Prevention And Treatment Of Gout

(NAPSA)—A little knowledge can help you protect your health. The rising prevalence of obesity in America has led to serious problems like cardiovascular disease, hypertension and diabetes. However, many people are unaware that obesity is also a risk factor for gout.

A form of arthritis, gout is characterized by sudden and severe episodes of pain, tenderness, redness, stiffness and swelling in the joints (usually referred to as "flares"). Gout affects an estimated 3 to 5 million Americans-mostly men aged 40 years and older and postmenopausal women. Unlike other types of arthritis that are characterized by chronic pain, gout causes intermittent flares followed by periods without symptoms, the length of which may vary. The pain of gout usually lasts for several days but it is most intense within the first 24 to 36 hours of an attack.

Gout Diagnosis

If you suspect you have gout, it's important to see your doctor right away during a flare. Your doctor will ask about medications, diet, alcohol use and family history of gout. In order to diagnose your condition, your physician will examine your painful joints and search for signs of tophi, which are deposits of uric acid crystals in the joints.

Your doctor may need to remove fluid from the inflamed joint, which will be examined in a laboratory for microscopic uric acid crystals, to confirm the diagnosis of gout. Your doctor may also order blood tests to measure the level of uric acid in your blood, and urine tests to check your kidney function.

Gout Prevention: Diet and Exercise

Purines are natural substances found in virtually all foods. However, certain foods such as meat and seafood (particularly shellfish) are especially high in purine and have long been suspected to increase the risk of gout. Alcohol consumption, especially beer, may increase the Four Steps Toward Stopping Gout

- Avoid shellfish and other foods high in purines. Purines are natural substances found in virtually all foods but especially in meat and seafood.
- Limit alcohol intake. Alcohol consumption, especially beer, may increase the likelihood of a gout flare.
- 3. Drink lots of water. It may help prevent flares.

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4. Get regular exercise.

likelihood of a gout flare, whereas drinking lots of water may help prevent flares. Avoiding foods high in purine and limiting alcohol intake are good preventive measures against gout. Regular exercise has also been shown to be effective in gout prevention.

Common Treatments

Your doctor may prescribe medications that will help alleviate pain and swelling and prevent or reduce the chance of future gout attacks. Some of these treatments may include the following:

 Colchicine prevents and treats gout attacks, reducing inflammation and pain. Although it's been used for many years, colchicine had never been approved by the U.S. Food and Drug Administration (FDA). Recently, the FDA approved COLCRYS[®] as the only single-ingredient colchicine product for the prevention and treatment of gout flares. COLCRYS, when dosed as indicated, has been shown to be effective at relieving acute gout flares within a 24-hour period with significantly fewer side effects than unapproved, high-dose colchicine.

• Corticosteroids and select nonsteroidal anti-inflammatory drugs (NSAIDs) are also used for pain management of gout flares.

• Uric Acid Management. Drugs such as allupurinol and febuxostat lower the uric acid levels in your body that cause gout. A medication known as probenecid helps the body eliminate excess uric acid.

Keep in mind that no treatments are without side effects. Gastrointestinal conditions such as stomachache, vomiting and diarrhea are possible with NSAIDs and colchicine. Uric acid-lowering agents may lower blood cell count, cause drowsiness, stomachache, headache or sore gums. You may experience other side effects, depending on your treatment regimen.

Important Safety Information: COLCRYS (colchicine, USP) tablets are indicated for the prophylaxis and treatment of acute gout flares in adults.

COLCRYS is contraindicated in patients with renal or hepatic impairment who are concurrently prescribed P-gp inhibitors or strong inhibitors of CYP3A4, as life-threatening or fatal toxicity has been reported. The most common adverse events in clinical trials for the prophylaxis and treatment of gout were diarrhea and pharyngolaryngeal pain. Rarely, myelosuppression, thrombocytopenia and leukopenia have been reported in patients taking colchicine. Rhabdomyolysis has been occasionally observed, especially when colchicine is prescribed in combination with other drugs known to cause this effect. Monitoring is recommended for patients with a history of blood dyscrasias or rhabdomyolysis.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call (800) FDA-1088.

You may also report negative side effects to the manufacturer of COLCRYS by calling (888) 351-3786. See www.colcrys.com for full Prescribing Information.

Where Can I Get More Information?

If you or a loved one has symptoms of gout, talk to a health care professional and visit www.col crys.com.