

Update on the use of Colchicine

In August 2005 we published a CME paper by Peter Gow on gout and its management (NZFP 2005;32:261-264). Following the publication of this paper the tablet size of colchicine available in New Zealand has been reduced from 0.6 to 0.5mg. The New Zealand Rheumatological Association has updated their guideline and we reproduce this below with the consent of both the Association and Dr Gow.

NZRA Consensus Statement on the use of colchicine in the treatment of gout:

In most patients, non steroidal anti-inflammatory drugs (NSAIDs) and corticosteroids are the treatment of choice for acute gout. When NSAIDs are contraindicated and corticosteroids are not providing an adequate response, colchicine is an option, particularly if taken within the first 24 hours of the onset of pain.¹ The use of large doses of colchicine to treat acute gout is no longer appropriate, especially in older patients, because of the serious adverse effects arising from large doses. The recommended dose for colchicine in the treatment of acute gout is 1.0mg stat, followed by 0.5mg six hourly, up to a maximum dose of 2.5mg per 24 hours. Corticosteroids can be used in combination with NSAIDs or colchicine to provide further relief. Colchicine can also be used prophylactically in the treatment of gout with a dose ranging from 0.5mg every other day to 0.5mg twice daily, just short of that which will induce diarrhoea or soft stool in the patient.²

References

1. Morris I, Varughese G, Mattingly P. Colchicine in acute gout. *BMJ* 2003; 327:1275-1276.
2. Calkins E. The Geriatric Age Group. In: Isenberg DA, Maddison PJ, Woo P, Glass D, Breedveld FC (Eds). *Oxford Textbook of Rheumatology*. Oxford University Press, 2004: 32.
3. Gow P. Gout – An update on a deadly disease. *NZ Pharmacy Journal*: 2005; 25; 4: 21-24, see treatment algorithm.

September 2005, New Zealand Rheumatology Association.