THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

ANTI-GOUT PREPARATIONS

Deprescribing in older people: A clinical practice guideline

dRx™

ANTI-GOUT PREPARATIONS

Preparations inhibiting uric acid production:

Allopurinol*, febuxostat

Preparations increasing uric acid excretion:

Probenecid

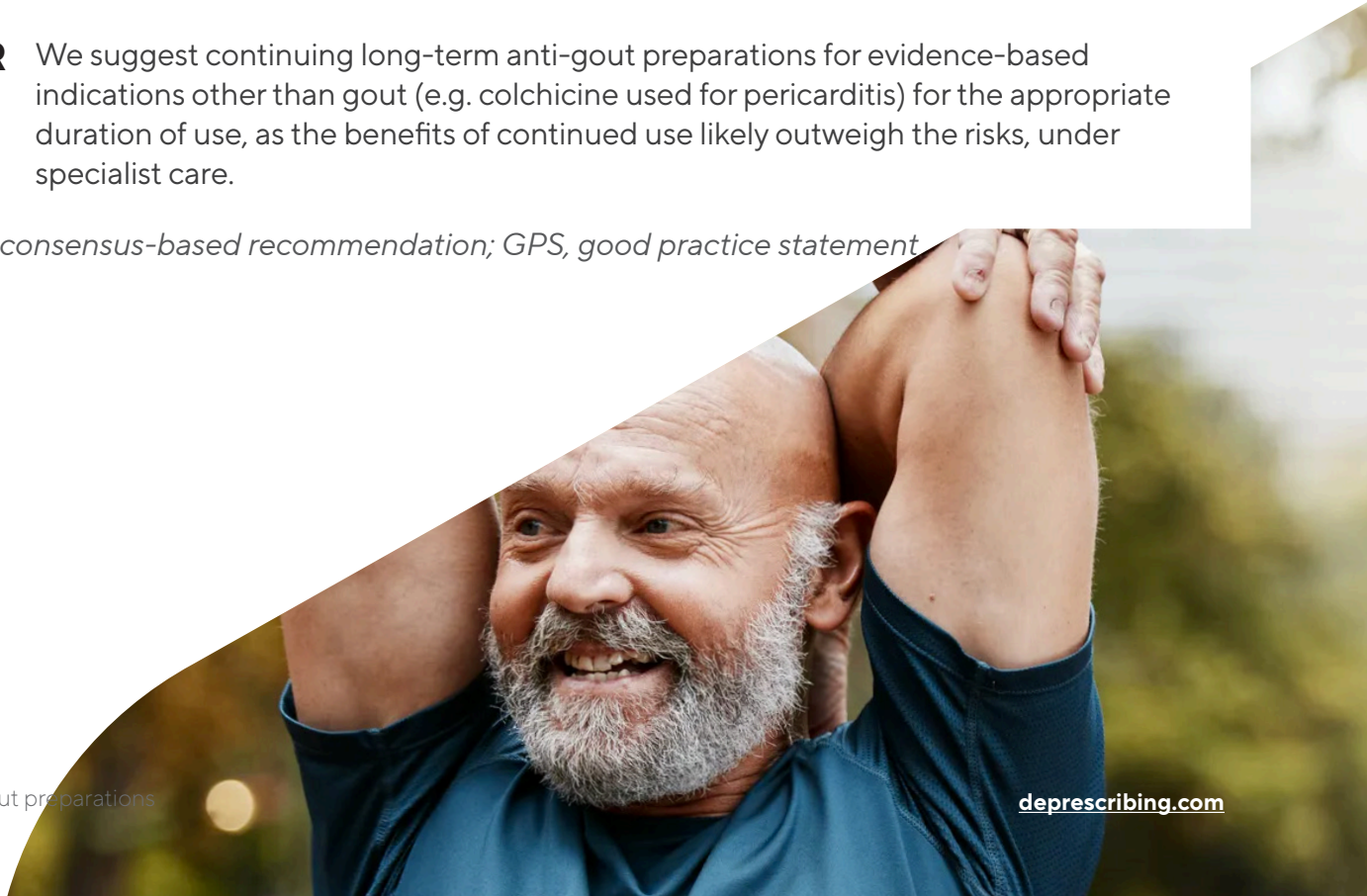
Preparations with no effect on uric acid metabolism:

Colchicine*

*Common Pharmaceutical Benefits Scheme medicines

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	We suggest deprescribing be offered to older people taking long-term **urate-lowering therapy** who have been in clinical remission for at least a year, with a normal serum uric acid concentration (< 0.36 mmol/L for non-tophaceous gout, or < 6 mg/dL), no tophi, no flares, when the risks of adverse drug events, drug-drug interactions, and treatment burden outweigh the benefits of preventing gout reoccurrence.
CBR	We suggest deprescribing be offered to older people taking long-term **colchicine** for prophylaxis of gout flares, except when initiating urate-lowering treatment for a short period of time (typically six months or more until no further attacks and the target serum uric acid concentration has been achieved).
GPS	Deprescribing decisions should be made in consultation with the person and their GP and/or specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	We suggest continuing long-term urate-lowering therapy with tophi.
CBR	We suggest continuing long-term anti-gout preparations for evidence-based indications other than gout (e.g. colchicine used for pericarditis) for the appropriate duration of use, as the benefits of continued use likely outweigh the risks, under specialist care.

CBR, consensus-based recommendation; GPS, good practice statement



HOW TO DEPRESCRIBE

CBR In general, we suggest halving the daily dose every two weeks, ensuring individuals remain symptom-free before initiating each tapering. Once half the lowest standard dose formulation is reached, we suggest ceasing completely.

MONITORING

CBR We suggest closely monitoring for serum uric acid concentrations, renal function, and gout flares every two weeks for at least a month following deprescribing if practical. After this initial period, we suggest monthly monitoring for at least three months, followed by monitoring every six months thereafter. However, this should be tailored based on individual factors such as their preferences, responses and tolerance to deprescribing.

If in-person visits are impractical, we suggest advising people to report symptom recurrence as needed.

We suggest providing education on how to manage an acute gout attack.

CBR We suggest the periodic assessment of cardiovascular risks and the appropriate management of comorbidities in people with gout and/or hyperuricaemia, including offering lifestyle modification advice where appropriate to modify cardiovascular risk factors.

CBR, consensus-based recommendation; GPS, good practice statement

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

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