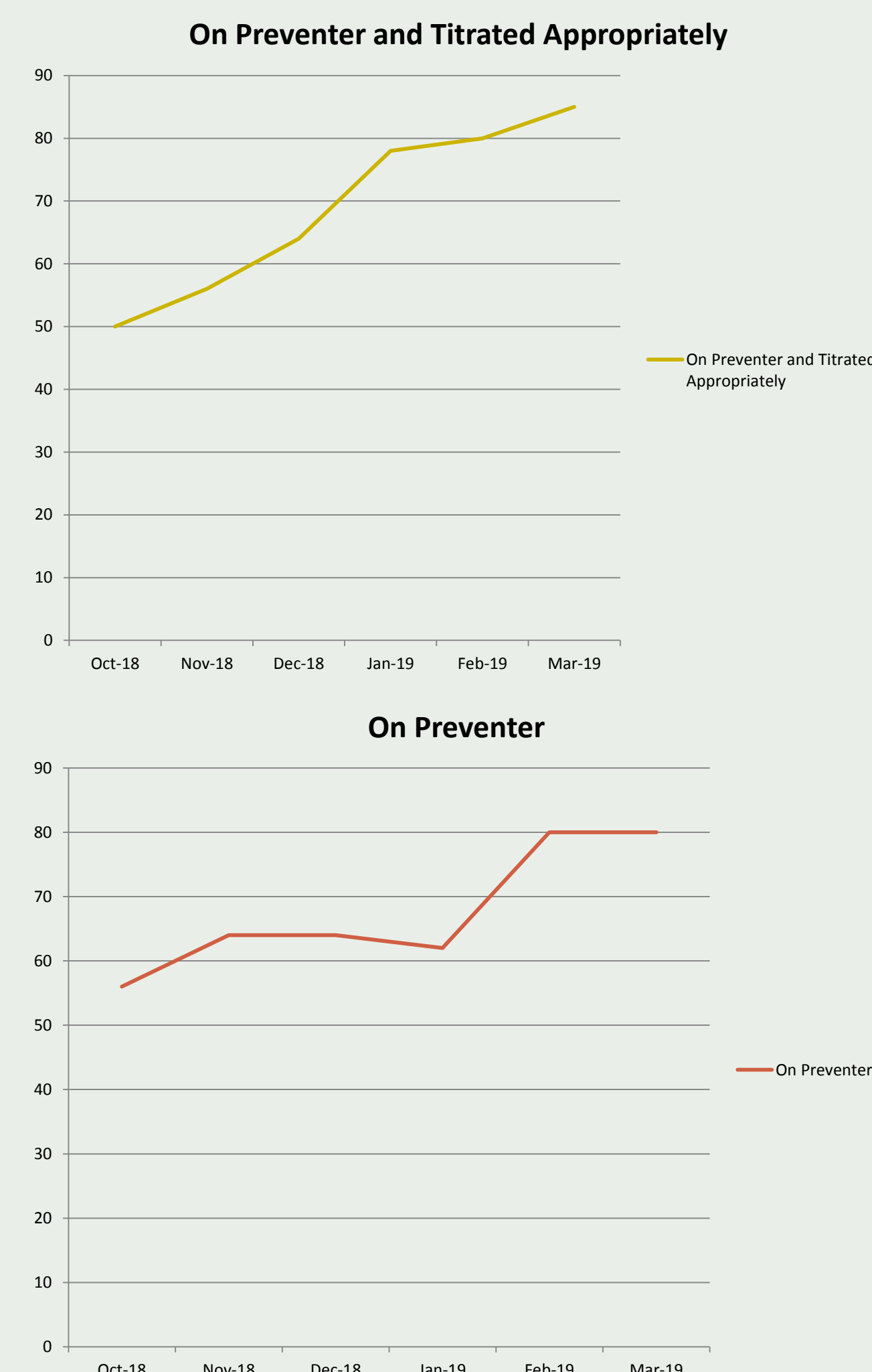
Data was collected from Oct 2018 – Mar 2019. Patients with a coded diagnosis of gout and urate level >300 were reviewed, a sample size of 25 was taken each month and charts reviewed to look at most recent urate results and list of current medications.



Results

Initially 50% of patients were appropriately managed, this improved with each of the interventions to 85%.

Initially 50% of patients were on allopurinol/febuxostat which has increased to 80%



Outcome Measures

- Serum urate level – target <300 in response to dose titration of allopurinol/febuxostat
- Secondary measure - % of patients with gout on preventative medication

Outcome

- 85% of patients with gout, on a preventer are being titrated appropriately to target urate level of <300
- 80% of patients with gout are on a preventer
- Increased awareness of the target urate level for gout treatment
- Development of gout treatment protocol and patient information leaflet

Next Steps

- Encouraging annual urate for all patients with gout to ensure treatment remains optimal – possible diary date for gout monitoring
- Develop a gout template on EMIS Web
- Send PIL to patients who have not engaged with repeat bloods/starting a preventer.