

Gout

Hyperuricaemia and associated arthropathy (gout) are common problems for renal transplant recipients. Risk factors include reduced eGFR, diet rich in uratogenic nutrients and medications that increase plasma urate levels, including commonly used immunosuppressants and drugs to treat cardiovascular disease.

Treatment of gout requires some modification from standard therapy in non-transplant patients. These include:

- Avoid NSAIDs if at all possible
- Use new/increased dose of Prednisolone as first line treatment for attacks. Eg 15mg OD for 5 days (with a further 5 days if increasing the dose of xanthine oxidase inhibitor).

Note high risk of adverse interaction between azathioprine and allopurinol (or febuxostat)

- Consider colchicine (0.5mg bd if tolerated) as alternative therapy for acute attacks but beware significant risk of diarrhoea, increasing risk of acute kidney injury, deranged tacrolimus levels or non-compliance.
- Some drugs including diuretics and some beta-blockers can increase the risk of hyperuricaemia. Conversely, LOSARTAN (but not other A2RBs or ACEis) decreases serum uric acid levels and can be used as an adjunctive treatment for gout.