



## Colchicine is a second line therapy for acute gout

**Clinical question** Should I prescribe colchicine for acute gout?

**Bottom line** Colchicine (1mg followed by 0.5mg every 2 hours taken within 12 to 24 hours of an attack) is more effective than placebo for reducing pain (NNT\* 3) and clinical symptoms such as tenderness, swelling and redness (NNT 2) in acute gout. Due to its low benefit to toxicity ratio, it should be used as a second-line therapy when non-steroidal anti-inflammatories (NSAIDs) or corticosteroids are contraindicated or ineffective.

\* NNT = number needed to treat to benefit one individual.

**Caveat** Colchicine commonly causes diarrhoea and/or vomiting (NNH\*\* 1). It is not known whether colchicine is more effective than NSAIDs. In the single small trial reviewed, the dosage prescribed (see Bottom Line section) was higher than current recommendations (maximum of 1mg per day).<sup>1</sup>

\*\* NNH = number needed to treat to cause harm in one individual.

**Context** Acute gout is one of the commonest rheumatic diseases, affecting up to 10 per cent of adult males. NSAIDs such as diclofenac and naproxen are the treatment of choice.

**Cochrane Systematic Review** Schlesinger N et al. Colchicine for acute gout. *Cochrane Reviews*, 2006, Issue 4, Article No. CD006190.

*Note: this review contains 1 trial with 43 participants.*

1. Zhang W et al. *Ann Rheum Dis* 2006;65:1312–24

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