

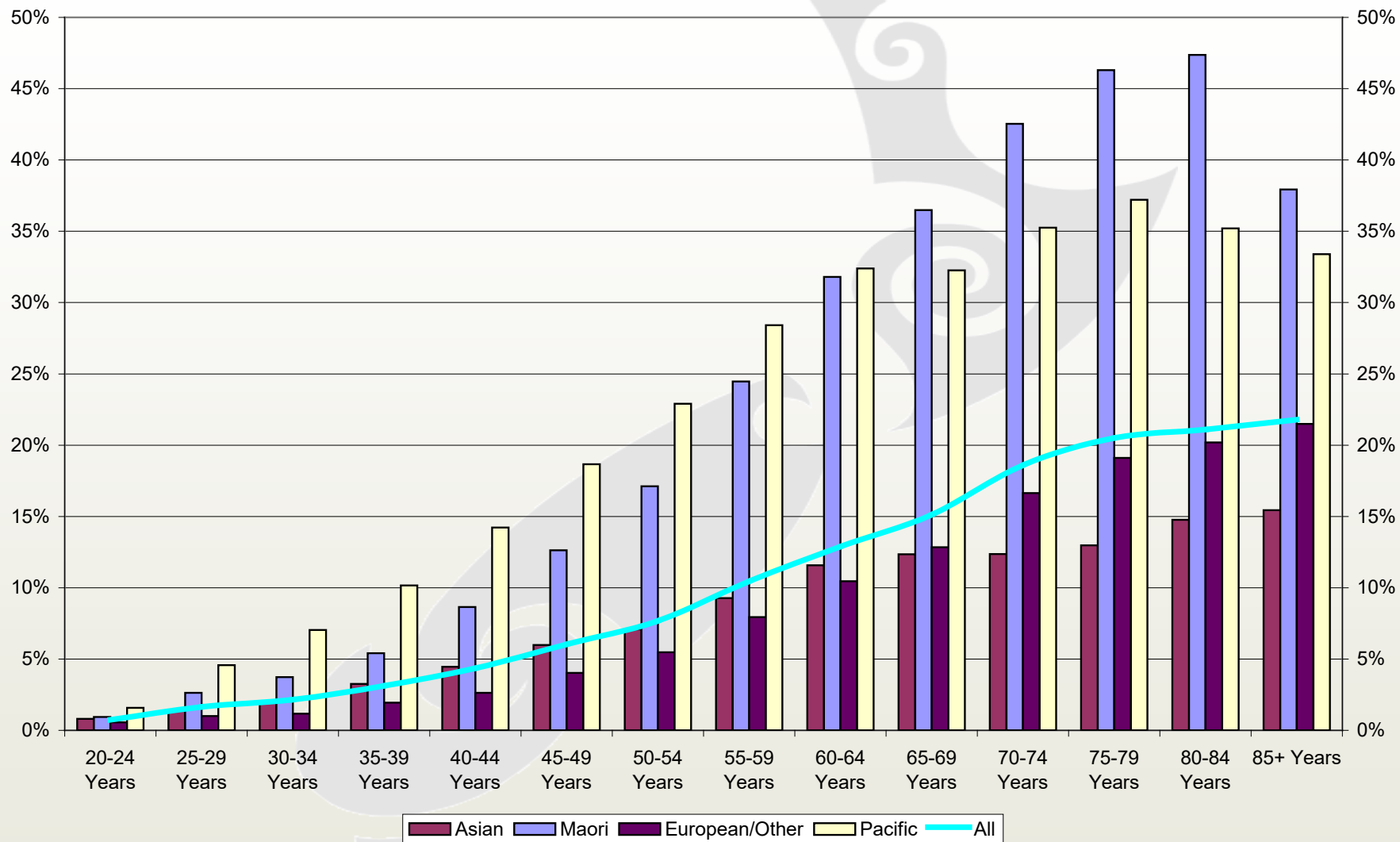
Oranga Rongoā

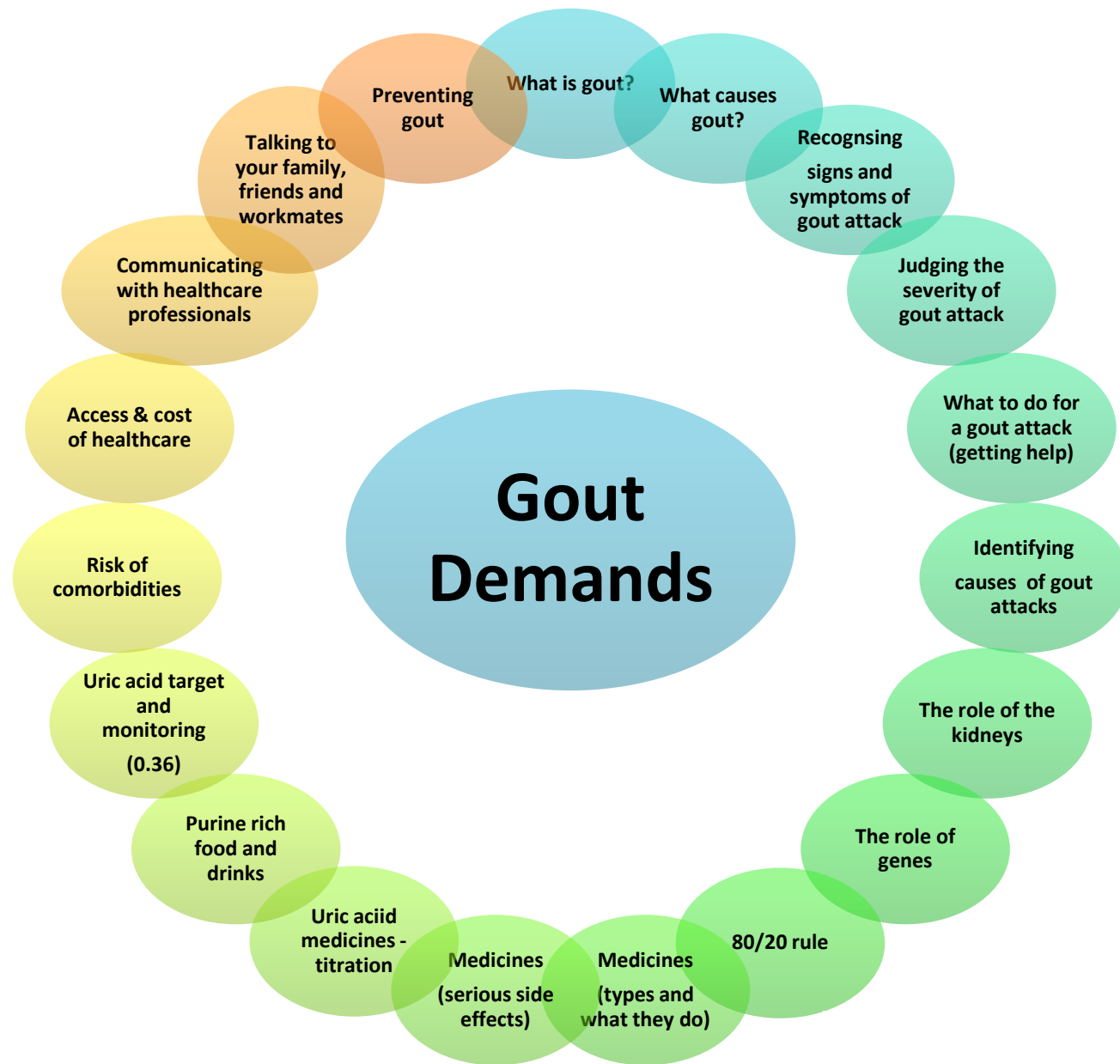


Papakura Marae Centre

Figure 3 Male Diagnosed Gout Prevalence - by age and ethnicity

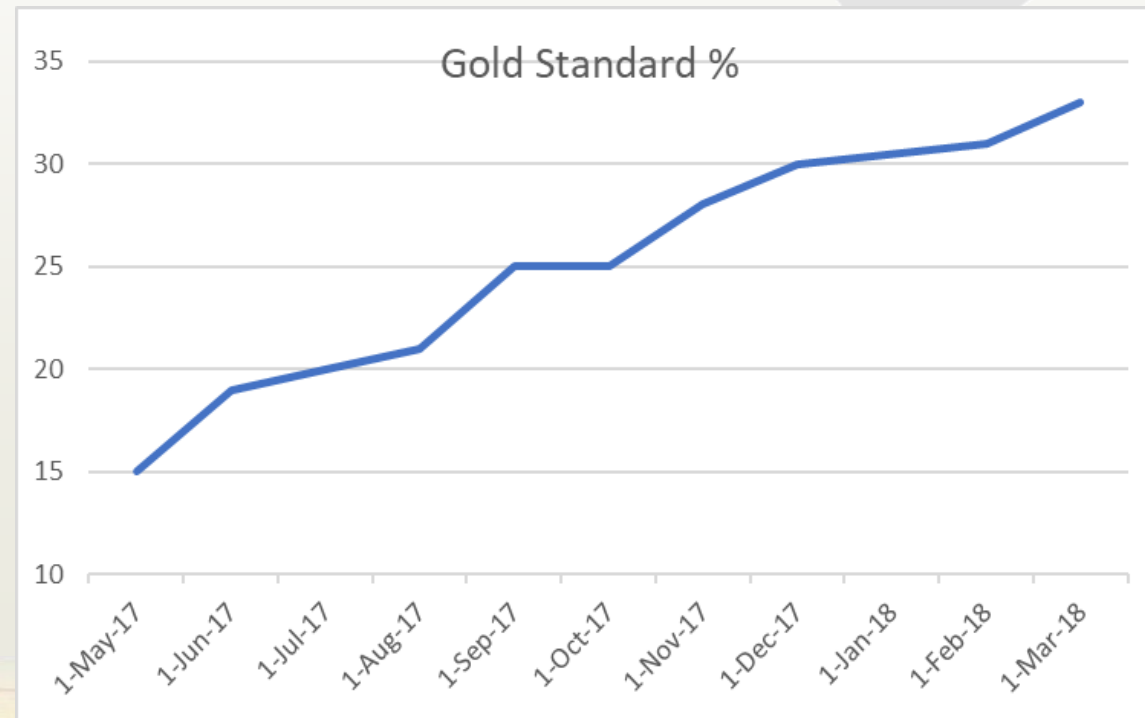
National prevalence of gout derived from administrative health data in Aotearoa New Zealand
Winnard D; Wright C; Taylor W; Jackson G; Te Karu L; Gow P; Arroll B; Thornley S; Gribben B; Dalbeth N
Rheumatology 2012;51:901-9.





Treatment to Target

- Where we started
- Today



Treatment to Target

- Comparison

- ~6 % of U.S Population have gout managed according to Guidelines

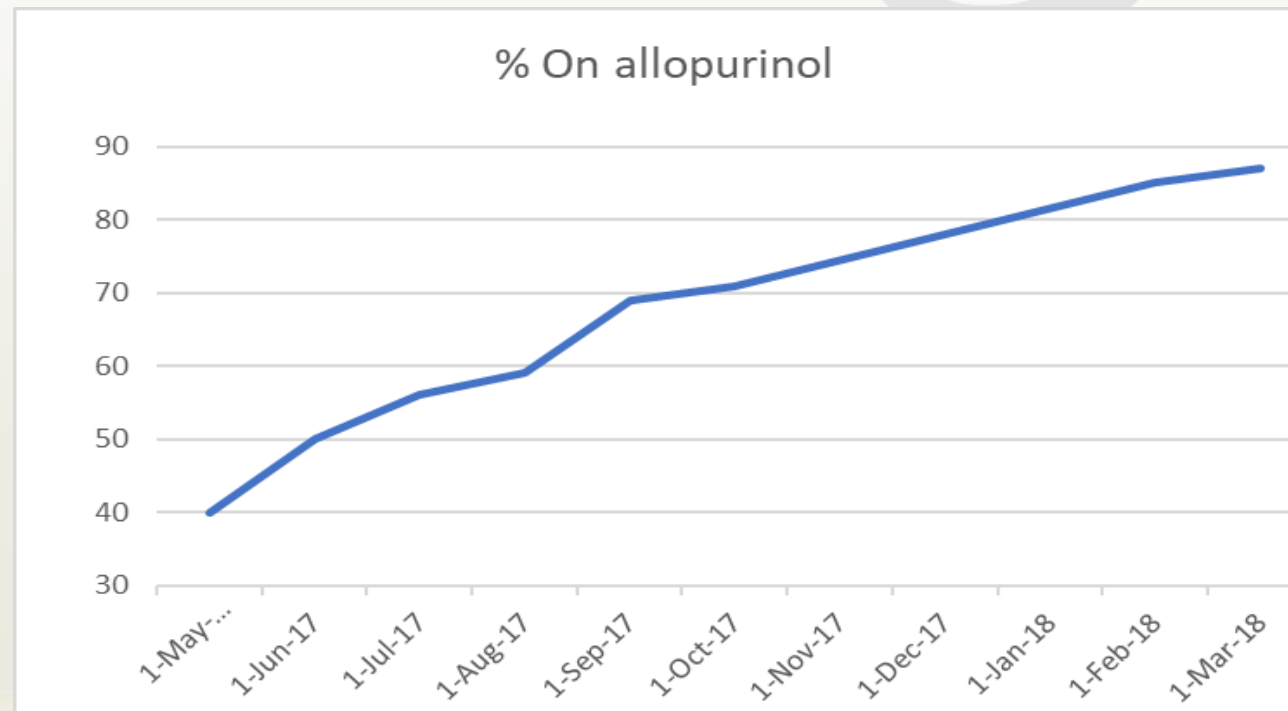
(N. L Edwards Curr Rheumatol Rep (2011) 13:154–159)

- 414 patients, 51% were treated with allopurinol 33.6% had ever had serum urate level tested 6.7% of people were achieving target serum urate levels

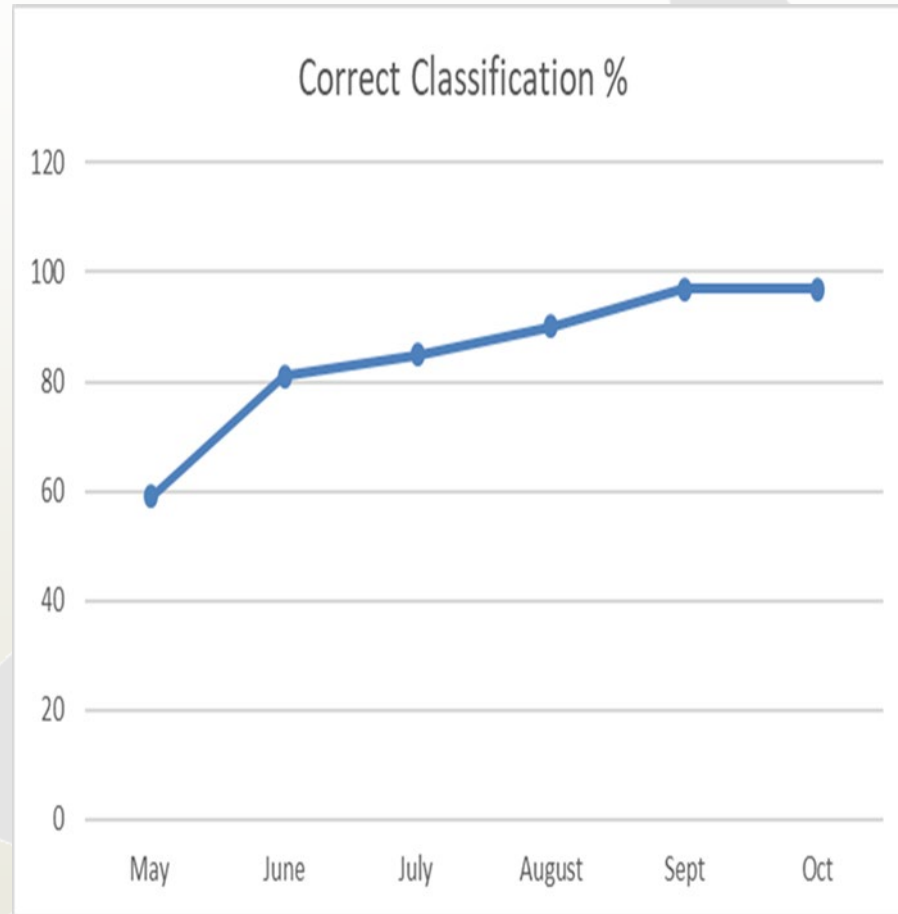
(B. Arroll et al., 2011)

Treating with Allopurinol

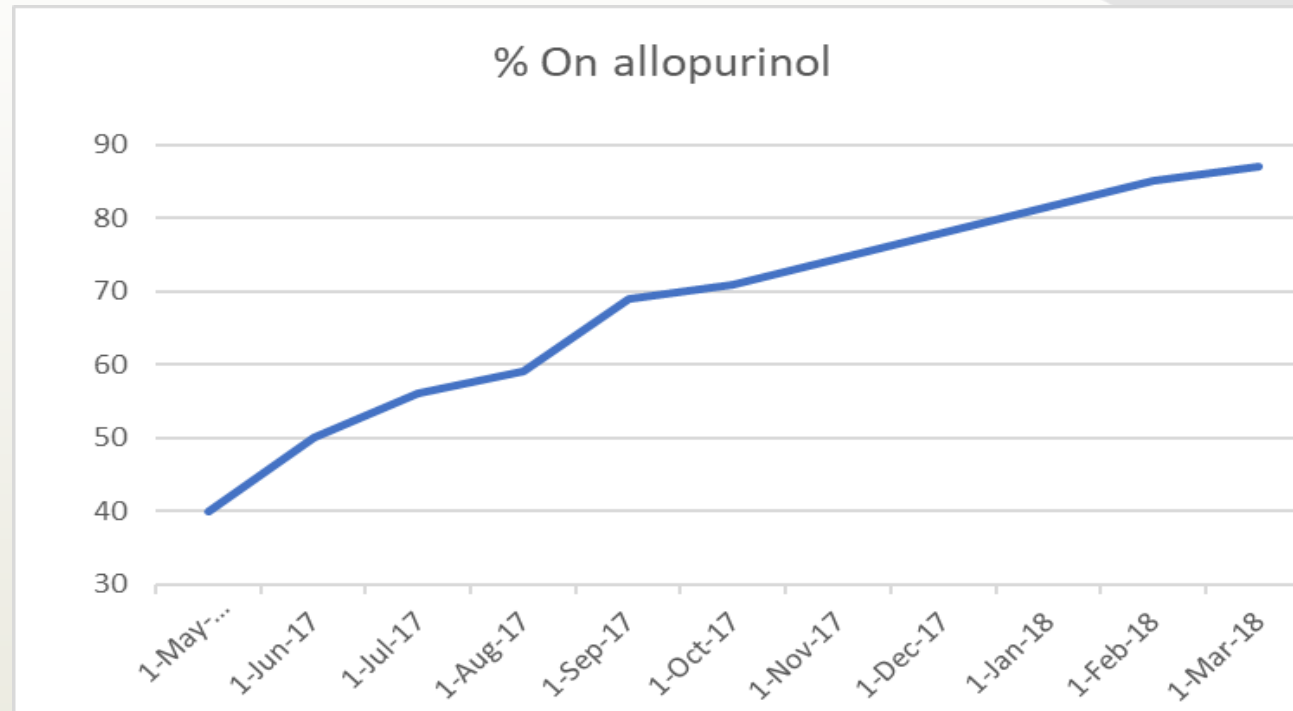
- Where we started
- Today



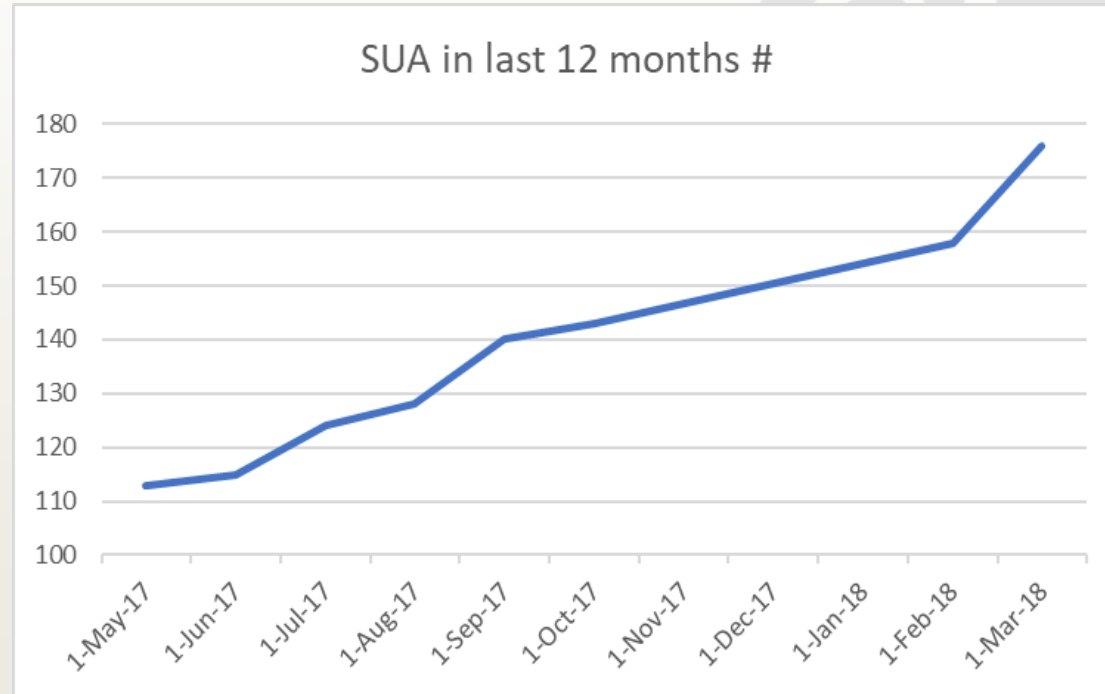
Classification – from ...to



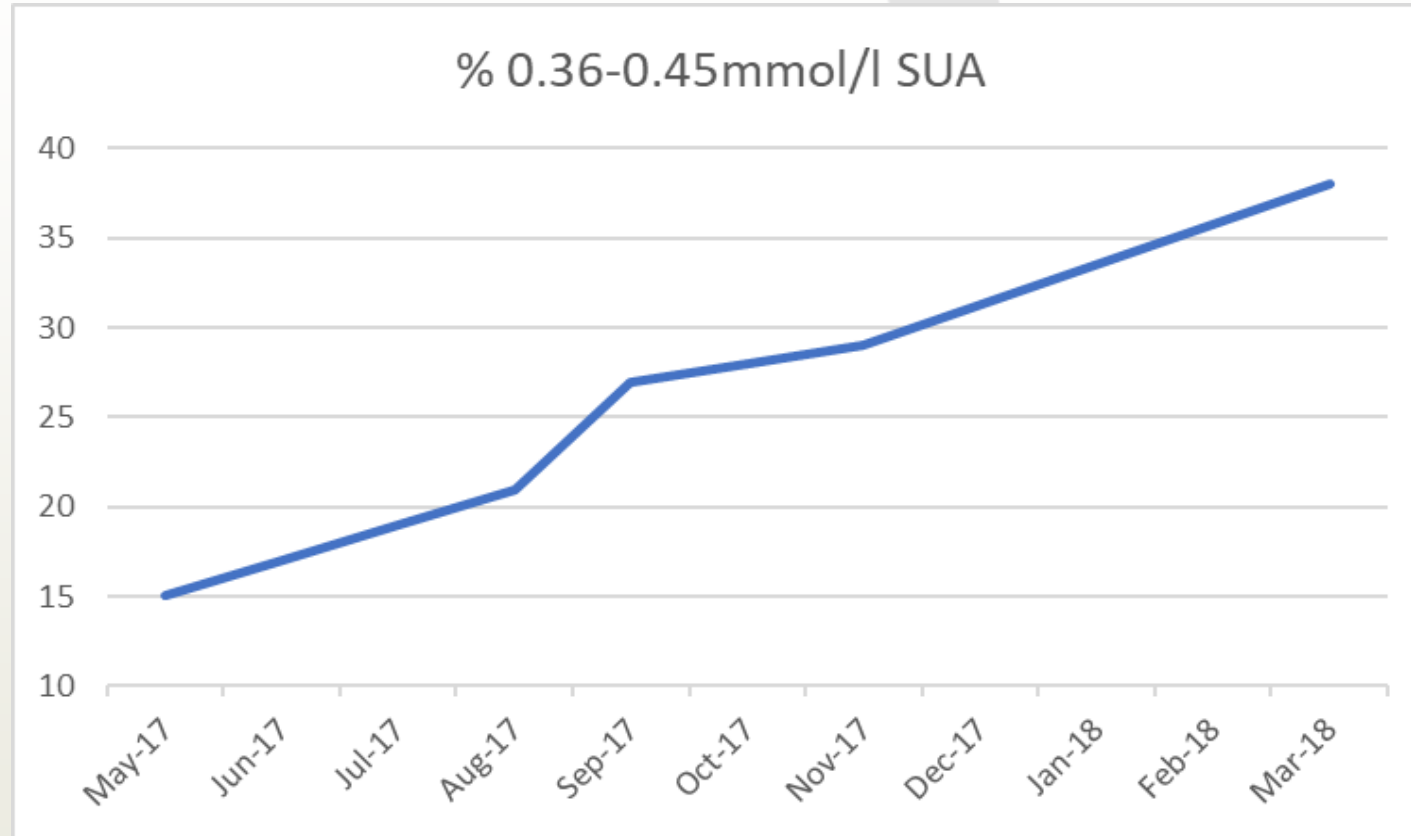
Patients with Gout classification on Allopurinol



Urate Testing



The next tier



Care planning

- Improving health literacy
- Cultural competency,
- Motivational interviewing,
- Having difficult conversations,
- Recognising and acting on change talk.
- Equalising power imbalances
- Using technology to support patient education and information e.g. patient portal
- Utilising patient stories and patient journeys

Prox: David Jansen (DJ)

Procedure	Note	Stat
MohioExpress		
PC	07/04/1972 Female	
FFP Eligible Quintile 5		
CX	Cervical screening Decline on 1/06/2016	
GOUT	Gout Management (Serum Urate) 0.44mmol/L on 19/07/2017	
MAM	Breast screening No record	
WARN	Medical warning No record	
ALC	Alcohol screening and brief advice support Alcohol intake within rec limit on 20/11/2014	
BP	Blood pressure 140/80mmHg on 20/04/2017	
CVR	CVD risk assessment 19% on 13/04/2017	
DAR	Diabetes annual review Last reviewed 13/04/2017	
\$	Funding nearing expiry/expired Enrolment funding up-to-date No record	
Eth	Ethnicity validation Validated priority ethnicity No record	
HT	Height 177.00cm on 23/05/2016	
NHI	National health index (NHI) Validated NHI No record	
SMKA	Smoking status recording Current smoker on 22/08/2017	
SMKB	Smoking brief advice recording Last recorded: 22/08/2017	
SMKBC	Smoking brief advice/cessation (National Health Tar No record	

MohioForms Quick Links Give Feedback

IB MedTech32 Patient Selected M007872 1.2.0.41

Gout Management(9033) Information and Eligibility Main Claims Decision Support

Gout Management

Consultation Date: 30/06/2017 dd/mm/yyyy

Gout Coded: []

eGFR: 29 ml/min/1.73m2

Serum Uric Acid: 0.44 mmol/L 19/07/2017

Allopurinol previously prescribed: Yes
APO-ALLOPURINOL on 19/07/2017

Colchicine previously prescribed: None Prescribed

Logged in: No Claim: \$0.00 No Budgets Available

Park this form Minimise Form Submit Cancel

Why there's an alert

No Gout coded?, Allopurinol prescribed, and Serum Uric Acid above target level of ≤ 0.36 mmol/L

Allopurinol starting dose

Use 50 mg, every two days.

How was this calculated?
Increase by 50 to 100 mg increments every four weeks, aiming for a target serum urate <math>< 0.36</math> mmol/L. Testing is every four weeks until at target then testing is only annually.

Cover

Remember it is important to prescribe cover when implementing urate lowering therapy, and for 3 - 6 months once target serum urate achieved.

Suggested medicines:

- Colchicine: one tablet twice a day or
- Naproxen: 250mg twice a day or
- Prednisone: 5 - 10 mg daily

Please acknowledge info read then submit

Auckland Regional Health Pathways (Gout)

© National Hauora Coalition.

- His
- edice
- Drug
- Meta
- Diuric
- Cilaza
- Felod
- Melfo
- Atrova
- Novon
- Allopu
- Carese
- Atrover
- Ventolin
- Panado
- Careser
- Doxycyc
- Novomix
- Novomix
- Allopu
- Insulin N
- Novomix
- Lantus Sc
- Erythromy

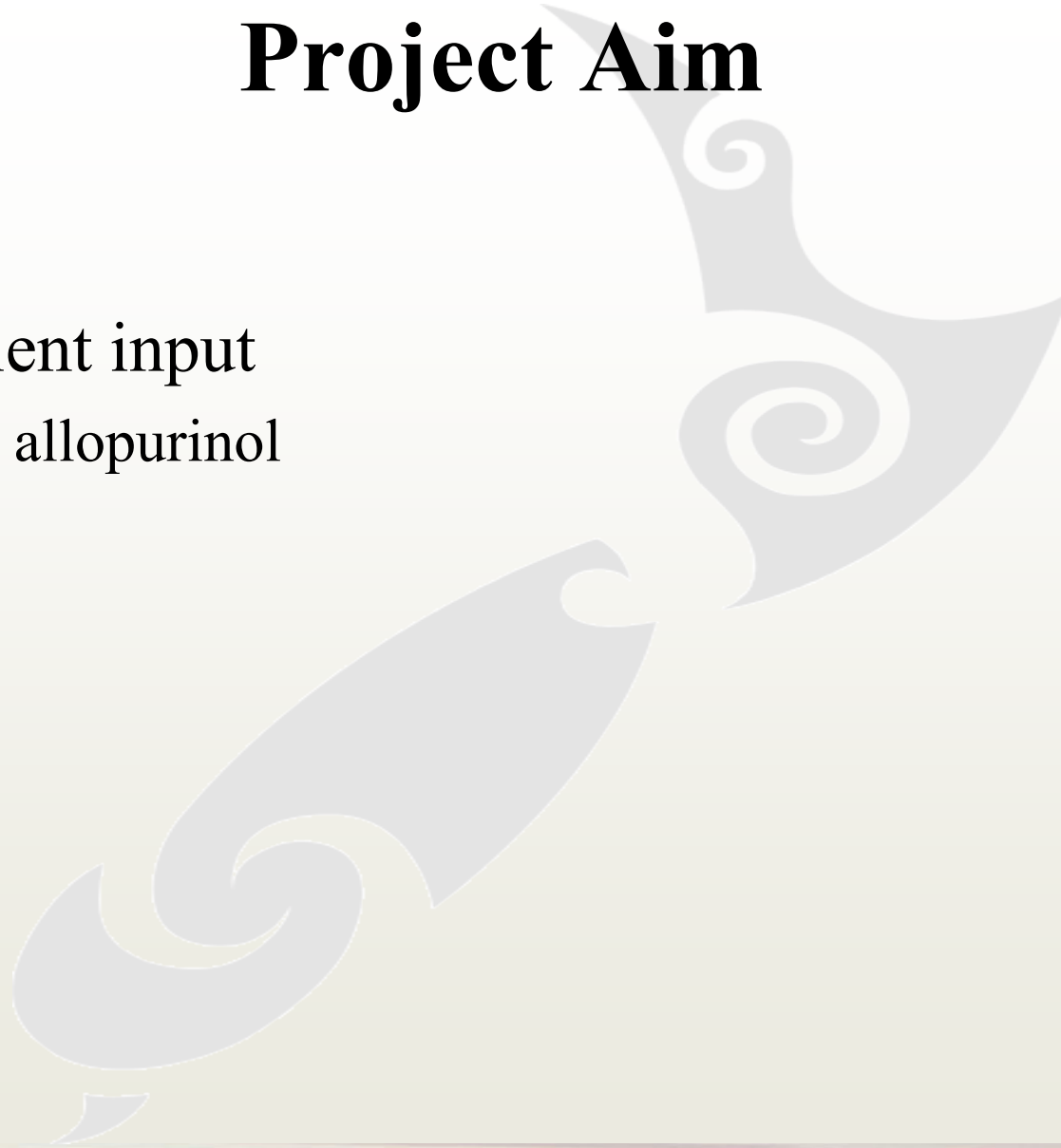
Patient Perspective

- I don't have gout
- Haven't had gout for ages



Project Aim

- Changes with patient input
 - Want easy access allopurinol
 - No flares



Optimal Use of Medicines
 - Decrease Mortality - Decrease Morbidity
 - Prevention of disease - Decrease drug related morbidity

