

Specific Question: For the management of Gout in UK Primary Care: is nurse-led management more effective than GP-led management?

Clinical bottom line

Nurse-led gout care has been shown to be efficacious and cost-effective when compared with usual care (GP-led). The findings of the key literature illustrate the benefits of educating and engaging patients in gout management and reaffirm the importance of a treat-to-target urate-lowering treatment strategy to improve patient-centred outcomes.

Why is this important?

People commonly think of gout as a 'rich man's disease' caused by dietary excess and overconsumption of alcohol, evoking images of people like King Henry VIII (Richardson et al, 2016). This negative perception of the condition with an historical link to a life of dissipation leads to miss underestimating the impact of gout (Punzi, 2017). Characterised by recurrent sudden attacks of excruciating joint pain, swelling and inflammation, poorly treated gout can cause disabling joint damage and is associated with multiple comorbidities (renal impairment, metabolic syndrome, heart disease and depression) (Rees and Doherty, 2014)

The prevalence of gout has increased dramatically in the UK and now affects 2.5% of the UK adult population; making it the most prevalent form of inflammatory arthritis (Kuo et al, 2015; Abhishek et al, 2017). It is four times more common in men than women, rarely seen under the age of 40 and reaches its peak prevalence between the ages of 80-84 where it affects 15% of men and 6% of women (Rees and Doherty, 2014).

The majority of patients with gout are managed in primary care within general practice; yet GP-led treatment for gout is shown to be sub-optimal and not concordant with current national and international recommendations (Rees and

Doherty, 2014). Despite this, gout is considered to be the only curable form of arthritis (Rees et al, 2014). In view of this a new approach is required to improve the management of gout in primary care.

Search timeframe

From each databases inception to Nov 2018

Inclusion criteria

	Description	Search terms
Population and setting	Adults with gout	Adults Gout Gouty arthritis Crystal arthritis
Intervention or Exposure	Nurse-led gout management/clinics/consultations	Nurse or nurse-led consultation/ clinic/ management
Comparison, if any	GP-led gout management/clinics/consultations or usual care	General practitioner or GP consultation/ clinic/ management
Outcomes of interest	Reduced serum uric acid (SUA), reduced gout attacks/flare, weight loss, improved QoL (Note, it was too limiting to specify outcomes for this question)	Not specified
Types of studies	Systematic Reviews and RCTs	

Routine databases searched

Cochrane systematic reviews, DARE/HTA/NHSNEED, Medline, CINAHL, Embase, Cochrane Central, Web of Science, British Nursing Index, PubMed

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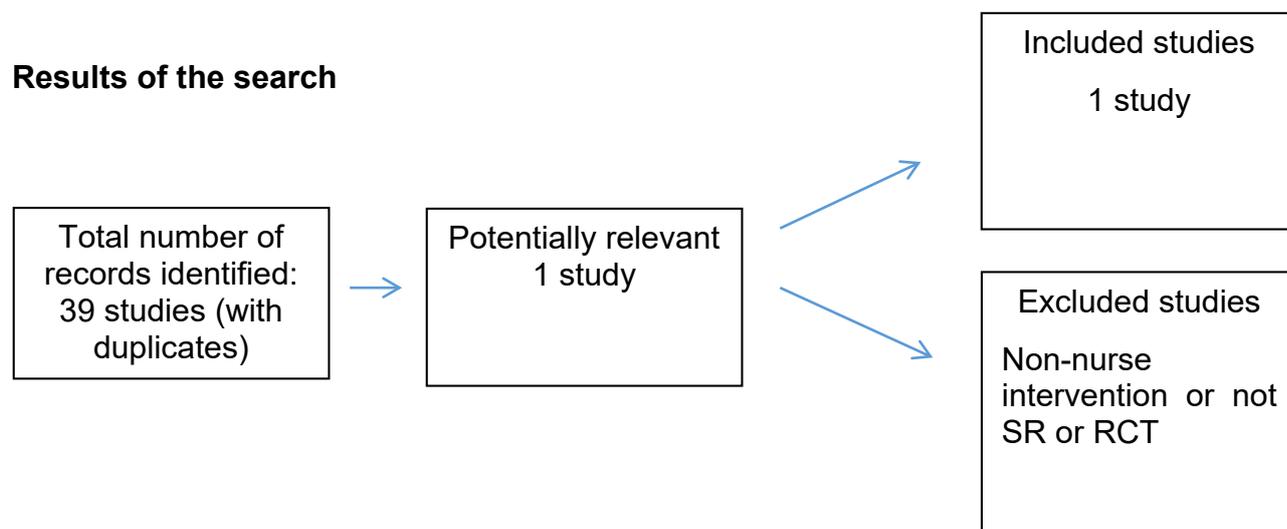


Table 1 – Details of included studies

First author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
Doherty et al, (2018)	Adults with gout in 56 general practices around the Nottingham UK area.	Research nurses were trained in best practice management of gout, including providing individualised information and engaging patients in shared decision making. Adults who had experienced a gout flare in the previous 12 months were randomly assigned 1:1 to receive nurse-led care or continue with GP-led usual care. We assessed patients at baseline and after 1 and 2 years. The primary outcome was the	517 patients were enrolled, of whom 255 were assigned nurse-led care and 262 usual care. Nurse-led care was associated with high uptake of and adherence to urate-lowering therapy. More patients receiving nurse-led care had serum urate concentrations less than 360 µmol/L at 2 years than those receiving usual care	High quality RCT, good numbers and low risk of bias.

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		percentage of participants who achieved serum urate concentrations less than 360 µmol/L (6 mg/dL) at 2 years. Secondary outcomes were flare frequency in year 2, presence of tophi, quality of life, and cost per quality-adjusted life-year (QALY) gained.		
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Implications for Practice/research

This high quality RCT is representative of a UK general practice population. The results are extremely positive for patients with gout and very encouraging for the role of the nurse in leading the care of patients with gout. However, although situated in general practice settings, specially trained research nurses delivered the intervention. This CAT implies that nurse-led management of gout in general practice could be implemented by practice nurses.

What would you tweet? (140 characters)

Nurse-led care for patients with gout in general practice has been shown to be superior to GP-led usual care.

References

Doherty M et al (2018) Efficacy and cost-effectiveness of nurse-led care involving education and engagement of patients and a treat-to-target urate-lowering strategy versus usual care for gout: a randomised controlled trial. *The Lancet*, 392: 1403-1412

Latif Z and Abhishek A (2018) Are Doctors the best people to manage Gout? Is there a role for nurses and pharmacists? *Current Rheumatology Reports*, 20 (3)

Latif Z et al, (2018) Implication of nurse intervention on engagement with urate-lowering drugs: a qualitative study of participants in a RCT of nurse led care. *Joint Bone Spine* [Epub ahead of print]

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Abhishek et al (2017) Long-term persistence and adherence on urate-lowering treatment can be maintained in primary care-5-year follow-up of a proof-of-concept study. *Rheumatology* 56, 4: 529-533

Rees F et al (2013) Patients with gout adhere to curative treatment if informed appropriately: proof-of-concept observational study. *Annals of Rheumatic Diseases* 72, 6 826-830