

## **Management of gout**

Consultation on draft scope – deadline for comments by 5pm on 21st January 2020

email: ManagementOfGout@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.  In addition to your comments below, we would like to hear your views on these questions:  1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?  Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal College of Physicians and Surgeons of Glasgow
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of person completing form:	Dr Richard Hull, Honorary Secretary with the assistance of experts within the field
Туре	[for office use only]

Comment No.	Page number  or 'general' for comments on the whole document	Line number  or 'general' for comments on the whole document	Comments  Insert each comment in a new row.  Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because
1	General	General	The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.  The College welcomes this draft scope on Gout. It recognises Gout as an important cause of morbidity and disability which is often treated sub-optimally and badly reviewed within primary and secondary care. This review is timely.
2	General	General	The guideline scope covers new diagnosis, ongoing management and flares of gout. The inclusion of management of patients with chronic kidney disease is welcomed as the presence of kidney disease can make treatment of gout challenging in routine clinical practice.  The development team will need to review existing Gout Management Guidelines (eg. British Society for Rheumatology 2017 Guideline and the European League Against Rheumatism (EULAR) 2016 Guideline). The review should include the existing patient information available (eg. Versus Arthritis (formerly Arthritis Research UK) information booklet on gout).
4	6	11	Diet and lifestyle modifications need to put in perspective in this review. In the past they have been stressed as primary interventions whereas in practice they have a small part to play.
5	6	29	The association of hyperuricemia and coronary artery disease needs to be included in outcomes. Also monitored levels of patients on treatment need to be considered in relation to risk of coronary artery disease.

Please add extra rows as needed

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NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

6	2	22	It is noted that certain races have a higher incidence of Gout, notably the Maori race where there is often association with diabetes mellitus and hypertension.
7	General	General	Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?  At present febuxostat can only be prescribed following failure or intolerance of Allopurinol. Cost effectiveness of using febuxostat first should be assessed.
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Add extra rows if needed

## **Checklist for submitting comments**

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table type directly into the table.
- Mark any confidential information or other material that you do not wish to be made public. Also, ensure that you state in your email to NICE that you have confidential comments included in your submission.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or

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leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

 We do not accept comments submitted after the deadline stated for close of consultation.

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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