**CLINICAL II**

**CASE STUDY\_2**

**Case study level 1 – Rheumatoid arthritis**

**Scenario**

Mr. KT is a 58-year-old man who has been admitted to the surgical ward on which you work for a total knee replacement. He lives with his wife and two sons. He smokes 15 cigarettes a day and usually drinks about 35 units of alcohol a week. He is slightly overweight with a BMI of 27 kg/m2. His current medication includes

* amlodipine 5 mg daily
* bendroflumethiazide 2.5 mg daily
* paracetamol 1 g four times a day
* codeine phosphate 30 mg four times a day when required.
* enoxaparin 40 mg s.c. daily.

Apart from hypertension, he has no other co-morbidities or relevant past medical history. His operation was a success and he is recovering well. However, during his stay he develops excruciating pain in the big toe of his right foot and his toe is very swollen. He is subsequently diagnosed with gout.

**Question No 1**: What is gout? Briefly discuss the pathophysiology of the condition.

* List three ways in which gout can manifest itself.
* List the risk factors for developing gout and discuss which risk factors Mr KT potentially may have for developing gout.
* Describe the symptoms of gout.
* What investigations should the doctors carry out to help them confirm whether Mr KT has gout?

**Question no 2:** During your rounds, Mr KT asks you if you could tell him what he could do to avoid another attack of gout. What lifestyle advice would you give him?

**Question no: 3**: When you are clinically checking Mr KT’s medication chart, you notice that he is on the following medication:

* amlodipine 5 mg daily
* bendroflumethiazide 2.5 mg daily
* paracetamol 1 g four times a day.

Which of these medications can aggravate gout and why?

**Question no 4:** What advice would you give to the doctor looking after Mr KT?

Mr KT’s acute attack of gout resolves and he is discharged home. His GP is aware of his problem with gout and after he experiences a second attack of gout, his GP decides that it would be prudent to start him on some long-term prophylaxis against future attacks.

**Question no 5**: Why wasn’t Mr KT prescribed prophylactic treatment after his first attack?