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Gout: introduction, manifestation and Nutritional Management

Payel Kumar Roy¹, Moumita Banerjee², Sreyashi Saha³, Shaonee Saha⁴, Pritha Biswas⁵ and Anirban Pattanayak^{6*}

¹Clinical Dietician and Critical Care Nutritionist, W.B., India.

²Assistant Teacher in Nutrition (S.G Vidyapith, W.B., India) and Consultant Dietitian, Howrah, W.B.,

India

³M.Sc., Department of Food and Nutrition, Barrackpore Rastraguru Surendranath College, W.B., India.
⁴PhD Scholar, Department of Food and Nutrition, West Bengal State University, W.B., India)
⁵M.Sc., Department of Applied Nutrition, West Bengal University of Health Sciences, W.B., India.
⁶Department of Physiology, Mahishadal Raj College, W.B., India

Corresponding Author

Anirban Pattanayak

Email: anirbanp88@gmail.com

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ABSTRACT

It is often recognized that gout is an inflammatory rheumatic illness that manifests as arthritis and improper uric acid metabolism. The identification of diet-induced systemic metabolic pathways has led to new understandings of the mechanisms involved and the development of possible treatments for gout. Nonetheless, dietary guidelines for gouty individuals typically concentrate on food groups rather than taking systemic metabolism and nutritional aspects into account at the same time. In particular for severe patients, the combination of medication and nutrition management may potentially yield increased therapy outcomes.

KEYWORDS

Gout, dietary modification, urate crystal, joint pain, human health

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Introduction

Urate crystal buildup in the joints causes gout, a unique and debilitating type of inflammatory arthritis that is marked by frequent, severe flare-ups of joint pain and inflammation (FitzGerald et al., 2020). A metabolic waste called uric acid is typically dissolved in the blood and eliminated via the urine. However, uric acid may crystallize and form needle-like crystals inside the joints if there is an imbalance in production and removal. This buildup triggers an immunological reaction that results in abrupt, intense pain, swelling, and redness, usually affecting the big toe joint. Other joints, including the fingers, wrists, ankles, and knees, may also have gout episodes. Gout pain is well known for its severe nature, necessitating quick and efficient treatment techniques. Beyond only causing excruciating pain, gout may have long-term effects including joint abnormalities and damage. The fact that gout flares up again highlights how critical it is to identify its origins and take specific preventative action.

Gout Contributing Factors:

- a) **High Uric Acid Levels:** Urate crystal formation is facilitated by high blood uric acid levels, which are a hallmark of hyperuricemia, which is closely associated with gout (FitzGerald *et al.*, 2020; Dalbeth & Merriman, 2019).
- b) **Dietary Factors:** Changing one's diet is a crucial element of managing gout since certain food choices, especially those high in purines, which are included in red meat, shellfish, and alcohol, may increase the formation of uric acid

(FitzGerald *et al.*, 2020; Dalbeth & Merriman, 2019).

- c) Genetic Predisposition: Genetic differences influence a person's propensity to develop gout, since some people are predisposed to hyperuricemia and urate crystal deposition (FitzGerald *et al.*, 2020; Dalbeth & Merriman, 2019).
- d) **Danger Factors**: The whole risk profile for getting gout is influenced by variables including age, gender (more prevalent in males), and comorbidities like obesity and hypertension (FitzGerald *et al.*, 2020; Krishnan, 2014).

Gout is a systemic illness that affects a person's whole body and quality of life; it is not only a localized joint ailment. Gout treatment is a complex condition that includes medicine, lifestyle changes, and continuous monitoring to stop new episodes and consequences.

Causes of gout

A complicated web of interrelated causes upsets the uric acid equilibrium, causing urate crystals to develop in the joints and resulting in gout, an inflammatory arthritis with severe joint consequences (FitzGerald et al.. 2020). To effectively develop preventative and treatment methods, a knowledge thorough of these many contributions is necessary.

a) High Levels of Uric Acid:

The development of gout is mostly influenced by hyperuricemia, which is characterized by increased blood levels of uric acid (FitzGerald *et al.*, 2020). Overproduction and insufficient excretion of uric acid are factors that lead to hyperuricemia and facilitate the formation of urate crystals (FitzGerald *et al.*, 2020; Dalbeth & Merriman, 2019).

b) **Dietary components**:

Dietary decisions are crucial in the pathophysiology of gout, especially those high in purines, which are present in red meat, shellfish, and alcoholic drinks (FitzGerald *et al.*, 2020; Dalbeth & Merriman, 2019). Dietary changes, such as consuming less purine, are crucial for the treatment of gout (FitzGerald *et al.*, 2020).

c) Molecular Predisposition:

An individual's vulnerability to gout is mostly influenced by genetic factors. Urate crystal formation and hyperuricemia are predisposed conditions caused by genetic differences in uric acid metabolism genes (FitzGerald *et al.*, 2020; Dalbeth & Merriman, 2019; Choi & Curhan, 2007).

Understanding the genetic basis of gout helps to customize treatment strategies (Dalbeth & Merriman, 2019).

d) Hazard Elements:

Gout risk is influenced by health-related and demographic variables.

Gout is more likely to occur in older adults, men, and those with coexisting medical problems such obesity and hypertension (FitzGerald *et al.*, 2020; Choi & Curhan, 2007; Richette & Bardin, 2010).

e) Medications and Health Issues:

Some drugs, such as aspirin and diuretics, might affect uric acid levels, which may lead to the development of gout (Choi & Curhan, 2007; Richette & Bardin, 2010).

An increased incidence of gout has been associated with medical disorders such as metabolic syndrome and renal disease (Choi & Curhan, 2007; Richette & Bardin, 2010).

f) Comorbidities' Impact:

Gout is a systemic illness, which is further supported by correlations between it and concomitant ailments such diabetes mellitus and cardiovascular diseases (Clarson *et al.*, 2016; Desai *et al.*, 2018).

Patient management must take a comprehensive approach due to the interactions between gout and various comorbidities (Clarson *et al.*, 2016; Desai *et al.*, 2018).

The creation of customized therapies, including pharmaceutical treatments, lifestyle modifications, and taking hereditary and comorbid variables into account, is made possible by an understanding of the complex etiology of gout.

Symptoms of gout

Gout mostly affects the joints and has unique, often severe symptoms. Acknowledging these signs is essential for prompt diagnosis and efficient treatment. The following are the main signs of gout:

a) Sudden and Severe Joint Pain:

The sudden onset of severe joint pain, usually in one joint, most often the base of the big toe, is the primary sign of gout (FitzGerald *et al.*, 2020). Sharp, throbbing, and searing pain are common descriptions of the agony, which peaks in a few hours (FitzGerald *et al.*, 2020; Zhang & Chen, 2014).

b) Joint Swelling and Redness:

A notable reddening and swelling of the affected joints is seen, together with a warm sensation (FitzGerald *et al.*, 2020).

The formation of urate crystals in the joint, which causes an inflammatory reaction, is the cause of the swelling (FitzGerald *et al.*, 2020).

c) Limited Motion Range:

Because of the discomfort and swelling associated with gout episodes, the afflicted joint may have a limited range of motion (FitzGerald *et al.*, 2020).

Even in between gout bouts, joint stiffness may linger and interfere with everyday tasks.

d) Tophi Formation:

If left untreated or in severe stages, tophi may occur. Urate crystal accumulation causes lumps or nodules known as tophi to appear under the skin (FitzGerald *et al.*, 2020).

Tophi often show up in the hands, fingers, elbows, or external ear.

e) Recurrent Episodes:

Recurrent bouts of joint inflammation and discomfort are a hallmark of gout. Individual differences exist in the frequency and intensity of these assaults (FitzGerald *et al.*, 2020; Zhang & Chen, 2014).

If gout is not treated, it might eventually grow more common and affect more joints.

f) Systemic Symptoms:

Fever and chills are among the systemic symptoms that might be linked to gout, especially during acute episodes (FitzGerald *et al.*, 2020; Zhang & Chen, 2014).

The inflammatory reaction of the organism to the urate crystals is reflected in these symptoms.

g) Chronic Joint Damage:

Chronic joint damage, which is defined by joint abnormalities and a loss of joint function, may result from prolonged and uncontrolled gout (FitzGerald *et al.*, 2020).

Multiple joints may be affected by chronic gout, which may have a major negative influence on a person's quality of life.

It is crucial to comprehend and identify these symptoms in order to get medical attention as soon as possible, particularly during severe flare-ups. For those who have gout, early diagnosis and effective treatment may help reduce symptoms, avoid long-term joint damage, and enhance overall prognosis.

Dietary Management for Preventing Gout

A key component of avoiding gout episodes and lowering the risk of complications is good nutritional control. Gout sufferers gain by following a customized, well-balanced diet that targets certain food triggers. Important dietary guidelines for gout prevention consist of:

a) Low-Purine Diet:

Purines are substances included in certain meals that, when digested, raise uric acid levels. The cornerstone of managing gout is eating a low-purine diet (FitzGerald *et al.*, 2020).

Seafood, organ meats, red meat, and certain legumes are foods rich in purines. Reducing the consumption of these items may aid in lowering the formation of uric acid (FitzGerald *et al.*, 2020; Zhang & Chen, 2014).

b) Increase Hydration:

It is essential to drink enough water in order for the body to eliminate excess uric acid via the urine. Urate crystals in the joints may be prevented from crystallizing by keeping a steady level of hydration (FitzGerald *et al.*, 2020; Johnson & Lanaspa, 2019).

For optimum kidney function and uric acid clearance, it is advised to drink plenty of water and low-calorie drinks.

c) Moderate Consumption of Alcohol:

Drinking alcohol, especially beer and spirits, has been linked to a higher risk of gout episodes. For people who are prone to gout, limiting alcohol consumption or refraining from drinking during flare-ups is advised (FitzGerald *et al.*, 2020; Choi & Curhan, 2008a).

Moderate wine drinking may not have as much of an effect on the risk of gout.

d) Emphasize Complex Carbohydrates:

A diet that is gout-friendly should be based mostly on complex carbohydrates, such as those found in fruits, vegetables, and whole grains (FitzGerald *et al.*, 2020).

These foods are high in fiber and vital nutrients, which improve general health, in addition to having a low purine content.

e) Limit High-Fructose Foods:

A higher risk of gout has been associated with high-fructose corn syrup, which is often present in processed foods and drinks with added sweetness. It is recommended to restrict the intake of high-fructose meals and sugary beverages (FitzGerald *et al.*, 2020; Choi & Curhan, 2008b).

Choosing naturally occurring sweeteners like fruits is a better option.

f) Moderate Protein Intake:

Although protein is necessary, consuming too much of it—especially from animal sources—can raise uric acid levels. Reducing the amount of protein you consume, especially meat and seafood, may help avoid gout (FitzGerald *et al.*, 2020; Zhang & Chen, 2014).

g) Maintaining Weight:

Since obesity is a risk factor for gout, maintaining a healthy weight is essential for managing gout. Regular physical exercise and a well-balanced diet help manage weight and lower the risk of gout episodes (FitzGerald *et al.*, 2020; Choi *et al.*, 2005).

h) Consider Vitamin C Supplements:

There is a correlation between reduced uric acid levels and vitamin C. Gout preventive strategies may include consuming vitamin Crich foods such citrus fruits; strawberries; and bell peppers or thinking about taking vitamin C supplements (Juraschek *et al.*, 2012).

Following these dietary guidelines may be very important for reducing gout episodes and enhancing general health when combined with medical guidance and treatment.

Conclusion

To sum up; gout presents a significant health risk due to the accumulation of urate crystals in the joints. The persistent and severe joint pain; together with related symptoms; emphasizes how important it is to understand the cause; risk factors; and clinical presentation. Gout is not limited to joint pathology; a complete approach to its care is required because to its systemic effects. Reducing weight and other dietary changes are important lifestyle changes that may help avoid gout episodes and lessen long-term consequences. For people struggling with the complications of gout; early identification is essential; as is prudent medical intervention and a cooperative relationship between patients and healthcare professionals. In order to provide a comprehensive and successful approach to the care of this rheumatic ailment; continuous efforts in research and awareness-raising greatly aid in the improvement of preventative techniques.

References

- Choi, H. K., & Curhan, G. (2007). Independent impact of gout on mortality and risk for coronary heart disease. Circulation, 116(8), 894-900.
- Choi, H. K., & Curhan, G. (2008). Beer, liquor, and wine consumption and serum uric acid level: the Third National Health and Nutrition Examination Survey. Arthritis & Rheumatism, 59(3), 481-486.
- Choi, H. K., & Curhan, G. (2008). Soft drinks, fructose consumption, and the risk of gout in men: prospective cohort study. British Medical Journal, 336(7639), 309-312.

- Choi, H. K., Atkinson, K., Karlson, E. W., Willett, W., & Curhan, G. (2005). Obesity, weight change, hypertension, diuretic use, and risk of gout in men: the health professionals follow-up study. Archives of Internal Medicine, 165(7), 742-748.
- Clarson, L. E., et al. (2016). Increased cardiovascular mortality associated with gout: a systematic review and metaanalysis. European Journal of Preventive Cardiology, 23(4), 366-373.
- Dalbeth, N., & Merriman, T. R. (2019). Crystal ball gazing: New therapeutic targets for hyperuricaemia and gout. Rheumatology, 58(5), 765-766.
- Desai, R. J., et al. (2018). Gouty arthritis: a complex interplay between diabetes mellitus and gout. Current Rheumatology Reports, 20(3), 13.
- FitzGerald, J. D., Dalbeth, N., Mikuls, T., Brignardello-Petersen, R., Guyatt, G., Abeles, A. M., ... & Neogi, T. (2020).
 2020 American College of Rheumatology guideline for the management of gout. Arthritis care & research, 72(6), 744-760.
- Johnson, R. J., & Lanaspa, M. A. (2019). Uric acid. New England Journal of Medicine, 380(22), 2196-2206.
- Juraschek, S. P., Miller, E. R., Gelber, A. C., Bodyak, N., Appel, L. J. (2012). Effects of the Dietary Approaches to Stop Hypertension (DASH) Diet and Sodium Intake on Serum Uric Acid. Arthritis & Rheumatism, 64(8), 2525-2532.
- Krishnan, E. (2014). Gout and the risk of acute myocardial infarction. Arthritis & Rheumatology, 66(6), 1447-1452.

• Richette, P., & Bardin, T. (2010). Gout. The Lancet, 375(9711), 318-328.

• Zhang, W., Doherty, M., Bardin, T., Pascual, E., Barskova, V., Conaghan, P., ... & Richette, P. (2006). EULAR evidence-based recommendations for gout. Part II: Management. Annals of the Rheumatic Diseases, 65(10), 1312-1324.

• Zhang, Y., & Chen, C. (2014). Dietary therapy for the management of hyperuricemia in gout: a systematic review. Evidence-Based Complementary and Alternative Medicine, 2014.