NR 565 Week 4 Collaboration Cafe: CPGs Related to Musculoskeletal and Rheumatologic Conditions (Gout)

Last Name	Client from Week 4 Lesson
S – U	Roland Berger

Application of Course Knowledge: Answer all questions/criteria with explanations and detail.

Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?

Roland Berger, a 51-year-old male, presents to the clinic complaining of a second acute gout attack in the past eight months. The patient experienced his first acute gout attack eight months ago, and he was treated with NSAIDs, which relieved his symptoms. Upon physical assessment, the patient's right big toe is red, edematous, and painful, and rating his pain is 8 out of 10. Lab values indicate 10mg/dl uric acid level. PMH includes Type 2 diabetes and gout, and the patient medication list includes metformin (Glucophage) 500mg PO BID and indomethacin (Indocin) 50mg PO TID to treat acute gout pain.

Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?

Gout is an inflammatory arthritis that causes joint pain, redness, and swelling. It usually occurs in flares that last a week or two and then resolves. The flares often begin in the big toe or lower limb. The clinical practice guidelines for gout have identified high-quality pharmacological and non-pharmacological interventions. According to the CPGs, urate-lowering therapy (ULT), such as allopurinol, is the first line of treatment for managing acute gout flare and high uric acid levels. The treatment with allopurinol is the preferred first-line agent over all other urate-lowering therapies. It is strongly recommended for all patients (FitzGerald et al., 2020). This patient should be prescribed allopurinol as the first line of urate-lowering therapy (ULT) because he has experienced a second acute gout attack within one year, and his uric acid level is 10mg/dl, which is greater than the therapeutic goal of 6mg/dl. However, the patient was on indomethacin (Indocin) 50mg PO TID to help treat acute pain eight months prior to the second gout attack.
Hence, the NP can initiate the dose of 100mg of allopurinol and then adjust the medication to 50 -100mg and increase the dose in a couple of weeks, which is determined by the uric acid level (FitzGerald et al., 2020).

The CPG recommends non-pharmacological interventions in managing Gout, reducing serum uric acid levels, and reducing gout flare risk and how to improve their deleterious effects. To begin with, lifestyle changes in diet, such as limiting purine-rich foods like meat and seafood, will decrease uric acid in the serum. In contrast, dairy products, especially low-fat types, are associated with a lower risk of gout and limited alcohol consumption. Obesity increases uric acid, and weight gain increases gout risk. Weight reduction through daily exercise and limiting