Reply to the comment of Mathieu et al., "American guidelines for the management of gout as seen by general practitioners"

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We have read with interest the comments from Mourgues and Mathieu et al, from Clermont-Ferrand university [1], regarding our recent publication on EULAR recommendations in a large French cohort of patients with gout managed in private practice, both by general practitioners and rheumatologists [2].

Indeed it is worthy to first indicate that our goal was to compare the French practice in 2008-2009 with the first EULAR recommendations published in 2006 [3] and revised in 2016 [4]. Indeed Mourgues, Matthieu et al referred to the 2012 ACR recommendations which were not published yet at time of GOSPEL cohort [5].

When comparing all recommendations published over the last decade [6], differences were not so striking but the knowledge on gout epidemiology, basic research, new tools (ultrasonography, dual energy CT scan), new drugs such as febuxostat not marketed in 2008, canakinumab in development at that time, etc, has increased exponentially. Anyway the Gospel study, referred on the EULAR 2006 guidelines, is still useful by providing feedback on global physician knowledge and usual management of standard of care drugs such as colchicine and allopurinol. These two drugs help a lot when used appropriately. .

As indicated by Mourgues, Mathieu et al, following their large survey by mail of 505 GPs in the Auvergne region, looked at the ACR 2012 recommendations [7]. Thanks to their good practice to start as sons as possible non-steroidal antinflammatory drugs (NSAIDs) or/and colchicine. We want to recall that in our GOPSEL survey, misuse of colchicine was noticed, with high daily dosage > 4 mg/d in that old time, and no dosage adaptation in elderly patients and in patients with chronic kidney diseases [8]. Our Colleagues do not provide insights on that key point since colchicine is the first antinflammatory drug used in gout flare; indeed in the 2012 ACR recommendations, colchicine has made a “retour en force” after the clinical trial by Terkeltaub et al, comparing low dose colchicine at Day 1 (1.8 mg) versus usual high doses (4.8mg/d). Following these recommendations, nowadays colchicine is used at that dosage. In France the maximal daily dosage of colchicine is 3.0 mg/d, at least the first day, and should be adjusted to kidney function and age with the new French summary of product characteristics

(SmPCs). Interestingly French GPs from Auvergne did not stop, at least for 81%, urate lowering therapy (ULT).

In Auvergne, roughly 40% of French GPS use ULT in asymptomatic hyperuricemia (HU), which is not an approved label for allopurinol or febuxostat. Misuse of ULT can lead to serious adverse event with allopurinol or febuxostat, and should be avoided. Again only 50% of persons with initial SUA level > 10.0 mg/dL at base line and followed 10 years developed gout [9, 10]. Thus there is no real good reason to treat nowadays asymptomatic HU.

Indeed the real issue for all recommendations is to find out the proper way to implement these good and simple practical guidelines. It is always difficult to sum up some complicated recommendations such as the ACR ones. They should be reduced in few sentences or quality indicators as we proposed [11]. As any physicians, GPs need to have refreshing courses and CME courses, with referees. Also there is a key point named clinical inertia. Physicians (and patients) might be reluctant to add ULT, or to increase allopurinol dosage for fears and beliefs [11]. In 50% of these situations, physicians are responsible for not adjusting dosage. For sure the other side of the sword is the patient's attitude and our colleagues refer to "patient education". Few programs dedicated to gout and patient education have been raised in France. Other pathways for improving patient compliance are developed using e-health devices or only cell phone messages for recalling drug intake.

Indeed the final point to improve guidelines implementation is related to junior doctor or event undergrade student education; indeed it is the responsibility of educators to implement good practices for gout diagnosis and management, since gout is a real frequent disease in our country (0.9%) compared to other autoimmune diseases, on one hand, and to common diseases such as osteoporosis and osteoarthritis, on the other hand.

Conflicts of interest

JG, H-KE, PG: non conflict to disclose ; FL : institutional grants from Ipsen Pharma, Menarini, Grunenthal Central, SOBI, Mayoly-Spindler, Novartis for the European Crystal Network workshops (Paris) ; fees for CME and boards.

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