

A Real-World Survey on Physicians' Perspectives of Uncontrolled Gout and Gout Management Practices

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CONCLUSIONS

- Regardless of specialty, physicians reported similar importance of clinical characteristics when defining uncontrolled gout (UG).
- However, variations in UG patient characteristics, perspectives on contributing factors to UG, and gout management practices were observed across the specialties.
- Future research initiatives which focus on education, adherence to guidelines, intensive management (T2T), monitoring, and remission as a goal, may standardize care among specialties.

INTRODUCTION

- The ACR guidelines provide recommendations for the management of patients with gout.¹
- Uncontrolled gout is characterized by persistently high serum uric acid (sUA) >6 mg/dL and ongoing clinical manifestations such as ≥2 flares/year and/or non-resolving tophi, despite the use of urate lowering therapies (ULTs).²
- These guidelines strongly recommend a treat-to-target (T2T) approach for all patients receiving ULT.¹
- As managing UG can involve a multi-disciplinary approach, gaining insight into physician perspectives on the management of gout across specialties may help identify educational gaps and enhance patient care.
- This study aimed to evaluate the clinical characteristics of patients with gout defined by their physicians as 'uncontrolled' within their clinical practice, as well as physicians' perspectives of the importance of different attributes in defining UG and gout management practices such as T2T and remission.

METHODS

- Data were extracted from the Adelphi Real World Gout Disease Specific Programme (DSP)[™], a cross-sectional survey (with retrospective data collection) from rheumatologists, nephrologists and primary care physicians (PCPs) in the United States from August 2023 – March 2024.
- The DSP methodology has been published, validated and shown to be consistent over time.³⁻⁶
- Physicians who participated in this study managed ≥8 patients with gout in a month who were receiving urate lowering therapy (ULT).
- To reduce selection bias, physicians were asked to provide data for their next 7 (nephrologists), 8 (PCPs) or 9 (rheumatologists) consecutively consulting patients who met the DSP inclusion criteria.
- Physicians rated the importance of different attributes when defining UG on a scale of 0-4 (where 0 was of no importance and 4 was extremely important) in their general clinical practice.
- Physicians also reported the primary factor contributing to UG development; monitoring tests used; use of T2T approach; and opinions on achievement of remission in gout.
- Physicians indicated if individual patients were 'uncontrolled' (yes or no) based on their own classification of UG, no formal definition was provided. Physicians provided clinical characteristics (sUA, tophi, gout flares in the prior 12 months, symptoms) for patients they deemed 'uncontrolled.'
- Analyses were descriptive.

Acknowledgments

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RESULTS AND DISCUSSION

Physician Characteristics

- Overall, 59 rheumatologists, 27 nephrologists and 63 PCPs participated in the study.
- Physicians reported gender, practice settings, and the number of gout patients managed in the prior 12 months (Table 1).

Table 1: Physician Characteristics			
	Rheumatologist N=59	Nephrologist N=27	PCP N=63
Sex, Male, n (%)	42 (71)	21 (78)	43 (68)
Percentage of patients with gout seen in practice settings, mean (SD)†			
Office	65.4 (40.8)	44.1 (29.1)	75.3 (37.8)
Academic hospital	22.7 (36.3)	32.2 (38.6)	7.9 (24.7)
Community hospital	11.7 (27.0)	20.9 (20.0)	16.4 (31.7)
Other*	0.2 (1.3)	2.8 (7.1)	0.4 (2.6)
Number of patients with gout seen in the prior 12 months, mean (SD)			
Mean (SD)	281.2 (409.0)	147.7 (137.2)	190.7 (242.2)

†Physicians reported % of their patients seen in each practice setting. Data aggregated into mean (SD) % across all respondents *Other* was not defined to physicians

Clinical Characteristics of Patients Reported to have UG

- Clinical characteristics at the time of data collection for patients with physician-reported 'uncontrolled' gout are shown in Table 2.
- More than 75% of patients reported to be 'uncontrolled' by their physician had high serum uric acid (sUA > 6 mg/dl) and 2 or more flares in the 12 months prior to data collection.
- Patients deemed 'uncontrolled' by rheumatologists had a mean (SD) of 1.9 (2.9) tophi, as opposed to 0.7 (1.3) and 1.2 (2.0) among those managed by nephrologists and PCPs, respectively.
- Gouty arthropathy was reported to be present in 31% of patients deemed 'uncontrolled' managed by rheumatologists, and 12-14% of patients managed by PCPs and nephrologists.

Table 2: Patients who were reported to be uncontrolled by their physician – clinical characteristics at time of data collection			
	Rheumatologist-managed patients	Nephrologist-managed patients	PCP-managed patients
Number of tophi at data collection			
Number of patients	n=67	n=36	n=51
Mean (SD)	1.9 (2.9)	0.7 (1.3)	1.2 (2.0)
0 tophi, n (%)	35 (52)	26 (72)	30 (59)
≥1 tophi, n (%)	32 (48)	10 (28)	21 (41)
sUA at data collection			
Number of patients	n=63	n=34	n=48
Mean (SD)	7.5 (2.2)	7.3 (1.4)	8.5 (4.9)
≤6 mg/dL, n (%)	7 (11)	5 (15)	8 (17)
>6 mg/dL, n (%)	56 (89)	29 (85)	40 (83)
Number of gout flares in the prior 12 months			
Number of patients	n=59	n=29	n=48
Mean (SD)	2.6 (1.8)	2.0 (0.8)	2.3 (1.2)
<2 gout flares, n (%)	12 (20)	7 (24)	9 (19)
≥2 gout flares, n (%)	47 (80)	22 (76)	39 (81)
Symptoms at data collection, n (%)			
Number of patients	n=67	n=36	n=51
Gouty arthropathy	21 (31)	5 (14)	6 (12)
Pain between flares (chronic pain)	13 (19)	3 (8)	11 (22)

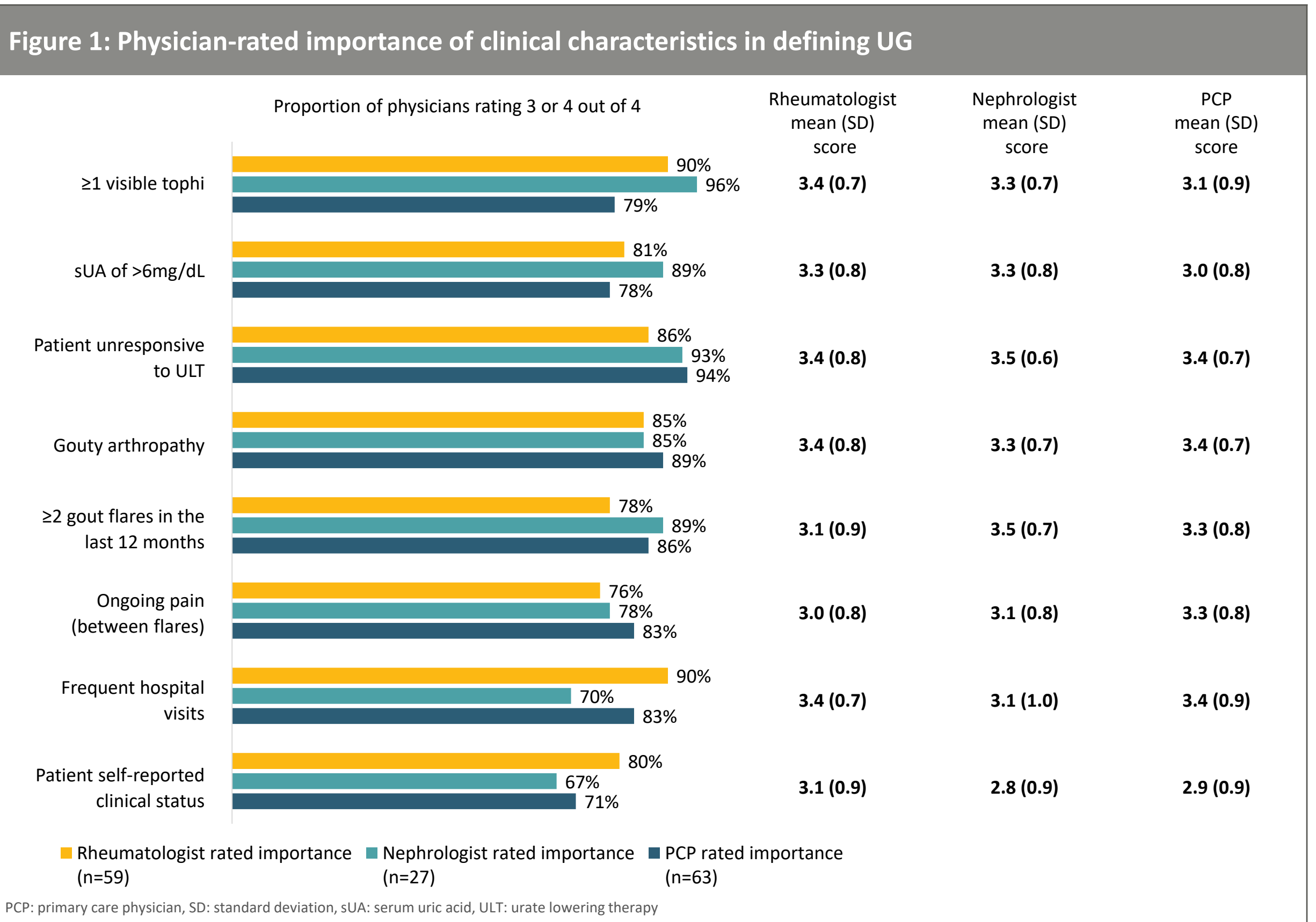
PCP: primary care physician, SD: standard deviation, sUA: serum uric acid.

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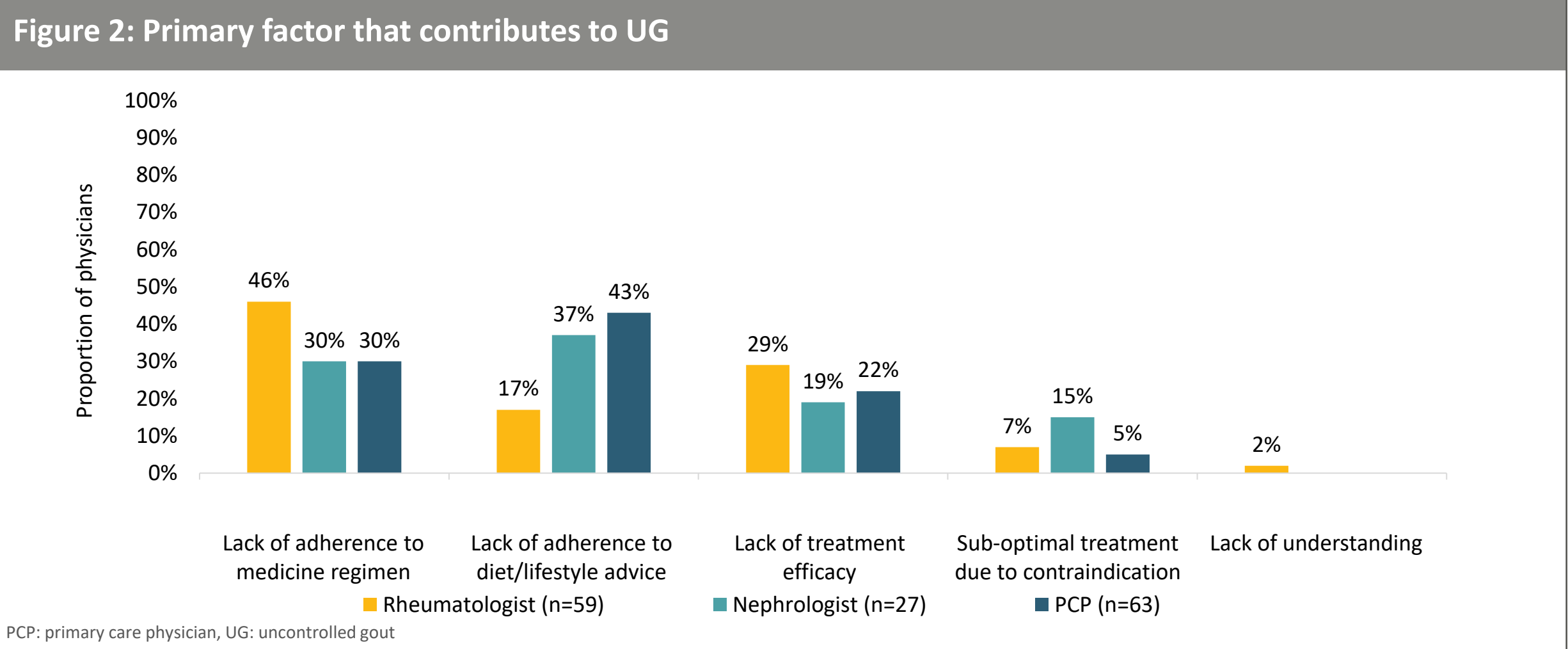
Physician Rated Importance of Attributes in Defining UG

- When looking at the importance of key clinical characteristics to define UG, physicians across specialties rated most characteristics with an importance of 3 – 3.5 (Figure 1).
- Patients being unresponsive to ULT, and the presence of gouty arthropathy, were rated as important attributes across physician types.



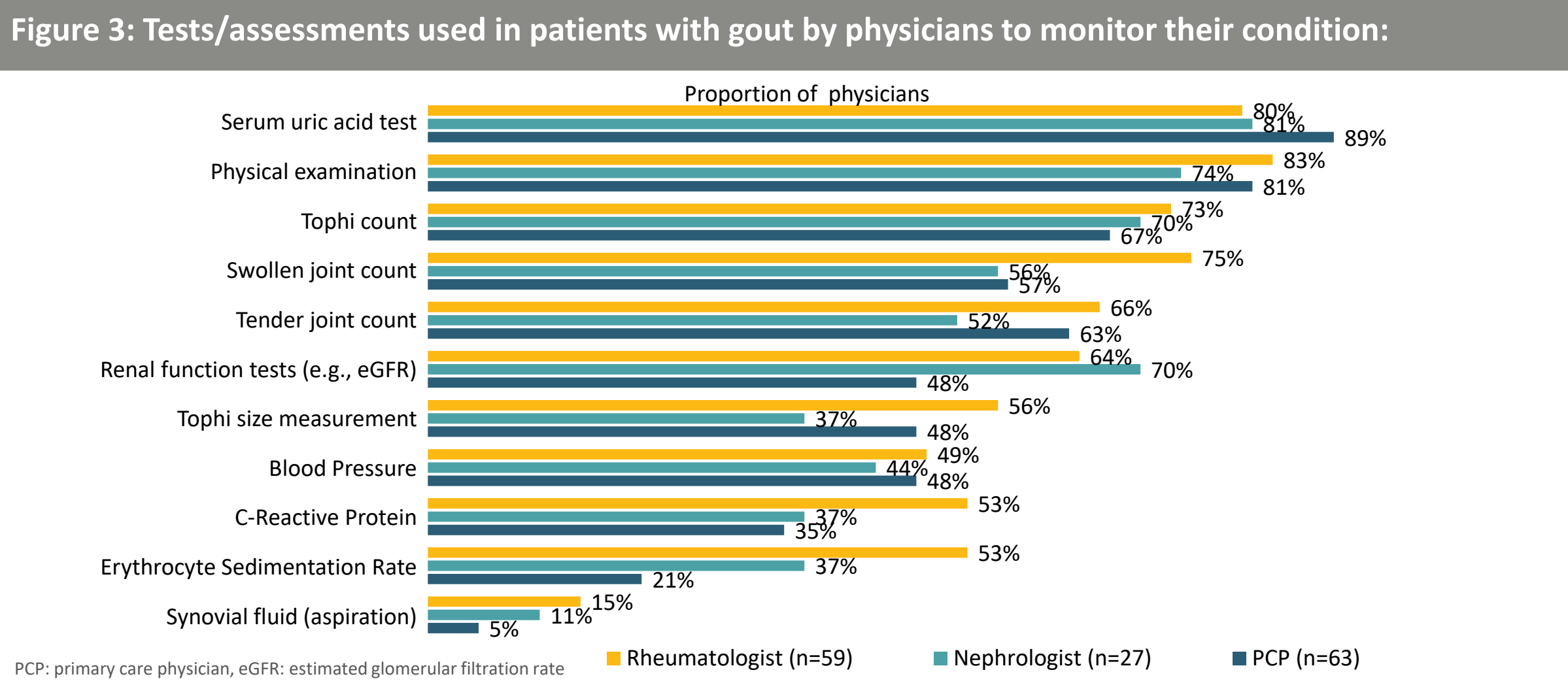
Physician Perspectives on the Primary Contributing Factor to UG

- When asked to report the primary contributing factor to UG, many rheumatologists reported lack of patient adherence to medicine regimen (46%) and lack of treatment efficacy (29%), potentially highlighting their focus on pharmacotherapy (Figure 2).
- On the other hand, nephrologists and PCPs commonly reported lack of adherence to diet/lifestyle as the primary contributing factor to UG, as opposed to 17% of rheumatologists reporting the same.



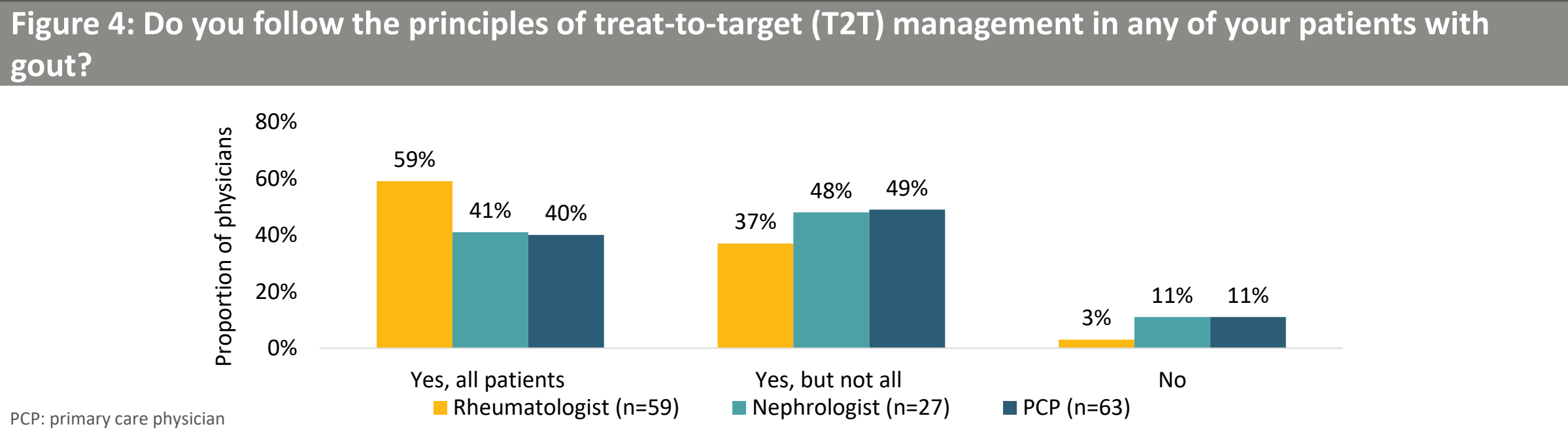
Physician Monitoring Practices for Patients with Gout

- Physicians used a wide range of tests to monitor their patients (Figure 3).
- Monitoring tests commonly included sUA testing, physical examination, and tophi count.
- In addition, the majority of rheumatologists reported using specialized tests such as swollen/tender joint counts, tophi size, C-Reactive protein, and renal function tests to monitor their patients.



Physician Perspectives on Treat-to-Target and Remission

- T2T approaches were reported to be used in all gout patients by 59% of rheumatologists, and 41% of nephrologists and 40% of PCPs (Figure 4).
- With regard to possibility of remission, 42% of rheumatologists reported that remission was possible in all patients with gout, as opposed to 26% of nephrologists and 35% of PCPs.



LIMITATIONS

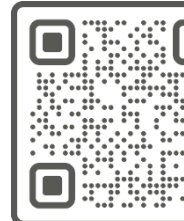
- Patients from the Adelphi Gout DSP do not constitute a true random sample, because patients who consult more frequently are more likely to be included in the sample. Physician inclusion was also influenced by willingness to participate.
- Results may not be generalizable beyond the study population and should be considered as representative of the populations consulting the physician types included in the survey.
- The number of rheumatologists, PCPs and nephrologists recruited was pre-specified before data collection began so conclusions cannot be drawn about proportion of patients within the 'physician-reported UG' cohort managed by each specialty type.

Disclosures

ME, EG and VB are employees of Adelphi Real World and acted as consultants to Sobi for this analysis. JB served as a consultant and/or Speaker/Honoraria and/or received grant/research support and/or was advisor or review member and/or holds intellectual property/patents for Amgen, Novartis, AbbVie/Abbott, ANI, Eli Lilly, Arthro, Olatec, and Shantou Pharma. JP served as a consultant and/or Speaker/Honoraria and/or advisor or review panel member and/or received grant/research support and holds intellectual property/patents for Sobi, Novartis, Amgen, Eli Lilly, and Johnson and Johnson. MB and NM are both employees of Sobi.

Financial Support Statement

Data collection was undertaken by Adelphi Real World as part of an independent survey, entitled the Adelphi Real World Gout DSP. The DSP is a wholly owned Adelphi product of which Sobi are one of multiple subscribers. Sobi did not influence the original survey through either contribution to the design of questionnaires or data collection.



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