Chapter 74:

LEARNING OBJECTIVES

After reviewing this chapter, the reader should be able to:

1. Describe the clinical manifestations of hyperuricemia.
2. Explain the pathophysiology of gout and hyperuricemia.
3. Describe comorbidities that are commonly associated with gout.
4. Differentiate the clinical presentation of the various forms of gout.
5. Identify the most common anatomic sites affected in acute gouty arthritis.
6. Determine the likelihood of nephrolithiasis for patients with hyperuricemia based on urinary pH and uric acid excretion rates.
7. Differentiate the two types of gouty nephropathy based on pathophysiologic mechanisms.
8. Identify the most common sites of tophaceous gout.
9. Formulate a plan for treating acute gouty arthritis for a patient who has been symptomatic for more than 36 hours.
10. Formulate a plan for treating acute gouty arthritis for a patient with recent (<24 hours) onset.
11. Recommend treatment for acute gouty arthritis for a patient who is unresponsive to colchicine or nonsteroidal antiinflammatory therapy.
12. Develop a treatment plan for uric acid nephrolithiasis.
13. Identify patients with gout in whom urate-lowering therapy should be implemented.
14. Recommend appropriate urate-lowering therapy for an individual taking into consideration patient-specific characteristics (eg. renal function).
15. Evaluate both the safety and efficacy of response to urate-lowering therapy.
16. Describe lifestyle modifications that facilitate lowering of serum urate concentrations.
17. Debate the pros and cons of initiating treatment for asymptomatic hyperuricemia.
18. Provide a recommendation for antiinflammatory prophylaxis during initiation of urate-lowering therapy.
19. Discuss the place in therapy of novel and investigational pharmacotherapeutic agents in the treatment and prevention of gout.