### ACR-EULAR GOUT CLASSIFICATION CRITERIA#

#### Entry Criterion
(Only apply criteria below to those meeting this entry criterion)

- At least one episode of swelling, pain, or tenderness in a peripheral joint or bursa

#### Sufficient Criterion
(If met, can classify as gout without applying criteria below)

- Presence of MSU crystals in a symptomatic joint or bursa (i.e., in synovial fluid) or tophus

#### Criteria (to be used if Sufficient Criterion not met): Score ≥8 required for classification as gout

<table>
<thead>
<tr>
<th>Categories</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint(s) or bursa(e) other than ankle, midfoot or 1st MTP (or their involvement only as part of a polyarticular presentation)</td>
<td>0</td>
</tr>
<tr>
<td>Ankle OR midfoot (as part of monoarticular or oligoarticular episode without MTP1 involvement)</td>
<td>1</td>
</tr>
<tr>
<td>MTP1 (as part of monoarticular or oligoarticular episode)</td>
<td>2</td>
</tr>
</tbody>
</table>

**CLINICAL**

- **Pattern of joint/bursa involvement during symptomatic* episode(s) ever**
  - 0: Joint(s) or bursa(e) other than ankle, midfoot or 1st MTP (or their involvement only as part of a polyarticular presentation)
  - 1: Ankle OR midfoot (as part of monoarticular or oligoarticular episode without MTP1 involvement)
  - 2: MTP1 (as part of monoarticular or oligoarticular episode)

- **Characteristics of symptomatic episode(s) ever:**
  - 0: No characteristics
  - 1: One characteristic
  - 2: Two characteristics
  - 3: Three characteristics

- **Time-course of episode(s) ever:**
  - 0: No typical episodes
  - 1: One typical episode
  - 2: Recurrent typical episodes

- **Clinical evidence of tophus:**
  - 0: Absent
  - 4: Present

*Symptomatic episode(s) ever*
### LAB

**Serum urate:** Measured by uricase method. Ideally should be scored at a time when the patient was not taking urate-lowering treatment and patient was beyond 4 weeks of the start of an episode (i.e., during intercritical period); if practicable, retest under those conditions. The highest value irrespective of timing should be scored.

<table>
<thead>
<tr>
<th>Serum urate:</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4mg/dL [&lt;0.24mM] †</td>
<td>-4</td>
</tr>
<tr>
<td>4-6mg/dL [0.24-&lt;0.36mM]</td>
<td>0</td>
</tr>
<tr>
<td>6-8mg/dL [0.36-&lt;0.48mM]</td>
<td>2</td>
</tr>
<tr>
<td>8-10mg/dL [0.48-&lt;0.60mM]</td>
<td>3</td>
</tr>
<tr>
<td>≥10mg/dL [≥0.60mM]</td>
<td>4</td>
</tr>
</tbody>
</table>

**Synovial fluid analysis of a symptomatic (ever) joint or bursa:**
Should be assessed by a trained observer.

- Not done: 0
- MSU negative: -2

### IMAGING

**Imaging evidence of urate deposition in symptomatic (ever) joint or bursa:** Ultrasound evidence of double-contour sign§ or DECT demonstrating urate deposition§.

- Absent OR Not done: 0
- Present (either modality): 4

**Imaging evidence of gout-related joint damage:** Conventional radiography of the hands and/or feet demonstrate at least one erosion.‡‡

- Absent OR Not done: 0
- Present: 4

### TOTAL SCORE

**CLASSIFY AS GOUT?**

(If met sufficient criterion or total score ≥8)

- **Y**
- **N**

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*Symptomatic episodes are periods of symptoms that include any of swelling, pain, or tenderness in a peripheral joint or bursa.

† If serum urate <4mg/dL (0.24mmol/L), take away 4 points; if serum urate 4-6mg/dL (≥0.24mmol/L - <0.36mmol/L), score this item as 0.

‡ If imaging not available, score these items 0.

§ Hyperechoic irregular enhancement over the surface of the hyaline cartilage that is independent of the insonation angle of the ultrasound beam (note: false positive DCS (artifact) may appear at the cartilage surface that should disappear with a change in the insonation angle of the probe).31,32

¶ Presence of colour-coded urate at articular or peri-articular sites. Images should be acquired using a dual energy computed tomography scanner, with data acquired at 80 and 140 kV and analysed using gout-specific software with a two material decomposition algorithm which colour-codes urate.33 A positive scan is defined as the presence of colour-coded urate at articular or peri-articular sites. Nailbed, submillimeter, skin, motion, beam hardening and vascular artefacts should not be interpreted as evidence of DECT urate deposition.34

‡‡ Erosion is defined as a cortical break with sclerotic margin and overhanging edge; excluding DIP joints and gull wing appearance.
