

## Beyond unreasonable gout!

The jury is in – usual gout care isn't working well, especially for Māori and Pacific peoples, who are disproportionately affected by this common disorder.<sup>1,2</sup> What potential tools are readily available to reduce gout harm? Specific clinician actions!

### Scout, enquire

If a Māori or Pacific person aged between 20 and 40 presents with joint pain, consider gout as a potential cause. Māori and Pacific peoples are, respectively, two and three times more likely to get gout and at a younger age than non-Māori, non-Pacific peoples.<sup>3</sup>

Are you contemplating prescribing an NSAID? While effective for gout, repeated exposure is not without risk, and use is high, especially for Māori and Pacific peoples.<sup>3</sup> Before writing/dispensing another NSAID prescription for gout, ask yourself – would this person benefit from long-term urate-lowering therapy (ULT) now?

### Shape, identify, act

Peoples' capacity to engage, accept and self-manage their gout varies significantly.<sup>2</sup>

Patients may blame themselves for their gout and feel whakamā (shame), holding on to outdated yet strong beliefs their gout is

caused by overindulgence in food and drink. Raise awareness of genetic predisposition to gout in Māori and Pacific peoples; this can reduce whakamā and encourage treatment programme participation.<sup>1,2</sup> Talk about food and drink as triggers only.

Daily, life-long treatment can be challenging and hard to accept. Support patients in engagement, and share decision-making.

Be aware Māori and Pacific peoples are less likely to receive regular ULT than others.<sup>3</sup> Pharmacists, especially, have an opportunity to detect irregular ULT dispensing. Be alert to the person with joint pain or repeated purchases of NSAIDs – reach out to prescribers.

### Reflect

Dynamically building patient knowledge and skills through health literacy can overcome barriers to care.<sup>1,2</sup> Hone your communication skills and provide consistent messages and individualised support. Encourage treatment persistence through trustworthy and relatable information delivery.<sup>2</sup>

Go to [tinyurl.com/HQSC-HealthLit](https://tinyurl.com/HQSC-HealthLit) for health literacy resources.

Go to [www.arthritis.org.nz/gout-arthritis](https://www.arthritis.org.nz/gout-arthritis) for gout educator support.

References are available online at [AkoHiringa.co.nz](https://AkoHiringa.co.nz)

### Team Gout

Usual gout care is variable, and different management approaches are needed, particularly for Māori and Pacific peoples.<sup>1,2</sup>

To reduce gout harm, healthcare providers can:

**Scout.** Aged 20 to 40, joint pain? Think gout.

**Enquire.** Question and/or review recurrent NSAID-only treatment for gout.

**Shape.** Explore beliefs about causes and treatments. Talk genetics.

**Identify, act.** Prescribers – preventive medicine early and regularly is essential. Pharmacists – look for patterns of irregular dispensing.

**Reflect.** How is your communication helping people see a better future?

aHAH!  
MOMENT