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Recommendations for the diagnosis and management of Gout and Hyperuricemia

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Gout is a major health problem in the United States. 32 million people have hyperuricemia; the number of people with gout has been increasing, now estimated at 8.3 million, which is nearly 4% of the adult population in the US. The prevalence of gout has risen in many countries. This is in part related to an increase in comorbidities that contribute to hyperuricemia including diabetes mellitus, hypertension, obesity, chronic kidney disease, and metabolic syndrome. Other factors contributing to the increase are diet and certain medications such as diuretics. Many people with gout as well as health care providers regard gout as an acute onset mono articular arthritis rather than a chronic metabolic disease with potential long term consequences. Realize that even during inter-critical periods during which there is not a clinical gout flare, tophi are present, continuous phagocytosis of crystals, chronic synovitis, cartilage loss and bone erosions occur. Both groups need a better understanding of the disease through education, and need for people with gout to receive long term treatment. Treatment goals are to terminate the acute attack as rapidly as possible, protect against further attacks, and treat hyperuricemia and prevent disease progression. After participating in this educational activity, attendees should be able to 1. Describe the patho-physiology of hyperuricemia and gout, 2. Describe the recent advances in the understanding of the epidemiology of gout and hyperuricemia, and the relationship between hyperuricemia, risk factors, and comorbidities 3. Apply recommended guidelines for correctly diagnosing gout, and 4. Manage gout and hyperuricemia in accordance with recommended guidelines: Manage the acute attack; implement prophylaxis and urate lowering therapy; manage the refractory or challenging patient.

Biography

Allan H Morton, DO, FACR, FACP, certified in both Internal Medicine and Rheumatology, maintains a busy solo private practice in Warren, Michigan. He received his BS degree from the University of Michigan, medical degree from the Kirksville College of Osteopathic Medicine, completed an internship and medical residency at Detroit Osteopathic Hospital, and fellowship in Rheumatology at Wayne State University College of Medicine. He is a founding fellow of the American College of Rheumatology and past president of the Michigan Rheumatism Society, as well as a member of many other local and national societies. Having practiced for over 36 years he has cared for in excess of 23,000 patients. His major interest is in the management of people with inflammatory arthritis, osteoarthritis, gout and osteoporosis. He is actively involved in developing CME programs as a member of the American Society of Clinical Rheumatology.

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