COCHRANE PRIMARY HEALTH CARE FIELD

PEARLS

Practical Evidence About Real Life Situations

Colchicine is a second line therapy for acute gout

Clinical question	Should I prescribe colchicine for acute gout? [1]
Bottom line	Colchicine (1mg followed by 0.5mg every 2 hours taken within 12 to 24 hours of an attack) is more effective than placebo for reducing pain (NNT = 3) and clinical symptoms such as tenderness, swelling and redness (NNT = 2) in acute gout. Due to its low benefit to toxicity ratio it should be used as a second line therapy when non-steroidal anti-inflammatories (NSAIDs) or corticosteroids are contraindicated or ineffective. NB maximum dose of Colchicine now recommended as being 1 mg day[2]
Caveat	Colchicine commonly causes diarrhoea and/or vomiting (NNH = 1). It is not known whether colchicine is more effective than NSAIDs. The evidence comes from one small trial with 43 patients.
Context	Acute gout is one of the commonest rheumatic diseases, affecting up to 10% of adult males. NSAIDs such as diclofenac and naproxen are the treatment of choice.
Cochrane Systematic Review	1.Schlesinger N et al. Colchicine for acute gout. Cochrane Reviews, 2006, Issue 4. This review contains 1 trial with 43 participants. 2. Zhang W. Ann Rheum Dis 2006 ;65 :1312-24
Pearls No. 8 February 2007 (Brian McAvoy).	

***Caution needed with Colchicine. Lower dose and longer dosing intervals now recommended.**

We have had a request for a correction of the content on PEARL #5 "Colchicine is a second line therapy for acute gout". The summary reported the older 2 hourly until gastrointestinal symptoms appear which was a correct reporting of the Cochrane review. However this dosing is no longer recommended. The caveat was meant to counteract this but referred to 1.0 mg per day, which is the dose to use when starting allopurinol as prophylaxis rather than for use in an acute attack. For acute attacks an initial 6 hourly interval is now recommended with a maximum dose of 2.5 mg in the first 24 hours and 6 mg in total over four days. For the elderly or those with renal impairment a maximum cumulative dose of 3 mg over four days is recommended. In many instances 0.5mg bd-tds is sufficient (Ref European Guidelines Ann Rheum Dis 2006;65:1312-24). particularly if started in the first 24 hours of an acute attack

For more information go to www.medsafe.govt.nz/profs/PUArticles/colchdose.htm

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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