LET'S SPEAK GOUT

*FOR HEALTHCARE PROFESSIONALS*

# LET'S SPEAK GOUT:

## CHANGING COMMUNICATION TO ENHANCE GOUT CARE

## GOUT REMAINS A CHALLENGE TO TREAT IN THE U.S.

Gouty arthritis ("gout") affects an estimated 8.3 million adults in the U.S.[1] Half of patients experience multiple gout attacks per year.[2]

Yet, gout may be a manageable disease compared with other chronic diseases,[3] according to some physicians.

AN ESTIMATED **8.3 MILLION** ADULTS IN THE U.S. ARE AFFECTED BY GOUT[1]

But sometimes there is a breakdown in communication between patients and their doctors which can make gout management challenging.[4]

Both healthcare professionals and patients tend not to discuss gout, giving it lower priority compared to other comorbid conditions that may be perceived as more serious.

And, patients don't always report their gout episodes to their doctor. Many feel guilty, believing they have caused an attack due to lifestyle and diet. However, diet only contributes one-third of a patient's uric acid; the remaining two-thirds are produced naturally by the patient's body.[5] A low-purine diet may lower uric acid by 1 mg/dL.[6]

## BETTER COMMUNICATIONS WITH PATIENTS COULD IMPROVE CARE

Research suggests the importance of good communication between health care professionals and patients. A doctor's ability to explain, listen and empathize can greatly affect patient care and satisfaction and improve treatment adherence and doctor satisfaction.[4,7,8]

To help enhance the quality of care, the Arthritis Foundation collaborated with Takeda Pharmaceuticals, who sponsored new research with gout patients and doctors to understand the language they use to talk about gout and to identify effective communications practices that could enhance gout management.

# "LET'S SPEAK GOUT"

RESEARCH REVEALS INSIGHTS ABOUT DOCTOR/ PATIENT CONVERSATIONS ABOUT GOUT:[3]

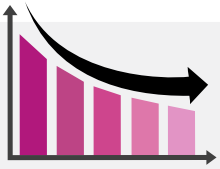
## Many patients don't bring up gout at their appointments even when they have been having multiple flares.

- *"I don't want to face my doctor. I want to keep my dignity. So I say everything is fine, even when I've been having flares. I feel like gout is my fault."*
- *"I never bring [gout] up any more and neither does my doctor, even though I'm having flares and maybe there are new things I should try."*

## Many gout patients don't have a good understanding of gout.

- *"Tell me why I got gout. Give me specifics. Don't just say, 'eat right and exercise.'"*
- *"I want to know why this is happening. I'm doing everything I'm supposed to."*

## MANY PATIENTS DON'T KNOW ABOUT URIC ACID, HOW IT IS MEASURED OR WHAT THE MEASUREMENT MEANS.



- *"We need to understand the implications of high uric acid levels and what our goal should be."*
- *"Why does my body make that uric acid?"*
- *"I don't know what a 'healthy level' of uric acid is."*

## Many patients don't realize that a genetic predisposition can contribute to gout.[5]

- *"I think gout is hereditary but I don't know. Never been told that but my whole family has gout."*
- *"If I were told this was in part genetic, it would be liberating. I wouldn't blame myself all the time."*

## MANY PATIENTS DON'T UNDERSTAND THAT UNMANAGED GOUT MAY HAVE LONG-TERM CONSEQUENCES[9]

- *"I did not know that gout could have a permanent impact on my joints."*
- *"No one told me that having gout and high uric acid levels can have serious consequences."*

**Based on these insights from the "Let's Speak Gout" research,** the following sections provide ideas for how you can change the way you talk to patients to help better manage gout.

# TIPS FOR OPTIMIZING GOUT COMMUNICATION

## EMPATHIZE

- Ask patients at each visit about any gout attacks. Some patients only report big attacks, but not less severe attacks which they manage on their own.
- Empathize with them about how painful gout attacks are.
- Recognize the challenges they may be facing with diet changes such as reducing purines in the diet and refer them to online resources from trusted sources, such as the Arthritis Foundation or a nutritionist.

## EDUCATE

- Educate patients about the effects of gout on the body and its long-term consequences if unmanaged.[9]
- Discuss the genetic risk factor for gout to diffuse patient guilt and defensiveness about diet.[5,9]
- Be clear about the role of diet in gout management, particularly that diet may help control attacks but may not be enough to lower uric acid levels on its own.[10]

## ENLIST

- Encourage them to keep a log.
- Discuss specific gout treatment goals (e.g., reduced number of attacks and specific target uric acid level) in simple language patients can understand.
- Let patients know that together you can track progress towards those goals and how often they should be assessed.

# QUICK GOUT FACTS

- Gout is a type of arthritis that can occur when too much uric acid builds up in the blood, then collects in the joint where it crystallizes.[11]
- Genetics plays a greater role than diet in the level of uric acid in the body.[5]
- Gout attacks and joint damage may continue when uric acid remains at unhealthy levels.[9,12]
- Gout has a genetic component.[5]
- A uric acid level of <6 mg/dL is the established goal of gout management.[10]
- Gout patients often have other comorbid conditions, including chronic kidney disease, heart disease, and diabetes.[13-15]

**FOR MORE INFORMATION AND LET'S SPEAK GOUT RESOURCES VISIT THE ARTHRITIS FOUNDATION WEBSITE, WWW.ARTHRITIS.ORG/LETS-SPEAK-GOUT/**

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