痛风是什么?

痛风是一种急性关节炎，也是一种与血尿酸增高相关的慢性疾病。长期血液中过多的尿酸 （称高尿酸血症）可导致尿酸沉积在关节内形成结晶，引发炎症。

大鱼大肉和酗酒可引起痛风 – 是现今富裕社会中最常见的饮食习惯！ 肾脏无法有效地排泄尿酸也是高尿酸血症的主要原因之一。痛风如果不及早治疗，即使突发症状缓解后，关节炎不但一再发作，久而久之，关节可能受损，造成行动不便。

痛风患者

多数的痛风患者的第一次发病年龄介乎30–40岁之间。多数的痛风患者是男性，而女性在更年期以后亦有机会发病。在生育年龄期间，女性很少会患上痛风，因为雌激素有助于将尿酸排泄出体外。由于痛风与基因有密切的关系，所以它经常有家族遗传， 这或许与肾脏无法有效地排泄尿酸有关。肥胖、高血压、肾病和糖尿病都是痛风的风险因素。一些药物，例如利尿药，多用作治疗高血压和肿胀等，其副作用可导致尿酸升高。白血病或其治疗偶尔会促成痛风。

痛风的起因

嘌呤是在多数食物中包含的一种化合物。嘌呤也产生于体内的新成代谢。嘌呤分解后变成尿酸，在正常生理，尿酸在血液中处于溶解状态， 然后随尿液排出体外。嘌呤摄取或产生过高 ，加上肾排泄尿酸功能欠佳，使血液中尿酸水平升高 。

血液内过剩的尿酸结成尿酸结晶沉积在关节软骨，肌腱和其他组织中。尿酸结晶刺激关节的滑膜，造成赤红灼热感，疼痛及肿胀等发炎症状。痛风一般影响的关节是大脚趾，足踝，脚跟，脚背和膝盖，但是痛风后期也可影响上肢体的关节，例如手指和手腕关节。

诱发因素包括 酗酒、脱水、运动， 还有动手术、心脏病爆发、细菌感染等大病。

痛风的症状

痛风发作的第一个症状是受影响的关节突然有温热和搏动的感觉。在数小时之内，关节更可迅速达致剧痛并变得红肿。

在这段期间，关节外的皮肤会变得纤弱，敏感和疼痛，而且轻轻触碰都会都会引致无比痛楚。患者在痛风急性发作时，连走路都会有困难和痛楚， 有些还会有低烧。急性发作通常持续3 –7 天。

当急性发作消退后，患者会几个月甚至几年安然无盖。但疾病可随时再次发作，次数一般会变得更加频密。最终，多个关节可能受累，并变成持续性的慢性关节炎。

长年累月的尿酸结晶沉积于关节、韧带皮下、耳垂至其他器官位置，变成痛风石。

若沉积在肾脏，可造成肾结石。尿酸肾结石会造成痛楚，阻碍尿液排放并引致感染。


手指关节皮肤下白色的结节痛风石


沉积于大脚趾的尿酸痛风石

痛风者常患有高血压，糖尿病，高血脂，肾衰竭， 冠心病等问题。寿命也可因心脏病或肾病受影响。

痛风诊断

如果患者呈现痛风发作的症状和征兆，医生可通过临床问题，身体检查和验血等确认诊断。X–光可用作评估骨头和关节的损伤范围及程度。最可靠的测试是关节穿刺术，即使是使用一支针插入肿胀的关节中，直接抽取关节液的样本作尿酸结晶的化验。

痛风饮食与生活习惯

患者应戒酒，特别是啤酒和其他含酒精饮料。限制含有果糖的食品，例如砂糖，果汁，添加糖分的食品和饮料(汽水和糖浆饮品 ）。

少吃含高量嘌呤的食物， 尤其是含动物蛋白质高的食物，例如肉类（猪，牛，羊，鸡，鸭肉等）和动物内脏； 海鲜如贝壳和鱼类（江鱼仔，沙丁鱼，鲭鱼，鲭鱼，扇贝，贻贝，金枪鱼，鳕鱼，鳟鱼等)。

新研究发现，吃植物的蛋白质没有害处， 因此痛风患者可以吃豆类（如豌豆和黄豆)和豆制品。

除了某些心脏或肾病患者外，痛风患者应该多喝白开水，一天至少2 公升。

暴饮暴食使病情恶化。超重患者必须减轻体重，建议您向营养师咨询。

痛风的治疗

目前没有根治痛风的方法，但症状是可以控制，而展望也是良好的。

a. 消炎止痛 – 短期疗法

NSAIDs(非甾体类消炎药)，如diclofenac(Voltaren), naproxen(Synflex), indomethacin (Indocid) 或COX–2抑制剂(Celebrex 和 Arcoxia) 等，是经常在痛风发作的首数小时内，被用作镇痛，消炎剂舒缓的处方药物。秋水仙素(Colchicine)也是用于解除剧痛的有效药物，可以一天服用二至三次， 无需过量。短期的类固醇疗程（例如prednisolone ）对于治疗痛风急性发作有相当功效。医生有时会合开以上处方药物，以增加治疗的功效。直接在关节注射类固醇也相当有效。可是，急性疗法只能治疗痛风的症状，不能治疗痛风的根本，而且重复使用这种药物会导致副作用。

b. 降尿酸疗法 – 长期疗法

为了长期控制病情，医生需配处方其它药物降低血尿酸。痛风一年内发作超过两次，有痛风石，关节损伤或肾结石的患者，都应该考虑长期治疗。别嘌呤醇(Allopurinol)与菲布力 (Febuxostat)是降低尿酸处方药。别嘌呤醇可引起发热，口腔溃疡和皮疹等过敏副作用。如果出现副作用，应该立刻停止服用，马上看医生。丙磺舒 (Probenecid)和苯溴马隆(Benzbromarone)能促进尿酸排泄。 唯有长期服用这类药物，才能控制尿酸水平和防止再次急性发作。为了达到 300–360 umol/L的尿酸水平，医生应该调整药物的剂量。在数月之内，痛风发作的次数会逐渐减少，最终会完全消失。几年内，痛风石会缩小。患者应该跟医生商量根治痛风的疗法。

c. 手术

痛风患者很少需要接受手术治疗。手术治疗多是用于切除受感染或阻碍关节运作的痛风石。除非引用药物降低了尿酸，痛风石多再度累积。

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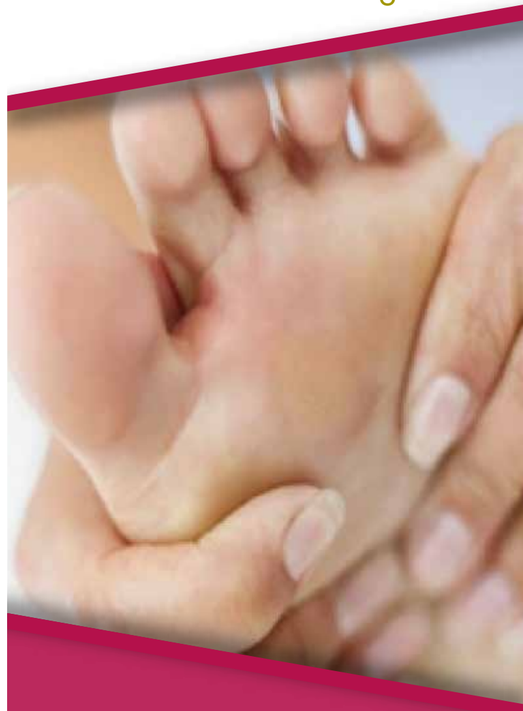
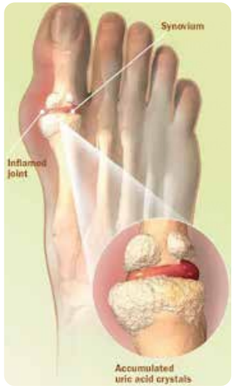


Gout
痛风

www.naf.org.sg

What is Gout?



Gout is a common arthritis that sudden, excruciating pain and affected joints particularly the

It is a disorder that results from acid level in the blood, known hyperuricemia. Concentrated acid crystallises and deposits

The majority of people with inefficient uric acid excretion kidneys (due to genetics or disease), therefore uric acid rises.

High uric acid level also arises of diet that is too rich in fat and alcohol – common in indulgent lifestyles!

If left untreated, joints may be damaged, resulting in deformity and disability, even after an acute attack has subsided.

Who gets Gout?

Most people with Gout have their first attack between the ages of 30 – 40 years. The majority of Gout sufferers are men, although women may develop the condition after menopause. Females in their reproductive age rarely suffer from Gout. Gout often runs in families because of genetic connection.

High blood pressure, kidney stones, kidney or heart problems are common conditions that Gout patients may have. Certain medications, leukaemia or leukaemia treatment may precipitate Gout attacks. Other triggers of Gout include feasting, alcohol binge, major illness (e.g. infection, heart attack or surgery).

How does Gout come about?

Purine, a chemical compound found in most foods, is metabolised and degraded in our bodies into uric acid, which is then passed out in urine.

Uric acid normally exists as a soluble state in blood. In Gout, the concentration of uric acid gets so high ("too thick") that crystallisation into a salt (solid) occurs.

The uric acid crystal, monosodium urate, is deposited in/around the joint cartilage, tendons and other soft tissues. Due to certain triggers, the crystals cause an intense inflammatory response. Commonly affected joints are the big toe, foot, ankle, heel, and knee, usually one joint at a time. Upper limb joints like the fingers, wrists and elbows are affected at later stages.

What are the symptoms and complications of Gout?

Gout is a chronic disease but Gout sufferers do not have pain all the time; therefore they do not pay much attention to this illness.

They experience sudden joint pain from 'acute attacks' of Gout. The first sign of a Gout attack is a sudden, warm throbbing of the affected joint. Within a few hours, this can rapidly escalate into excruciating pain, accompanied by swelling and redness of the joint. The skin around the joint is very tender, sensitive and sore at the slightest touch. This acute arthritis results in difficulty in walking.

After 2-5 days, when the acute attack subsides, one may be quite well for months or even years, but the attacks will return. Episodes may become more frequent and prolonged.

If Gout is left untreated, affected joints are destroyed, leading to continuous joint pain and loss of mobility.

Deposits of uric acid crystals, called 'Tophus' (plural=Tophi) around the joints, tendons or skin may form over time.


Whitish deposit of tophus at the hand knuckle

Uric acid crystals in the kidney/ urinary system form kidney stones which may cause pain, urinary obstruction, infection and kidney damage.

Many people with gout also have hypertension, diabetes, high blood cholesterol and triglyceride (fat) and kidney problems. Their lifespan may be affected by heart disease or kidney failure.

How is Gout diagnosed?

The doctor can confirm the diagnosis by obtaining a detailed history and a physical examination. Presence of hyperuricaemia is supportive. X-rays can help in the assessment of amount of bone and joint damage but are not always needed.


Tophus at the base of big toe

The most definitive test is a joint aspiration by a doctor, where a needle is inserted in a swollen joint and a sample of the fluid is examined for the presence of uric acid crystals, but this is not often possible.

It is important to highlight that everyone has uric acid in their blood but only a small percentage of people with high uric acid will develop gout. Uric acid levels may be in the normal range in an acute gout attack.

What are the diet and lifestyle changes to control Gout?

Drinking alcohol, especially beer, can trigger gout attacks. Limit sugar-sweetened drink or fruit juices.

Examples of beverages to avoid:
Alcohol especially beer
Sugar sweetened drinks: soft drinks; sweetened fruit juices

Limit food high in animal source of protein/purine, especially animal internal organs, meat, fish, seafood and shellfish.

Examples of animal protein-rich foods to limit consumption:
Offal (animal organs): liver, kidney, heart, brain
Meat: beef, mutton, pork, poultry including duck and chicken
Fish: anchovies, sardines, mackerel (including selar, tenggiri), trout, herring, ocean perch, tuna, cod fish and eel
Shellfish: crab, scallops, mussels, lobster, crayfish

Plant source of proteins/purines do not seem to increase the risk of gout. You do not need to restrict consumption of vegetables, grains and legumes such as soy bean, bean curd or tofu. These can be taken in moderation as part of a healthy and balanced diet.

Drink adequate water intake throughout the day (at least 2 litres per day). However, patients with heart or kidney problems may need fluid restriction, check with your doctor.

What are the medications used to treat Gout?

There is currently no cure for Gout, but symptoms and progression can be controlled by a combination of medication and lifestyle changes.

a. Medications for acute Gout attacks
NSAIDs (non-steroidal anti-inflammatory drugs) like diclofenac, (Voltaren), naproxen (Synflex), indomethacin (Indocid) or COX-2 inhibitors (Celecoxib and Etoricoxib) are often prescribed to reduce the pain, swelling and stiffness of a Gout attack. Colchicine is very effective in relieving the acute pain and can be taken 2 to 3 times a day. A short course of steroids like prednisolone is used if NSAIDs or colchicine cannot be used, or if the attack is very severe. Sometimes, a combination of these drugs is used. Injection of steroid directly into the joints is often helpful. However, acute treatment only treats the symptoms but does not cure Gout and repeated use of these medications leads to side effects.

b. Medications for long term Gout control
To control Gout in the long-term, medication is needed to lower the blood uric acid. Anyone with two or more Gout attacks a year, 'tophus' deposition, joint damage or kidney stones should be considered for long term therapy. Allopurinol and Febuxostat reduce the production of uric acid. Allopurinol can cause side-effects like fever and rash. Should such side-effects occur, stop the drug immediately and contact your doctor for further advice. Probenecid and Benzbromarone increase the excretion of uric acid in the urine. Such drugs need to be taken long term, usually lifelong, in order to control the uric acid level and prevent further acute attacks. Doses of the medication should be adjusted to reach a target uric acid of less than 360 umol/L. By about 6 months (sometimes longer), Gout attacks will become less frequent and disappear. Tophus will reduce in size. Discuss the appropriate treatment with your doctor.

c. Surgery
Rarely, surgery is required to remove the infected tophus or if it interferes with joint movement or wearing of shoes etc. Tophi tend to re-accumulate unless hyperuricaemia is treated.

For more information, visit the following websites:

Arthritis Foundation (USA)
www.arthritis.org

The Gout & Uric Acid education society
http://gouteducation.org