67. DIAGNOSIS AND TREATMENT OF GOUT IN PRIMARY CARE: A QUALITATIVE STUDY OF PATIENT EXPERIENCE

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Background: Gout is the most common form of inflammatory arthritis, affecting around 1–2% of the population, and is frequently managed in primary care in the UK. Little is known about patients’ experiences of diagnosis and treatment, what aspects of interactions with health care professionals are valued, and what could be improved. The aim of our research was to explore people’s experiences of the diagnosis and treatment of gout in primary care and to investigate their priorities when consulting health care professionals.

Methods: We carried out 43 semi-structured one-to-one interviews with a diverse sample of people with gout in the United Kingdom. Interviews were video- and/or audio recorded, transcribed and analysed thematically. Informed consent was obtained from all participants.

Results: Severe pain (often in the toe) was a frequent reason for consultation. Diagnosis was not always straightforward, for example, people were sometimes thought to have broken a bone or have an infection. The primary concern for most patients at diagnosis was how best to reduce their pain. Many patients felt that their GP understood how painful the condition was although some felt GPs did not acknowledge the significance of their pain. There was a desire for more information provision at diagnosis. Patient experience of treatment varied widely, from those who were happy to take...
prophylactic treatment to prevent acute attacks, through to those who wished to manage the condition through diet and lifestyle, only taking medication for acute attacks. Making the decision to start long-term preventative treatment could take a few years, either because treatment was not offered earlier or because patients initially tried to manage the condition with lifestyle change before trying medication. Patients wanted more information about the long-term impact of treatment and monitoring required to prevent adverse effects.

**Conclusion:** Patients wanted to be in the position to make informed choices about the treatment and management of their gout. Preventative treatment adherence was affected by (lack of) knowledge about what to expect, and decisions about management were often based on patient beliefs about possible side effects from medication, or the effectiveness of dietary modifications. Patients welcome discussion of these issues, and regular long-term monitoring was valued as a reassuring feature of their health care. Understanding the broad range of patient experience of diagnosis and treatment can be helpful to both patients and practitioners. For patients, knowing more about other people’s experience of various treatments can help them to make decisions about their own care. For practitioners, knowing more about patients’ views and experiences may help them in supporting patient choices and adherence to prescribed treatment.

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