

Starting Allopurinol Treatment for Gout

This leaflet aims to explain how to start gout treatment with Allopurinol. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

What is Allopurinol and why do I need it?

Allopurinol is a long-term medication to treat gout. It works by lowering the level of uric acid in your blood. You are starting a journey to reduce the level of uric acid in your blood to a **target of less than 360µmol/L**. If your gout is particularly severe or if you have evidence of tophi (soft painless lumps of monosodium urate crystals that reside under the skin due to longstanding high uric acid levels), then a lower target of less than 300µmol/L may be needed. Your doctor will confirm if this applies to you.

Keeping your blood uric acid below your target is the best way of reducing your chance of having attacks of gout. It is also the best way of reducing your risk of having serious complications of untreated gout, such as bone damage in your joints (erosions), kidney stones or heart disease.

How do I take Allopurinol?

Treatment is divided into an **induction phase** and then a **maintenance phase** of continued long-term treatment on the dose of Allopurinol that is necessary to keep your blood uric acid level below your target. The usual starting dose of Allopurinol is 100mg once a day, preferably taken after food. Your doctor will confirm your starting dose, as sometimes it is lower if you have kidney problems.

It is very important that Allopurinol is taken every day, regardless of whether you are experiencing gout symptoms or not. This gives it the best chance of keeping your level of uric acid low.

Induction phase

You start by taking Allopurinol 100mg every day and after a month your blood uric acid level is checked to see how much it has dropped. If it has fallen below your target, then this is the final maintenance dose that you should continue to take every day. However, if your blood uric acid level is still above your target, then you should increase the dose of Allopurinol to 200mg daily.

After a month on Allopurinol 200mg daily, we check your blood uric acid again and if the level is below your target you continue 200mg every day maintenance. If it is still above your target then you should increase the dose to 300mg daily and we check your uric acid level again after a month.

You should continue to increase the dose of Allopurinol in 100mg steps, with blood uric acid level checks after every month on each step, until it is below your target.

The dose of Allopurinol required to reduce and keep blood uric acid below the target varies from person to person and doses up to 900mg daily (usually in divided doses) may be necessary.

Preventing a gout attack during the induction phase

Attacks of gout can be triggered by a sudden rise or fall in the blood level of uric acid. When Allopurinol starts to work and the level of uric acid starts to fall in your blood, there is a risk this may trigger a gout attack.

Colchicine can prevent a gout attack if you take it every day during the induction phase. The protective dose of Colchicine is usually 500micrograms daily (your doctor will confirm the dosing with you, as sometimes twice daily dosing is needed). Notably this is a lower dose than that used to treat an acute attack of gout.

Daily protective Colchicine can be stopped once you have reached the maintenance phase, and your doctor will advise you about this.

Maintenance phase

The dose of Allopurinol that is needed to keep your blood uric acid below the target is called the maintenance dose. You should keep taking your maintenance dose every day, as this will keep your blood uric acid level below target and this means you will have a very low chance of further gout attacks and gout complications.

Just like blood pressure or cholesterol-lowering tablets, most patients need to take Allopurinol lifelong to keep their gout under control.

What should I do if I have a gout attack whilst taking Allopurinol?

If you get a gout attack you should **keep taking Allopurinol** and either increase the dose of Colchicine to two or three tablets per day until the attack has gone or see your GP for other treatments. This may include taking an anti-inflammatory medication such as Naproxen or steroids such as Prednisolone.

Are there any side effects?

Allopurinol is generally a very safe medication which is well tolerated by most people who take it. Occasionally, it can cause nausea, vomiting, diarrhoea and abnormalities of liver blood tests.

Sometimes it may cause more serious reactions such as rashes, mouth ulcers and flu-like symptoms, for which you should stop taking Allopurinol in the first instance and seek immediate medical advice.

Useful sources of information

Versus Arthritis - [Allopurinol | Side-effects, uses, time to work \(versusarthritis.org\)](https://www.versusarthritis.org)

Contact us

If you have any questions or concerns about Allopurinol we would recommend that you speak to your Rheumatologist, GP or Pharmacist.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk).

The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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