BSR Gout Guideline Audit Tool

**Scope:** The purpose of this audit tool is to ensure that the BSR gout guideline (2017) is being adhered to. The audit should be undertaken on a sample of all gout patients attending primary and/or secondary care.

1. Was the patient provided with written educational material about gout?
   - Yes
   - No

2. Did the patient present with an acute attack of gout?
   - Yes
   - No
   
   2a. Which drug was used to treat the attack?
   - NSAID/coxib
   - Colchicine
   - Intra-articular steroid
   - Oral/intra-muscular steroid
   - Other
   
   If colchicine, go to 2b
   If oral/intra-muscular steroid go to 2c
   Otherwise, go to 2d

   2b. If treated with colchicine, what dose was prescribed?
   - 500mcg two-four times daily
   - Other
   
   Go to 2d

   2c. If oral/intra-muscular steroid, has the patient contraindication to or previously not responded to or not tolerated both NSAID and colchicine?
   - Yes
   - No

   2d. If taking allopurinol, was this continued during the attack?
   - Yes
   - No
   - Not taking allopurinol

3. Which of these co-morbidities/risk factors has the patient been screened for in the previous 12 months?
   - Cigarette smoking
   - Hypertension
   - Diabetes mellitus
   - Dyslipidaemia
   - Obesity
   - Renal disease

4. Was the patient prescribed urate-lowering therapy (ULT) (either already taking or newly started)?
   - Yes
   - No
5. Which of these indications for ULT are present?

<table>
<thead>
<tr>
<th>Indication</th>
<th>Present</th>
<th>Not recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥2 attacks in 12 months</td>
<td>Not recorded</td>
<td></td>
</tr>
<tr>
<td>Tophi</td>
<td>Not recorded</td>
<td></td>
</tr>
<tr>
<td>Renal impairment (eGFR&lt;60ml/min)</td>
<td>Not recorded</td>
<td></td>
</tr>
<tr>
<td>Urolithiasis</td>
<td>Not recorded</td>
<td></td>
</tr>
<tr>
<td>Current diuretic use</td>
<td>Not recorded</td>
<td></td>
</tr>
</tbody>
</table>

6. Did the patient newly start a urate-lowering drug?

- Yes
- No

   If yes, go to 6a
   If no, go to 11

6a. Was prophylaxis with NSAID or low-dose colchicine prescribed?

- Yes
- No

   If yes, go to 11

6b. Was a serum urate level checked after starting ULT?

- Yes
- No

6c. Which ULT was prescribed?

- Allopurinol
  - If allopurinol, go to 7
- Febuxostat
  - If febuxostat, go to 9
- Sulfinpyrazone
  - If sulfinpyrazone, probenecid, or benzbromarone, go to 11
- Probenecid
- Benzbromarone

7. What was the starting dose of allopurinol?

- 50mg daily
- 100mg daily
- >100mg daily

8. Was subsequent allopurinol dosing titrated against serum urate level?

- Yes
- No

   Go to 11

9. If started febuxostat, does the patient have a history of ischaemic heart disease or congestive cardiac failure?

- Yes
- No

10. If started febuxostat, has the patient previously not tolerated or have contraindications to allopurinol?

- Yes
- No

11. What was the most recent serum urate level?

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Questions for audit

1. What percentage of patients consulting with gout are provided with written educational material about gout?

2. What percentage of patients presenting with acute gout are treated with NSAIDs, low-dose colchicine, or oral corticosteroids? How many patients treated with oral corticosteroids have contra-indications to or previous intolerance of NSAIDs and colchicine?

3. When colchicine is used to treat acute gout, what percentage of patients are treated with low doses (500mcg two to four times daily)?

4. What percentage of patients prescribed ULT who present with acute gout are advised to continue ULT during the attack?

5. What percentage of patients with gout have been screened for traditional cardiovascular risk factors and comorbid conditions, e.g. cigarette smoking, hypertension, diabetes mellitus, dyslipidaemia, obesity and renal disease, in the previous 12 months?

6. What percentage of patients with gout are prescribed ULT?

7. What percentage of patients with gout and the following indications are prescribed ULT: recurrent attacks, tophi, renal impairment (eGFR<60ml/min), a history of urolithiasis, diuretic use?

8. When starting allopurinol, what percentage of patients are started at low-dose (≤100mg daily) and increased gradually, titrated against the sUA level?

9. How many patients starting febuxostat have contra-indications to or have previously not tolerated allopurinol?

10. How many patients starting febuxostat have a history of ischaemic heart disease or congestive cardiac failure?

11. When initiating ULT, what percentage are co-prescribed prophylaxis with NSAID or low-dose colchicine?

12. When initiating ULT, what percentage have subsequently had a sUA re-checked?

13. What percentage of patients starting ULT achieve a target sUA level <300µmol/L?