Background

• Gout is the most common inflammatory arthritis with a prevalence of 3.8% in British Columbia (BC)1
• Suboptimal quality of care of gout has called for novel models of care delivery
• An interdisciplinary care model for gout, supported by eHealth, offers promising solution to improving patient outcomes

Objective

• To pilot the feasibility of a collaborative care model for gout involving rheumatology, pharmacy, and dietetics
• Use shared access of electronic medical records (EMRs) to facilitate communication on patient care

Design

• 1-year proof-of-concept observational study

Patient eligibility

• Gout diagnosis for ≥ 1 year by rheumatologist
• ≥ 19 years of age
• ≥ 1 flare in the past year
• Serum uric acid (SUA) level > 360 µmol/L within last 2 months

Outcomes

Primary outcome: SUA levels; % achieving SUA < 360 µmol/L at 12 months

Secondary outcomes: Assessed at baseline, 3, 6, and 12 months
  • Frequency of acute gout flares
  • Functional status (HAQ)
  • Quality of life (EQ-SD)
  • Medication adherence (CQRS)