

Revisiting Colchicine for Acute Gout

Low-dose colchicine was reasonably effective and nontoxic.

In years past, patients with acute gout were treated with oral colchicine, given every 1 to 2 hours until pain subsided or intolerable gastrointestinal side effects occurred. Although this approach largely has been abandoned, a well-tolerated colchicine regimen would be a useful alternative for patients with contraindications to nonsteroidal anti-inflammatory drugs (NSAIDs) or corticosteroids.

In an industry-sponsored randomized trial, 184 patients with acute gout flares received high-dose colchicine (1.2 mg initially, followed by 0.6 mg hourly for 6 hours), low-dose colchicine (1.2 mg initially, followed by 0.6 mg 1 hour later), or placebo. The primary endpoint — a reduction of \geq 50% on a pain-score index at 24 hours — occurred in 38% of low-dose colchicine recipients, 33% of high-dose colchicine recipients, and 16% of placebo recipients. Differences between either colchicine group and the placebo group were significant. Adverse gastrointestinal events were significantly more common with high-dose colchicine (77%) than with low-dose colchicine (37%) or with placebo (27%).

Comment: At first glance, the response rate to low-dose colchicine seems unimpressive. However, one wouldn't expect dramatic resolution at 24 hours. (The authors used a 24-hour endpoint to avoid prolonged use of placebo for this painful condition.) If a longer trial were to identify a low-dose colchicine regimen that compared favorably to NSAIDs or steroids, colchicine for acute gout flares could make a comeback.

— [Allan S. Brett, MD](#)

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Terkeltaub RA et al. High versus low dosing of oral colchicine for early acute gout flare: Twenty-four-hour outcome of the first multicenter, randomized, double-blind, placebo-controlled, parallel-group, dose-comparison colchicine study. *Arthritis Rheum* 2010 Apr; 62:1060.