



# Gout

Web report | Last updated: 25 Aug 2020 | Topic: [Chronic musculoskeletal conditions](#) |

## Citation

AIHW

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Gout is a form of inflammatory arthritis that develops when an excess of uric acid in the blood leads to deposits of uric acid crystals in one or more joints, causing inflammation.

Cat. no: PHE 259

## Findings from this report:

- Men are more likely to have gout than women—almost 8 in 10 (79%) people with gout are men
- 4.5% of Australians had gout in 2017-18, based on self-reported survey data. That is approximately 1.1 million people

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## What is Gout?

Gout is a form of inflammatory arthritis. It occurs when excess uric acid in the blood leads to deposits of uric acid crystals in one or more joints. These deposits cause inflammation, with the big toe joint being most commonly affected. Gout can also affect other joints in the arms (fingers, wrists, elbows) and legs (toes, ankles, knees).

### Signs and symptoms

Gout is characterised by sudden attacks (flares) of severe pain, swelling, redness, heat, tenderness and stiffness in the affected joints.

These flares can last for days or weeks, and are followed by long periods without any symptoms. If flares occur in the same joint over many years, and the underlying excess of uric acid is not controlled, joints can be permanently damaged (Arthritis Australia 2019).

### Who gets gout?

Self-reported data from the Australian Bureau of Statistics 2017-18 National Health Survey shows that an estimated 4.5% of Australians have gout. Gout is more common in males than females—almost 8 in 10 (79%) people with gout are males (ABS 2019).

Note that the AIHW has changed the way it classifies gout from NHS data. Previously, as with most other chronic conditions, a person was classified as having gout if they reported that their gout was both current and long term. Using this method, the prevalence of gout was 0.8%. However, evidence suggests that once a person has gout they always have gout, even if they are not currently experiencing symptoms (Bursil et al. 2019). The prevalence data presented above (4.5% of Australians) counts any person who reported ever having gout.

### Risk factors

The underlying cause of gout is excess uric acid in the blood—a metabolic disorder called hyperuricaemia. This disorder is an independent risk factor for cardiovascular disease (Capuano et al. 2016) and metabolic syndrome (Grassi et al. 2014). Risk factors for hyperuricaemia include obesity, diabetes, hypertension and heart disease, poor kidney function and kidney disease, and a diet high in meat, seafood and alcohol (Capuano et al. 2016, Grassi et al. 2014).

Other factors that are associated with an increased risk of gout are family history, sex and age; gout is more common in men than in women, and increases with age.

### Impacts

Gout can be very disabling due to significant pain and functional impairment. Frequent attacks of gout have been found to be associated with reduction in work participation (Chandratre et al. 2013; Lindsay et al. 2011).

According to the 2015 Australian Burden of Disease Study, gout accounted for 0.9% of the burden due to musculoskeletal conditions. Males experienced more (82%) of the burden than females (18%) (AIHW 2019a). In 2015-16, gout cost the Australian health system an estimated \$176.5 million, representing 1.4% of disease expenditure on Musculoskeletal conditions and 0.2% of total disease expenditure (AIHW 2019b).

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## Treatment and management of gout

Gout can be managed or even prevented by long-term therapy with medications and life style changes to control hyperuricaemia and reduce levels of uric acid in the body.

Gout can be controlled with early and ongoing treatment, including:

- establishing a definitive diagnosis
- providing rapid pain relief for flares
- preventing flares and complications (Graf et al. 2015; Khanna et al. 2012; Richette et al. 2016).

Flares and complications can be managed by reducing risk factors for hyperuricaemia (dehydration, obesity and alcohol intake), taking urate-lowering medications to keep uric acid levels low, and managing comorbid conditions, such as high blood pressure, chronic kidney disease, diabetes and heart disease (Khanna et al. 2012).

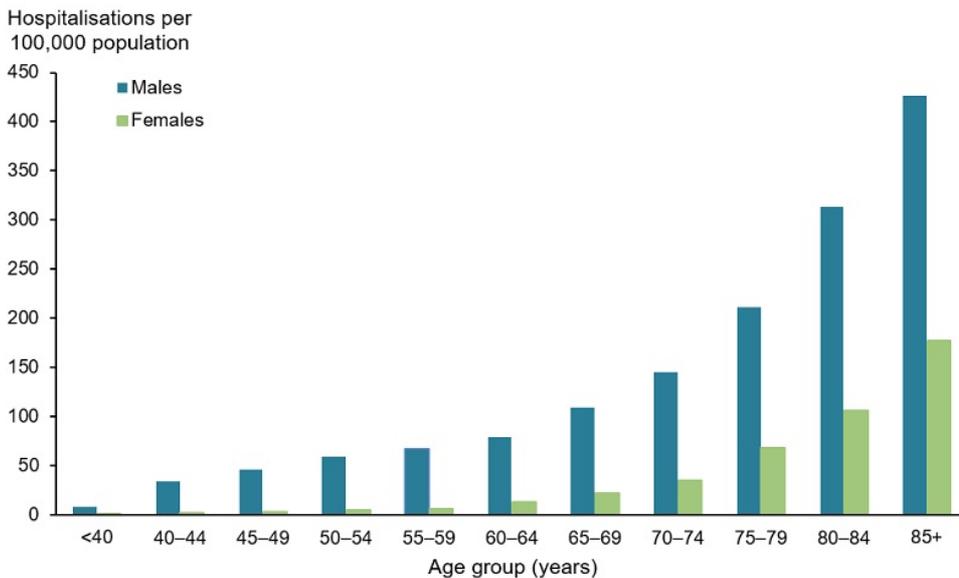
The use of non-steroidal anti-inflammatory drugs (NSAIDs), low-dose colchicine and oral/intra-muscular/intra-articular glucocorticoids has also been found to be effective in managing acute gout (Graf et al. 2015; Richette et al. 2016).

### Hospitalisations

Data from the AIHW [National Hospital Morbidity Database \(NHMD\)](#) show that, in 2017-18:

- 7,781 hospitalisations had a principal diagnosis of gout (31 per 100,000 population)
- 79% of all hospitalisations for gout were for males (6,133 hospitalisations), compared with 21% for females (1,648 hospitalisations)
- hospitalisation age-specific rates increased with age and was highest for people aged 85 and over (271 per 100,000 population) (Figure 1).

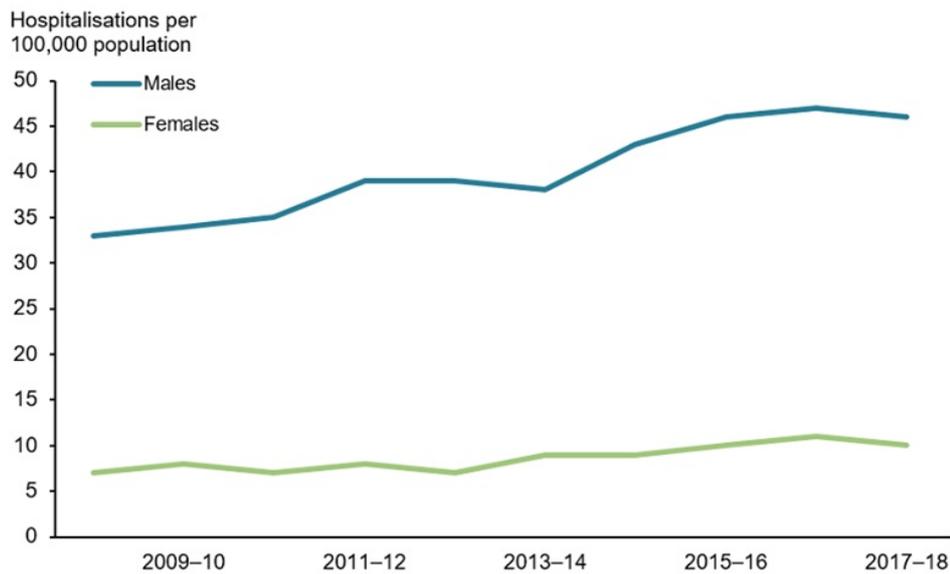
**Figure 1: Rate of hospitalisation for gout, by sex and age, 2017-18**



Source: AIHW National Hospital Morbidity Database ([Data table](#)).

The age-standardised hospitalisation rate for Australians with gout increased between 2008-09 and 2017-18 from 19 hospitalisations per 100,000 population to 27 per 100,000 population. There was a slightly larger increase for females (43%, from 7 to 10 per 100,000 population) compared with males (39%, from 33 to 46 per 100,000 population) (Figure 2).

**Figure 2: Hospitalisation for gout, by sex, 2008-09 to 2017-18**



*Note:* Age-standardised to the 2001 Australian population.

*Source:* AIHW National Hospital Morbidity Database ([Data table](#)).

## References

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## Notes

### Amendments

10 Nov 2020 - The AIHW changed the way it classifies gout from NHS data. Further detail on this change is contained in the webpage.

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## Data

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Data tables: [Gout 2020](#)

Download Data tables: [Gout 2020](#). Format: [XLS 145Kb](#) [XLS 145Kb](#)

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