In the Pacific, as in many parts of the world, gout is a fairly common problem. Whilst gout can cause a lot of discomfort and pain for some, it is rarely fatal and so statistics are not routinely collected in most countries. We therefore do not know how many people are affected in the region. Worldwide there are around 275 cases for every 100,000 people.

What is gout?
Gout is a type of rheumatism or arthritis. Affected joints are swollen, red, hot, painful and stiff. Even a bed sheet brushing against an affected area can cause a lot of pain. The problem is caused by sharp crystals of uric acid, which become deposited in joints. These crystals cause the inflammation and other problems.

Where does the uric acid come from?
Uric acid is produced naturally in the body. It is normally excreted (removed from the body) in urine. When levels in the body build up, either because there is too much generally, or the kidneys are not getting rid of it properly, problems develop (hyperuricaemia).

Where does it affect?
Most commonly gout starts in the big toe, and then it may progress to affect the instep, ankles, heels, wrists, fingers and elbows.
Generally symptoms come and go – but the problem (the uric acid) is there all the time. Attacks of pain and inflammation generally subside after 3–10 days, and attacks can be as infrequent as once per year. But for some people it is much worse.

In the long term, without treatment, the high levels of uric acid can affect the heart and kidneys.

Who develops gout?
- Men develop gout more often than women.
- The age group 40–50 years is where gout is most commonly found. In Pacific Islanders, higher levels of blood uric acid have been found as early as adolescence.

What are the risk factors for developing gout?
- Being overweight (increases the risk of developing high uric acid levels);
- Eating too much at one time (increases the body’s production of uric acid);
- Excess alcohol (affects excretion of uric acid);
- High exposure to lead (reasons unexplained);
- Certain drugs – diuretics, aspirin, cyclosporin;
- Genetics – family history increases your risk (although less than 20 per cent of patients have a family history).
Treatment options
When someone has already developed gout, it is not possible to cure him or her. It is however possible to control their symptoms and to reduce the levels of uric acid in their blood, and so prevent attacks.

A) Pain/inflammation control during attack
- Drugs can be given to treat or control the pain.
- High doses of drugs to reduce inflammation (NSAID – non-steroidal anti-inflammatory drugs) and injections of corticosteroids.

B) Preventing attacks in someone diagnosed with gout
- Drugs, e.g. allopurinol, are very effective; they reduce the amount of uric acid that the body produces (they should not be taken during an attack as they can make the attack worse).
- Drink at least two litres of water per day. Drink water just before going to bed.
- Avoid alcohol – 1–2 small drinks per week are all right.
- Maintain a healthy body weight. Lose weight if overweight. Weight loss should be gradual (1–2 lbs or 0.5–1 kg per week). Rapid weight loss or missing meals may trigger an attack.
- Eat a healthy diet and eat regularly – do not go for long periods without eating and do not overeat at any one time.

C) Preventing the development of gout/high uric acid levels
- Avoid becoming overweight.
- Do not eat too much at one time.
- Do not drink too much alcohol, especially at one time (binge drinking).
- Eat a healthy balanced diet.

How important are purines?
Patients with gout are often advised to avoid foods high in purines (a type of protein). The body uses purines from food to produce uric acid. However the most important influence on blood uric acid levels is not production, but the excretion rates by the kidney. In fact purine-containing foods have only a small effect on blood uric acid. The drugs that lower blood uric acid levels are very effective. For those who cannot or do not take these drugs, then eating less purine may be helpful.

Patients taking medications: Check that you are not regularly eating foods with very high or high levels of purines.

Patients not taking any medications: You are advised to avoid foods classed as ‘high’ or ‘very high’ in purines. Avoid eating a large portion of any of the foods classed as ‘lower level,’ and avoid eating too many of these foods in one day or at one meal.

Foods rich in purine

Very high levels
- liver and other organ meats;
- meat extracts, e.g. instant gravies;
- fish roes.

High levels
- haricot beans, broad beans, peas, lentils;
- oily fish such as sardines, mackerel and anchovies;
- lobsters, crabs, prawns, mussels and other molluscs;
- avocado.

Lower levels
- oatmeal, mushrooms, spinach, tuna, chicken, squid, cauliflower, bacon, beef, turkey, chicken, alcoholic drinks, tea, coffee, chocolate and colas.

Foods that are extremely low in purines
(and can be eaten freely):
- fruits, dairy foods and eggs, wheat products (e.g. bread, pasta), root crops, salads, coconut products, all vegetables except those listed, caffeine-free drinks.