Daily text message may improve adherence and treatment outcomes in patients with gout

14 June 2018

The results of a study presented today at the Annual European Congress of Rheumatology (EULAR 2018) demonstrate significant improvements in adherence and clinical outcomes in gout patients who received a daily text message to remind them to take allopurinol.

Gout is a very common condition. It is caused by deposits of crystals of a substance called uric acid (also known as urate) in the joints, which leads to inflammation. Periods of time when you have gout symptoms are called flares. Flares can be unpredictable and debilitating, developing over a few hours and causing severe pain in the joints. Long-term urate lowering treatments (ULT), such as allopurinol, are recommended in chronic cases of gout to reduce serum urate levels sufficiently to dissolve existing urate crystals and to prevent further crystal formation. However, a recent meta-analysis reported that overall adherence to ULTs was just 47%, which is surprisingly low considering that they do not have significant side effects or require taking tablets several times a day.

"These results are important as the provision of effective interventions to improve low adherence in patients with gout is vital to improve disease-related outcomes," said Professor Thomas Dörner, Chairperson of the Abstract Selection Committee, EULAR.

There were 82 patients with gout in the study, 42 were randomised to receive daily short message reminders to take allopurinol (intervention group). The other 40 were randomised to receive a weekly short message containing information on non-pharmacologic treatment for gout (control group). After 12 weeks, 88.1% of the intervention group were considered adherent versus none of the control group. The relative risk of adherence was calculated at 71.5 with a confidence interval of 4.54-1126.8 (p=0.002). Serum urate level was significantly decreased in both groups, however, the reduction in the intervention group was significantly greater than in the control group (-1.47 ± 0.86 vs. -0.28 ± 0.39 mg/dL, p