

SUBJECT ID: _____

DATE: ___/___/___

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	<input type="checkbox"/> Y <input type="checkbox"/> N
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	<input type="checkbox"/> Y <input type="checkbox"/> N
Criteria (to be used if Sufficient Criterion not met): <i>Score ≥8 required for classification as gout</i>	Categories	Score
Pattern of joint/bursa involvement during symptomatic* episode(s) ever	Joint(s) or bursa(e) other than ankle, midfoot or 1 st MTP (or their involvement only as part of a polyarticular presentation)	0
	Ankle OR midfoot (as part of monoarticular or oligoarticular episode without MTP1 involvement)	1
	MTP1 (as part of monoarticular or oligoarticular episode)	2
CLINICAL Characteristics of symptomatic episode(s) ever: i) Erythema overlying affected joint (patient-reported or physician-observed) ii) can't bear touch or pressure to affected joint iii) great difficulty with walking or inability to use affected joint	No characteristics	0
	One characteristic	1
	Two characteristics	2
	Three characteristics	3
Time-course of episode(s) ever: Presence (ever) of ≥2, irrespective of anti-inflammatory treatment: i) Time to maximal pain <24 hours ii) Resolution of symptoms in ≤14 days iii) Complete resolution (to baseline level) between symptomatic episodes	No typical episodes	0
	One typical episode	1
	Recurrent typical episodes	2
Clinical evidence of tophus: Draining or chalk-like subcutaneous nodule under transparent skin, often with overlying vascularity, located in typical locations: joints, ears, olecranon bursae, finger pads, tendons (e.g., Achilles).	Absent	0
	Present	4

SUBJECT ID: _____

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); <i>if</i> practicable, retest under those conditions. The highest value irrespective of timing should be scored.	<4mg/dL [$<0.24\text{mM}$] [†]	-4
		4-<6mg/dL [0.24-<0.36mM]	0
		6-<8mg/dL [0.36-<0.48mM]	2
		8-<10mg/dL [0.48-<0.60mM]	3
		≥10mg/dL [≥0.60mM]	4
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 [¶] <i>or</i> DECT demonstrating urate deposition [§] .	Absent OR Not done	0
		Present (either modality)	4
IMAGING [‡]	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? Y

(If met sufficient criterion or total score ≥8) N

* 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 polarizing microscopy of synovial fluid from a symptomatic (ever) joint or bursa by a trained examiner fails to show MSU crystals, **take away 2 points. If synovial fluid was not assessed (not done), 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.

#Neogi, et al. *Arthritis & Rheumatology*. 2015;67(10):2557-2568.

Neogi, et al. *Annals of the Rheumatic Diseases*. 2015;74(10):1789-1798.