Urate Lowering Therapy prescribing based on renal function *

Measure serum urate at least 2 weeks after any dose change, and titrate therapy in recommended increments until target of serum urate ≤ 0.3mmol/l is reached. Check compliance before assuming inefficacy. Please discuss patients with eGFR <15 with nephrology since such patients likely to be on, or under consideration for dialysis.

eGFR < 30

Start 50mg allopurinol od. Titrate in 50mg increments

Maximum 300mg od

eGFR ≥30

Start 100mg allopurinol od. Titrate in 100mg increments

Maximum 900mg od

Intolerance or inefficacy of maximum dose allopurinol **or** **Target urate achieved**

eGFR <30

eGFR ≥ 30

Commence 40mg febuxostat od

Offer 6 months colchicine 500mcg 1 tab daily if tolerated

Escalate to 80mg febuxostat after 2-4 weeks if target urate not achieved

Commence 80mg febuxostat od

Offer 6 months colchicine 500mcg 2 tab daily if tolerated

Escalate to 120mg febuxostat after 2-4 weeks if target urate not achieved

Intolerance or inefficacy of maximum dose febuxostat **or** **Target urate achieved**

Refer to secondary care for consideration of escalation of ULT beyond stated doses or consideration of probenecid or benzbromarone in addition to xanthine oxidase inhibition

Continue urate lowering therapy through any subsequent attacks

Check convalescent serum urate in patients suffering recurrent attacks and escalate treatment if no longer at target

** In the absence of specific guidelines on dosing in renal impairment this guidance represents current practise in NHS Lothian rheumatology and renal departments based on recent published trials of urate lowering therapy in patients with renal impairment.*