

continue at the same dosage and the acute attack treated in its own right.

Allopurinol is widely used and is especially useful in patients with renal impairment or urate stones when uricosuric drugs cannot be used; it is *not* indicated for the treatment of asymptomatic hyperuricaemia. It can cause rashes.

Febuxostat is licensed for the treatment of chronic hyperuricaemia where urate deposition has already occurred; it is *not* indicated for patients in whom the rate of urate formation is greatly increased, such as in malignant disease or in Lesch-Nyhan syndrome.

Sulfapyridazine can be used instead of allopurinol or in conjunction with it in cases that are resistant to treatment.

Benzbromarone (available from 'special-order' manufacturers or specialist importing companies) is a uricosuric drug that can be used in patients with mild renal impairment.

Crystallisation of urate in the urine can occur with the uricosuric drugs and it is important to ensure an adequate urine output especially in the first few weeks of treatment. As an additional precaution the urine may be rendered alkaline.

Aspirin and other salicylates antagonise the uricosuric drugs; they do not antagonise allopurinol but are nevertheless *not* indicated in gout.

Other drugs used for Hyperuricaemia and gout Naproxen with esomeprazole, p. 1212

ALKALOIDS > PLANT ALKALOIDS

Colchicine

29-Apr-2020

● INDICATIONS AND DOSE

Acute gout

▶ BY MOUTH

- ▶ Adult: 500 micrograms 2–4 times a day until symptoms relieved, maximum 6 mg per course, do not repeat course within 3 days

Short-term prophylaxis during initial therapy with allopurinol and uricosuric drugs

▶ BY MOUTH

- ▶ Adult: 500 micrograms twice daily

Prophylaxis of familial Mediterranean fever (recurrent polyserositis)

▶ BY MOUTH

- ▶ Adult: 0.5–2 mg once daily

DOSE ADJUSTMENTS DUE TO INTERACTIONS

- ▶ Manufacturer advises reduce dose by half with concurrent use of moderate inhibitors of CYP3A4.
- ▶ Manufacturer advises reduce dose by 75% (to one quarter of usual dose) with concurrent use of potent inhibitors of CYP3A4 or P-glycoprotein inhibitors; avoid concurrent use in patients with hepatic or renal impairment.

- **UNLICENSED USE** BNF doses may differ from those in the product literature. Use of colchicine for prophylaxis of familial Mediterranean fever (recurrent polyserositis) is an unlicensed indication.

- **CONTRA-INDICATIONS** Blood disorders

- **CAUTIONS** Cardiac disease · elderly · gastro-intestinal disease

CAUTIONS, FURTHER INFORMATION

- ▶ Elderly Prescription potentially inappropriate (STOPP criteria):
 - if eGFR less than 10 mL/minute/1.73 m² (risk of toxicity)
 - for chronic treatment of gout where there is no contra-indication to a xanthine-oxidase inhibitor (xanthine-

oxidase inhibitors are first choice prophylactic drugs in gout)

See also Prescribing in the elderly p. 33.

- **INTERACTIONS** → Appendix 1: colchicine
- **SIDE-EFFECTS**
 - ▶ **Common or very common** Abdominal pain · diarrhoea · nausea · vomiting
 - ▶ **Frequency not known** Agranulocytosis · alopecia · bone marrow disorders · gastrointestinal haemorrhage · kidney injury · liver injury · menstrual cycle irregularities · myopathy · nerve disorders · rash · sperm abnormalities · thrombocytopenia
- **PREGNANCY** Avoid—teratogenicity in *animal* studies.
- **BREAST FEEDING** Present in milk but no adverse effects reported. Manufacturers advise caution.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in mild to moderate impairment; avoid in severe impairment.
- **RENAL IMPAIRMENT** Avoid if eGFR less than 10 mL/minute/1.73 m².
Dose adjustments Reduce dose or increase dosage interval if eGFR 10–50 mL/minute/1.73 m².

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Tablet

▶ Colchicine (Non-proprietary)

Colchicine 500 microgram Colchicine 500microgram tablets | 28 tablet (PoM) £2.29-£2.54 | 100 tablet (PoM) £21.95 DT = £8.17

XANTHINE OXIDASE INHIBITORS

Allopurinol

03-Mar-2020

● INDICATIONS AND DOSE

Prophylaxis of gout and of uric acid and calcium oxalate renal stones | Prophylaxis of hyperuricaemia associated with cancer chemotherapy

▶ BY MOUTH

- ▶ Adult: Initially 100 mg daily, for maintenance adjust dose according to plasma or urinary uric acid concentration, dose to be taken preferably after food

Prophylaxis of gout and of uric acid and calcium oxalate renal stones (usual maintenance in mild conditions) | Prophylaxis of hyperuricaemia associated with cancer chemotherapy (usual maintenance in mild conditions)

▶ BY MOUTH

- ▶ Adult: 100–200 mg daily, dose to be taken preferably after food

Prophylaxis of gout and of uric acid and calcium oxalate renal stones (usual maintenance in moderately severe conditions) | Prophylaxis of hyperuricaemia associated with cancer chemotherapy (usual maintenance in moderately severe conditions)

▶ BY MOUTH

- ▶ Adult: 300–600 mg daily in divided doses (max. per dose 300 mg), dose to be taken preferably after food

Prophylaxis of gout and of uric acid and calcium oxalate renal stones (usual maintenance in severe conditions) | Prophylaxis of hyperuricaemia associated with cancer chemotherapy (usual maintenance in severe conditions)

▶ BY MOUTH

- ▶ Adult: 700–900 mg daily in divided doses (max. per dose 300 mg), dose to be taken preferably after food

- **CONTRA-INDICATIONS** Not a treatment for acute gout but continue if attack develops when already receiving allopurinol, and treat attack separately

- **CAUTIONS** Ensure adequate fluid intake (2–3 litres/day) for hyperuricaemia associated with cancer therapy, allopurinol treatment should be started before cancer therapy