How should we deal with hyperuricemia in patients without a gout diagnosis?

By Michael Cho, MD, Rheumatology

Clinical question
In patients who haven't been formally diagnosed with gout, does it matter whether we follow up on hyperuricemia (at least one serum uric acid > 8 mg/dL)?

Recommendations
If a patient's uric acid is > 8 mg/dL, repeat the test at some point in the future.

How could this change my practice?
Providers commonly draw a uric acid when working up joint pain. Often, though, elevated results are not followed up, perhaps because the patient has no classical gout symptoms, or the provider was not looking for gout to begin with.

However, rechecking uric acid when it is > 8 mg/dL and keeping gout in mind if the patient has continued joint pain could lead to better long-term management.

Why did we choose this topic?
- Gout is the most common inflammatory arthritis you will see. Gout tends to occur in osteoarthritic joints and can hasten the progression of osteoarthritis.
- In my 2018 retrospective survey of gout patients at KPWA, those who had hyperuricemia in 2011–2012 had significant joint pain and more joint replacements than the general population, and a quarter were eventually diagnosed with gout in the following 5 years.

Evidence summary
Looking at patients with a uric acid average > 8 mg/dL drawn from 2011–2012 and following them for 5 years:
- 23% were eventually diagnosed with gout.
- 5% required a future joint replacement or fusion, which was substantially higher than the 0.5% incidence rate of joint replacement in the general population.

References

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