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Department:
Health
REPUBLIC OF SOUTH AFRICA



**South African National Essential Medicine List
Hospital level (Adult) Medication Review Process
Component: Musculoskeletal System**

MEDICINE REVIEW SUMMARY:

Executive Summary

Date: 9 May 2017
Medicine (INN): Colchicine, oral
Medicine (ATC): M04AC01
Indication (ICD10 code): Acute gout (M10.90-99)
Patient population: Adult patients with acute episodes of gout.
Prevalence of condition: n/a
Level of Care: Hospital level (Adults)
Prescriber Level: Doctors
Current standard of Care: Ibuprofen, oral 400 mg 8 hourly
Efficacy estimates: Unable to establish
Motivator/reviewer name(s): Dr R Griesel
PTC affiliation: Red Cross Children's Hospital

Name of author(s)/motivator(s): Dr R Griesel

Author affiliation and conflict of interest details: Red Cross Children's Hospital, Adult Hospital Level Committee member (2017-2019); No conflicts of interest to declare.

Summary of findings:

Low quality evidence showed low-dose colchicine (up to 1.8 mg over one hour) to be an effective therapy for acute gout.¹ There has not been an update on the mentioned Cochrane Systematic Review and there have been no new randomised control trials comparing colchicine to either placebo, NSAIDs or corticosteroids.² The previously published guidelines regarding the management of acute gout by the American College of Rheumatology state that low-dose colchicine is equal to NSAIDs and corticosteroids for treating acute gout.³ These recommendations are in keeping with the recently published guidelines by the American College of Physicians.⁴ The decision by the previous Adult Hospital Level Committee (2014-2016) to leave colchicine out as a treatment option for acute gout, reflects the low quality evidence available for its use and the concerns regarding drug-drug interactions and potential toxicity, especially in renal and hepatic impaired patients. Colchicine can cause rhabdomyolysis when used with statins or clarithromycin and serious colchicine toxicity has occurred due to drug-drug interactions with CYP3A4 inhibitors, viz. certain antiviral agents (ritonavir), antifungal agents (ketoconazole), calcium channel blockers, and grapefruit juice.⁵

Recommendation: Based on this evidence review summary, the Adult Hospital Level Committee recommends that the current Standard Treatment Guidelines on the management of acute gout be kept as is, with NSAIDs and corticosteroids remaining the primary therapeutic agents.

Rationale: There is no new evidence. Cochrane review¹ showed that low-quality evidence suggests that low-dose colchicine is likely to be an effective treatment for acute gout. However, colchicine is potentially toxic and the Adult Hospital Level Committee was of the opinion that harms outweigh the benefit.

Level of Evidence: I Systematic review, Expert opinion

NEMLC MEETING OF 12 APRIL 2018

NEMLC ratified the medicine review summary and accepted the recommendations as proposed by the Adult Hospital Level Committee.

References

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3. Khanna D, Khanna PP, Fitzgerald JD, Singh MK, Bae S, Neogi T, et al. 2012 American College of Rheumatology guidelines for management of gout. Part 2: therapy and antiinflammatory prophylaxis of acute gouty arthritis. *Arthritis Care Res (Hoboken)*. 2012 Oct;64(10):1447-61.
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