Confusing Gout With Pseudogout

by NEWLIFEOUTLOOK TEAM

Gout vs Pseudogout

Gout is crystal-induced arthritis affecting the peripheral joints of the body. As such, it can often be confused with other painful arthropathies, especially CPPD (calcium pyrophosphate dyhydrate) disease. CPPD, otherwise known as pseudogout, may have similar symptoms to actual gouty arthritis, but because treatment differs a correct diagnosis is important. Like with any disease, treatment will only be effective if the disease is first properly identified. So let's take a look at gout vs pseudogout.

Because there is often confusion in patients suffering from the early stages of these two diseases, it is important to look at and understand the difference between the two. Gout is a recurrent acute or chronic inflammation of peripheral joints that results from monosodium urate crystals being deposited in and around joints and tendons due to elevated uric acid levels in the blood. (1) Pseudogout is similar in that there are also deposits of crystals in and around peripheral joints, but these crystals are made up of CPPD instead of monosodium urate. The cause of pseudogout is unknown, but risk factors include joint trauma, older age, genetic disorders, mineral imbalances (calcium, iron, or magnesium), and other medical conditions such as underactive thyroid. (2)

One key hallmark for differentiating between gout and pseudogout is the joints that each disease affects. While both diseases can affect the ankle and wrist, the most common site involved in gout is the metatarsophalangeal joint (big toe). (1) Pseudogout, on the other hand, most often affects the knee. (2) Gout will also impact the knee, but less frequently.

Severity of Symptoms

Another difference between the two is the severity of the symptoms. Pseudogout attacks often mimic the pattern of gout flare-ups, but they are usually less severe. (1) Both conditions tend to be chronic, meaning the sufferer will experience recurrent bouts of acute flare-ups over their lifetime. Pseudogout typically occurs in persons who are over 60 years old and affects men and women equally. Gout tends to impact men more frequently and often starts between 30-60 years of age. (3)

A definitive diagnosis can be made with blood tests in the case of gout and by testing the synovial fluid (joint fluid) in CPPD disease. Acute gouty arthritis, though, often has such distinct features that a diagnosis can often be made based on the history and physical exam. (1) Once the condition has been properly diagnosed, treatment varies depending on which disease has been identified. Both are treated in the acute phase using a medication called colchicine along with NSAIDS. In the long term, however, therapy for gout is geared toward maintaining normal uric acid levels in the blood. Long-term treatment for pseudogout is aimed at reducing the intensity of the flare-ups and in some cases draining the joint if too much fluid builds up. Resting the involved joint and ice is also recommended for acute bouts of CPPD disease attacks. (2)

With either disease, there is a benefit to maintaining an ideal body weight through proper diet and exercise. Less weight to carry around means less stress on the joints. While this will not cure the condition, it should reduce the

frequency and intensity of flare-ups and slow the process of joint degeneration.