

FOR SOME PATIENTS

UNCONTROLLED GOUT

can go on
and on
and on

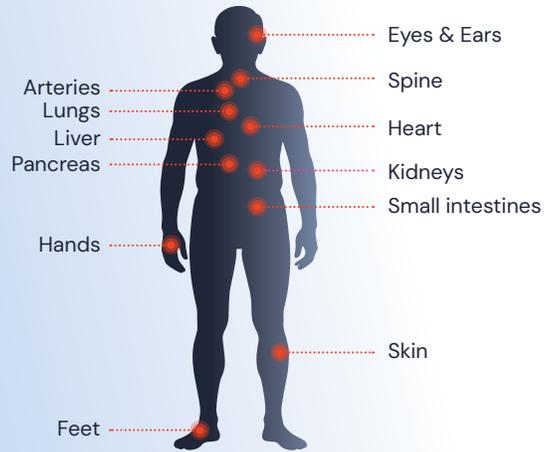
Hidden Impacts of Uncontrolled Gout

A Systemic and Progressive Disease

Uncontrolled gout is defined as persistent, sustained serum uric acid (sUA) levels of >6 mg/dL despite urate-lowering therapy (ULT) and with 2 or more recurrent flares per year or non-resolving tophi.^{1,2}

MSU Deposition Throughout the Body¹⁻⁷

For patients with uncontrolled gout, persistently elevated sUA can lead to deposits of monosodium urate (MSU) crystals throughout the body, which can lead to chronic inflammation, progressive painful flares, and long-term joint and organ damage.



Uncontrolled Gout and Common Comorbidities

Patients May Suffer From Other Serious Health Conditions

In one claims database study of adults, uncontrolled gout was associated with an increased risk of^{1*†}:



Cardiovascular Disease

Patients with uncontrolled gout were **52% more likely** to develop **heart disease** than those with controlled gout.



Chronic Kidney Disease

Patients with uncontrolled gout were **twice as likely** to develop **chronic kidney disease** than those with controlled gout.



Type 2 Diabetes[§]

Gout is an independent risk factor for developing **type 2 diabetes**.

Uncontrolled Gout Can Impact Everyday Life

Among patients with uncontrolled gout reporting **≥1 flare per year**^{¶†}:

Work Loss[§]
(In Those Aged <65 Years)

Patients with any loss^{||}



Days lost per year



Impaired Social Activities



NEVER ENDING GOUT

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*Patients with controlled gout were defined as having sUA <6.0 mg/dL and patients uncontrolled gout with sUA ≥8.0 mg/dL.¹

†Data from adult patients with gout who had at least 90 days of continuous ULT was collected from the Humana Research Database from 2007–2016. A total of 6831 patients were identified that met the inclusion criteria (5473 patients had controlled gout, and 1358 patients had uncontrolled gout).¹

¶A 1-year prospective, observational study was conducted among patients with symptomatic disease at 24 sites in the US in 2001 (N=110). Inclusion criteria required patients (1) aged ≥18 years, (2) to have documented, crystal-proven gout, (3) to have symptomatic gout, and (4) to be intolerant or unresponsive to conventional therapy (sUA ≥6.0 mg/dL). Patient-reported outcomes based upon SF-36 questionnaire.⁹

§The study did not explicitly collect employment information, so retirement age (65 years) was used as a proxy.⁹

||Data represents mean.⁹

†Data represents mean overall, including patients with no days lost.⁹

References: 1. Francis-Sedlak M, et al. *Rheumatol Ther.* 2021;8(1):183–197. 2. Morlock RJ, et al. *Rheumatol Ther.* 2025;12(1):37–51. 3. Dalbeth N, et al. *Lancet.* 2021;397(10287):1843–1855. 4. Elgafy H, et al. *World J Orthop.* 2016;7(11):766–775. 5. Timsans J, et al. *J Clin Med.* 2024;13(24):7616. 6. Ahmad MI, et al. *Front Med (Lausanne).* 2021;8:649505. 7. Khanna P, et al. *J Clin Med.* 2020;9(10):3204. 8. Sandoval-Plata G, et al. *Rheumatology (Oxford).* 2021;60(7):3243–3251. 9. Edwards NL, et al. *J Med Econ.* 2011;14(1):10–15.