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GOUT KNOWLEDGE, BELIEFS AND TREATMENT PRACTICES IN A NATIONAL SAMPLE OF US PRIMARY CARE PROVIDERS

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Objectives: We sought to examine primary care providers' gout knowledge and reported treatment patterns in comparison to current treatment recommendations.

Methods: We conducted a national survey of a random sample of primary care physicians (internists and family practitioners) to assess their treatment of acute, intercritical, and tophaceous gout in comparison to published European and American gout treatment recommendations and guidelines.

Results: There were 838 respondents (response rate of 41%) most of whom worked in private practice (63%) with >16 years experience (52%). For acute podagra, 16% reported care consistent with the recommendations including avoidance of anti-inflammatory drugs in the setting of renal insufficiency, use of colchicine at a dose of ≤ 1.8 mg a day, and no initiation of a urate-lowering drug (ULD) during an acute attack (internists 21% vs. family practitioners 11%, $p < 0.001$). For intercritical gout, 3% would provide care consistent with the recommendations including initiating a ULD at the appropriate dose in the setting of renal insufficiency, with dosing titration to a serum urate level of ≤ 6 mg/dl and providing prophylaxis with colchicine (internists 5% vs. family practitioners 3%, $p = 0.12$). For tophaceous gout, 17% reported care consistent with the recommendations including ULD use with dosing titration to a serum urate level of ≤ 6 mg/dl and prophylaxis with nonsteroidal anti-inflammatories or colchicine (internists 22% vs. 13% family practitioners, $p < 0.001$).

Conclusion: While internists were more likely than family practitioners to suggest recommended care, the majority of physicians did not report optimal treatment practices, suggesting further education is needed.