

# GOUT

## A Call To Action in Gout Finding Solutions to Current Challenges

Please complete the activity and answer the questions below. Please select the best answer to each question and insert your answers on the Registration form.

1. What is the limit of urate solubility in the serum?
  - a. 5.0 mg/dL
  - b. >6.8 mg/dL
  - c. 7.5 mg/dL
  - d. <6.8 mg/dL
  
2. Which of these is NOT a co-morbidity of gout?
  - a. Renal disease
  - b. Diabetes
  - c. Irritable bowel syndrome
  - d. Hypertension
  
3. Hyperuricemia can be a consequence of:
  - a. Over-production of uric acid
  - b. Inefficient excretion of uric acid
  - c. Dietary factors
  - d. All of the above
  
4. Monosodium urate crystals can be deposited in soft tissue forming tophi. Which statement about tophi is true?
  - a. Tophi are always intra-articular and develop rapidly following the initial attack of gout, within the first year
  - b. Tophi can be symptomatic or asymptomatic and cause loss of motion, function, deformity, bone erosions and perforate the skin
  - c. There are no proven treatments currently available known to help resolve tophi once it has formed
  - d. The deposition of monosodium urate crystals is associated with the development of rheumatoid arthritis
  
5. Why is joint aspiration not routinely used in gout diagnosis?
  - a. Laboratory tests and ultrasound/radiography/imaging can provide a definitive diagnosis for gout every time
  - b. It is too expensive
  - c. PCPs are reluctant to do this investigation routinely in painful and inflamed joints and have limited experience
  - d. Only specialized rheumatologists can perform the technique
  
6. Which of the below is NOT a critical issue in the termination of an acute attack of gout?
  - a. Rapid initiation of therapy
  - b. Adequate dosing
  - c. Appropriate duration of therapy
  - d. Bedrest



# GOUT

## A Call To Action in Gout Finding Solutions to Current Challenges

7. When should urate-lowering therapy be initiated?
  - a. After an acute attack once the symptoms subside
  - b. After >5 acute attacks
  - c. Immediately following the onset of symptoms
  - d. As soon as a gout diagnosis is made
  
8. Which of the following strategies is NOT used to achieve long-term serum urate control?
  - a. Life style modification
  - b. Long-term continuous use of NSAIDs
  - c. Urate-lowering therapy
  - d. Treatment of associated co-morbidities
  
9. Different urate-lowering drugs have different mechanisms of action. Uricostatic drugs are xanthine oxidase inhibitors which decrease uric acid synthesis. Which of the below is not a xanthine oxidase inhibitor?
  - a. Febuxostat
  - b. Allopurinol
  - c. Probenecid
  - d. Oxypurinol
  
10. Which doses of Febuxostat have been approved by the FDA?
  - a. 20 and 40 mg
  - b. 40 and 80 mg
  - c. 80 and 120 mg
  - d. 120 and 240 mg

