

1035 - Patient Management/Treatment and Outcomes of Gout Between Primary Care Physicians and Rheumatologists: A Chart Review of 1,039 Patients with Gout In the United States

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Hall F2 - Poster Hall (McCormick Place West)

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Background/Purpose: The prevalence of gout has doubled over the last two decades and estimated currently at 8.3 million patients in the U.S. (Hyon Choi NHANES IV abstract)¹. Only 4% of patients with gout are cared for by rheumatologists (Rheums) whereas the majority are managed by primary care physicians (PCPs). Despite the availability of urate-lowering therapies (ULT), there still remains a subset of chronic gout patients whose serum urate (SUA) levels and gout symptoms are not controlled. However, the differences in treatment and management of these gout patients as well as the outcomes of therapy have not been compared between PCPs and Rheums. The purpose of this abstract is to identify the current ULT practice patterns among the PCP and Rheums in the US, understand the clinical burden of gout patients treated with ULT, and assess the differences in patient outcomes between PCPs and Rheums.

Method: A retrospective chart audit of 1,039 US pts with gout was conducted during August and September, 2010 by BioTrends Research Group, Inc.² A panel of board-certified practice-based Rheums (119) and PCPs (122) who treated > 50 gout patients in US were selected. Each included chart records of the last 3-5 consecutive gout patients who had a physician-confirmed diagnosis of gout. A structured case report form was completed by each physician that included patient demographics, burden of illness (SUA levels, flare, tophi, swollen joints and presence of radiographic damage), co-morbidities, treatment and resource utilization. The data from Rheums and PCPs were compared using independent unpaired t-test for means (equal variances) and independent z-test for percentages. A difference of p=0.05 was considered statistically significant.

Result: Of 1,039 gout pts, 82% were male, 74% were Caucasian, mean age was 58 years and 30% had a BMI > 30. Pts under the care of Rheums had higher disease burden and co-morbidities compared to pts under care of PCPs. Burden of illness, co-morbidities, ULT treatment, and resource utilization are presented in Table.

Table:

	PCP's pts (n=522)	Rheum's pts (n=517)	P value
Burden of Illness (% total pts)			
Chronic tophaceous gout	3.1	22.5	<0.05
Tophi	14.2	37.5	<0.05
3 to 5 Annual Flares	10.7	15.9	<0.05
>6 Annual Flares	5.0	6.0	NS
High to extreme severity of recent flare	17.7	39.6	<0.05
sUA < 6 mg/dl	30.3	36.0	NS
sUA >6 to <8 mg/dL	42.1	34.6	<0.05
sUA >8 mg/dL	27.6	29.4	NS
Co-Morbidities (% total pts)			
Cardiovascular disease	14.8	25.0	<0.05
Hyperlipidemia	41	34.8	<0.05
Chronic kidney Disease	11.1	22.1	<0.05
Currently on ULTs (% total pts)			
Allopurinol	49.0	59.7	<0.05
Febuxostat	12.6	23.4	<0.05
Probenecid	1.5	1.4	NS
% Allopurinol pts on >300 mg	20.7	24.0	NS
Resource Utilization over the last 12 months			
SUA labs (mean N per pt)	1.7	2.5	<0.05
Radiographic tests (mean N per pt)	14.4	35.0	<0.05
% Radiograph indicating joint damage	49.3	57.5	NS
% Flares resulting in ER visits	11.2	11.4	NS
% Flares resulting in hospitalization	1.6	2.9	NS

Conclusion: Pts under the care of Rheums had higher disease burden and co-morbidities compared to pts under care of PCPs. PCP's and Rheum's pts had similar resource utilization. Despite the availability of ULTs, 64 - 70% of patients had SUA > 6 mg/dL, 37.5% in Rheum practices have tophi, and 16% have 3-5 flares. Only 21-24% were on allopurinol > 300 mg/day. There continues to be a disconnect between the treatment guidelines for gout³ and current practices in US.

References: ¹ Zhu Y, Pandya BJ, Choi KH. Prevalence of gout in the US general population: The NHANES survey 2007-2008. ISPOR 13th Annual European Congress, Prague, Czech Republic, November, 2010. ²© 2010 BioTrends Research Group, Inc. All rights reserved. Reproduction, distribution, transmission or publication is prohibited. Reprinted with permission.³Zhang W, Doherty M, Bardin T, et al. Ann Rheum Dis. 2006 Oct;65(10):1312-24.

Keywords: gout, quality of care, quality of life and uric acid

Disclosure: **D. Khanna**, Consultant, speaker, 5 ; **A. Forsythe**, Savient Pharmaceuticals, Inc., 3 ; **P. Khanna**, None.