

Gout Diagnosis Criteria

Patient Information	
Name:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	Date of Evaluation:

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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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
	≥ 10 mg/dL	$[\geq 0.60$ mM]	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	
Classify as gout?	<input type="checkbox"/> Yes
Yes if Sufficient Criterion is met or a total score above or equal to 8.	<input type="checkbox"/> No

Additional Notes

Health Professional's Information and Contact Details

Name:

License No.:

Phone No.:

Email:

Name of Practice:

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>

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

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