



DIAGNOSTIC CRITERIA

GOUT (2015)

INTRODUCTION:

- Sensitivity: 92%
- Specificity: 89%

REFERENCE VALUES:

- Entry criterion must be met
- If sufficient criterion **IS** met, patient is classified as having gout without applying other criteria.
- If sufficient criterion **IS NOT** met, a score ≥ 8 is required to classify as gout.

SCORING NOTES

- If serum urate $< 4\text{mg/dL}$ [0.24 mmol/L] we take away 4 points
- If serum urate $\geq 4 - < 6\text{mg/dL}$ [$\geq 0.24\text{ mmol/L} - < 0.36\text{ mmol/L}$] we score this item as 0
- If polarizing microscopy of synovial fluid from a symptomatic (ever) joint or bursa by a trained examiner fails to show MSU crystals, we take away 2 points. If synovial fluid was not assessed (not done), we score this item as 0.

Entry criterion
At least one episode of swelling, pain, or tenderness in a peripheral joint or bursa
Sufficient criterion
Presence of MSU crystals in a symptomatic joint or bursa (i.e., in synovial fluid) or tophus

Clinical criteria

Pattern of joint/bursa involvement during symptomatic episode(s) ever

- Joint(s) or bursa(e) other than ankle, mid foot or 1st MTP (or their involvement only as part of a polyarticular presentation)
- Ankle or mid foot (as part of monoarticular or oligoarticular episode without MTP1 involvement)
- MTP1 (as part of monoarticular or oligoarticular episode)

Symptomatic episodes are periods of symptoms that include any of swelling, pain, or tenderness in a peripheral joint or bursa.

Characteristics of symptomatic episode(s) ever

- No characteristics
- One characteristic
- Two characteristics
- Three characteristics
 - i) Erythema overlying affected joint (patient-reported or physician-observed)
 - ii) Can't bear touch or pressure to affected joint
 - iii) Great difficulty with walking or inability to use affected joint

Time-course of episode(s) ever

- No typical episodes
- One typical episode
- Recurrent typical episodes

Presence (ever) of ≥ 2 , irrespective of anti-inflammatory treatment:

- i) Time to maximal pain < 24 hours
- ii) Resolution of symptoms in ≤ 14 days
- iii) Complete resolution (to baseline level) between symptomatic episodes

Clinical evidence of tophus

- Absent
- Present

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)

Laboratory criteria

Serum urate

- . < 4 mg/dL [< 0.24 mM]
- . 4 - < 6 mg/dL [$0.24 - < 0.36$ mM]
- . 6 - < 8 mg/dL [$0.36 - < 0.48$ mM]
- . 8 - < 10 mg/dL [$0.48 - 0.60$ mM]
- . ≥ 10 mg/dL [≥ 0.60 mM]

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 the value irrespective of timing should be scored.

Synovial fluid analysis of a symptomatic (ever) joint or bursa

- . Not done
- . MSU negative

Should be assessed by a trained observer

Imaging criteria

Imaging evidence of urate deposition in symptomatic (ever) joint or bursa

- . Absent OR not done
- . Present (either modality)

Ultrasound evidence of double-double-contour sign (Hyperechoic irregular enhancement over the surface of the hyaline cartilage that is independent of the insinuation angle of the ultrasound beam) -OR-

DECT demonstrating urate deposition (Presence of colour-color-coded urate at articular or peri-articular sites. Images should be acquired using a dual energy computed tomography scanner. A positive scan is defined as the presence of colour-coded urate at articular or peri-articular sites. Nailbed, submillimeter, skin, motion, should not be interpreted as evidence of DECT urate deposition).

Imaging evidence of gout-related joint damage

- . Absent OR not done
- . Present

Conventional radiography of the hands and/or feet demonstrate at least one erosion (erosion is defined as a cortical break with sclerotic margin over overhanging edge; excluding DIP joints and gull wing appearance)

REFERENCES:

2015 Gout classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. Neogi T, Jansen TLTA, Dalbeth N, et al. Ann Rheum Dis 2015;74:1789-1798.