How Acute Gout Treatment Differs From Chronic Gout

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Chronic Gout vs. Acute Gout

Gout is a form of arthritis characterized by two forms: acute and chronic gout. The acute gout attacks (or flare-ups) develop suddenly and last short periods of time. Chronic gout is the results of repeated acute attacks over the years. It is important to recognize the symptoms of each type of gout, because the treatment is different for each.

Acute gout

When you experience sudden, intense pain, as well as swelling and redness of the joint, it is an acute gout attack. It usually involves the big toe, although over time you may develop similar flare ups in other joints as well (i.e. feet, hands, knees, ankles or wrists). The pain is very intense, starts usually at night and may wake you up from sleep. Even the blanket or light touch can aggravate the pain. The pain is worse in the first one-two days, and slowly diminishes, but the entire episode can last about ten days. Swelling may extend beyond the joint and the skin is red shiny, inflamed and will peel over the next few days. The following acute attacks typically last longer and will damage the joints over time, increasing the risk of developing chronic gout. The joint looks infected, and fever, chills, loss of appetite and fatigue can be also experienced. Acute gout is caused by the accumulation of urate crystals in the joints.

If the first acute attack is left untreated, chances are you'll have at least one other flare-up within two years. By 10 years, about 90% of gout sufferers will suffer from more flare-ups.

Chronic gout

Acute intense pain and swelling of the joints are not seen during the chronic gout. You may notice some bumps under the skin, called nodules or tophi. They are made of deposits of urate crystals under the skin, in the joints, cartilages and elsewhere in the body. If they grow under the skin, they can cause deformities, leading to chronic (but less intense) joint pain, limited mobility and joint damage. The tophi are usually painless, but they may also break, get inflamed and become painful and infected.

Without treatment, tophi develops many years after you develop the first acute attack. Women and people who take the drug cyclosporine are more likely to experience tophi. These nodules are most often seen in the outer ear, forearms, elbows, knees, hands or feet.

In some cases, chronic gout is associated with kidney damage, since urate crystals can also deposit in the kidneys or along the urinary tract. They can form kidney stones, chronic uric acid interstitial nephropathy (when the crystals are deposit in the structures and tubes that carry urine from the kidney), and kidney failure.

Treatment

Acute attacks are treated with ice packs, rest, and medication: non-steroid anti inflammatory drugs (i.e. ibuprofen, naproxen,), colchicine or corticosteroids.

There are a few treatment options for chronic gout as well: allopurinol (the most traditional and widely used), febuxostat (especially when gout is associated with kidney or liver disease), probenecid (for those who can’t tolerate allopurol) or pegloticase (for those that don’t respond to the other drugs).