Gout Diagnosis Criteria

Patient Information	
Name: Greg Harrison	Age: 45
Gender: ☑ Male ☐ Female ☐ Other:	Date of Evaluation: March 27, 2024

This form is based on the ACR/EULAR Gout Classification Criteria.		
Entry Criterion Only check for other criteria if meeting this criterion	At least one episode of swelling, pain, or tenderness in a peripheral joint or bursa.	☑ Yes ☐ No
Sufficient Criterion If yes, it can classify as gout without applying the other following criteria	Presence of MSU crystals in a symptomatic joint or bursa (i.e., in synovial fluid) or tophus.	☐ Yes ☑ No
Criteria Use if Sufficient Criterion is not met. Score above or equal to 8 is required to be classified as gout.		

Clinical		
1. Pattern of joint/bursa involvement during symptomatic episode(s) ever:	Joint(s) or bursa(e) other than ankle, midfoot or 1st MTP (or their involvement only as part of a polyarticular presentation)	0
	Ankle OR midfoot (as part of monoarticular or oligoarticular episode without MTP1 involvement)	1
	MTP1 (as part of monoarticular or oligoarticular episode)	2
2. Characteristics of symptomatic episode(s) ever: - Erythema overlying affected joint (patient-reported or physician- observed) - Can't bear touch or pressure to affected joint - Great difficulty with walking or inability to use affected joint	No characteristics	0
	One characteristic	1
	Two characteristics	2
	Three characteristics	3

Clinical		
3. Time-course of episode(s) ever: Presence (ever) of ≥2,irrespective of anti- inflammatory treatment: - Time to maximal pain <24 hours - Resolution of symptoms in ≤14 days - Complete resolution (to baseline level) between symptomatic episodes	No typical episodes	0
	One typical episode	1
	Recurrent typical episodes	2
4. Clinical evidence of tophus: Draining or chalk-like subcutaneous nodule under transparent skin, often with overlying vascularity, located in typical locations: joints, ears, olecranon bursae, finger pads, tendons (e.g., Achilles).	Absent	0
	Present	4

Lab			
1. Serum urate: Measured by uricase method. Ideally should be scored at a time when the patient was not taking urate-lowering treatment and patient was beyond 4 weeks of the start of an episode (i.e., during intercritical period); if practicable, retest under those conditions. The highest value irrespective of timing should be scored.	<4mg/dL	[<0.24mM] †	-4
	4-<6mg/dL	[0.24-<0.36mM]	0
	6-<8mg/dL	[0.36-<0.48mM]	2
	8-<10mg/dL	[0.48-<0.60mM]	3
	≥10mg/dL	[≥0.60mM]	4
2. Synovial fluid analysis of a symptomatic (ever) joint or bursa: Should be assessed by a trained observer.	Not done		0
	MSU Negative		-2

Imaging		
1. Imaging evidence of urate deposition in symptomatic (ever) joint or bursa: Ultrasound evidence of double-contour sign or DECT demonstrating urate deposition.	Absent OR Not done	0
	Present (either modality)	4
2. Imaging evidence of gout-related joint damage: Conventional radiography of the hands and/or feet demonstrate at least one erosion.	Absent OR Not done	0
	Present	4

Total Score	10
Classify as gout? Yes if Sufficient Criterion is met or a total score above or equal to 8.	☑ Yes ☐ No

Additional Notes
Upon evaluation, Mr. Harrison presents with classical signs of gout, including acute onset of joint pain, erythema, and difficulty walking. He has a history of recurrent episodes, which aligns with the pattern typically observed in gout patients. The ultrasound imaging confirmed the presence of urate crystals, further supporting the diagnosis. His serum urate levels are elevated, which is a common finding in gout patients and indicates the need for urate-lowering therapy. Given Mr. Harrison's clinical presentation and imaging findings, I recommend initiating urate-lowering treatment to prevent further attacks and potential joint damage. In addition to pharmacotherapy, lifestyle modifications such as dietary changes, weight management, and limiting alcohol intake are advised to reduce serum urate levels and the risk of flare-ups. We will schedule follow-up appointments to monitor his response to treatment and adjust the management plan as necessary. Mr. Harrison is advised to seek immediate medical attention if he experiences severe or persistent symptoms.

Health Professional's Information and Contact Details	
Name: Dr. Samantha Roberts	License No.: MD54321
Phone No.: 555 999 1234	Email: s.roberts@cityhealth.com
Name of Practice: City Health Clinic	

References:

Neogi, T., Jansen, T. L. T. A., Dalbeth, N., Fransen, J., Schumacher, H. R., Berendsen, D., Brown, M., Choi, H., Edwards, N. L., Janssens, H. J. E. M., Lioté, F., Naden, R. P., Nuki, G., Ogdie, A., Perez-Ruiz, F., Saag, K., Singh, J. A., Sundy, J. S., Tausche, A.-K., & Vaquez-Mellado, J. (2015). 2015 gout classification criteria: An American College of Rheumatology/ European League Against Rheumatism collaborative initiative. Annals of the Rheumatic Diseases, 74(10), 1789–1798. https://doi.org/10.1136/annrheumdis-2015-208237

Neogi, et al. Arthritis & rheumatology. 2015;67(10):2557-2568.

Neogi, et al. Annals of the rheumatic diseases. 2015;74(10):1789-1798.

Underwood, M. (2006). Diagnosis and management of gout. British Medical Journal, 332(7553), 1315–1319.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1473078/

University of Auckland Medical and Health Sciences. (n.d.). Gout classification calculator.

Goutclassificationcalculator.auckland.ac.nz

https://goutclassificationcalculator.auckland.ac.nz/