

# ALLIANCE FOR Gout Awareness

## Disparities in Gout Risk & Treatment

More than 9 million Americans live with gout, an arthritic condition caused by the buildup of uric acid in the body. Genetics are a factor in developing gout, but so too are lifestyle and diet. Whatever the root cause, gout can lead to intense joint pain and swelling, making daily tasks more difficult.

Gout's physical pain, as well as related emotional and financial hardships, are not felt equally by all Americans, however. Certain communities of color are more likely to be affected by gout. They are also less likely to receive quality care.



### Black Americans

Gout is most common among Black Americans. About 1.2 million Black Americans live with the condition.<sup>1,2</sup> They are two to three times more likely to develop gout than are White Americans.

Black Americans with gout also face treatment challenges. They are less likely to be prescribed urate-lowering medications or receive ongoing, routine provider care.<sup>3</sup>



### Asian Americans & Asian Pacific Islanders

Asian Americans and Asian Pacific Islanders are also at an increased risk of gout.



The Hmong community, a growing ethnic group in the United States whose people originate from Southeast Asia, also present with gout symptoms more frequently than White Americans. About 39% of the total Hmong population shows signs of gout prior to age 30, compared with 8.2% of White Americans.<sup>4</sup>

Native Hawaiians and Pacific Islanders also have higher prevalence of arthritis, hyperuricemia and gout than white Americans, as well as less access to high quality health care.<sup>5</sup>

Joint conditions, including gout, are rising in the United States. Gout prevention and treatment disparities will disproportionately impact people of color if left unaddressed. Awareness of disparities is a first step to improve access to quality, timely treatment, so people can live less restrained by gout's pain.

## References

1. Zhu, Y., Pandya, B.J. and Choi, H.K. (2011), *Prevalence of gout and hyperuricemia in the US general population: The National Health and Nutrition Examination Survey 2007–2008*. *Arthritis & Rheumatism*, 63: 3136–3141. <https://doi.org/10.1002/art.30520>
2. Butler, F., Alghubayshi, A., & Roman, Y. (2021). *The Epidemiology and Genetics of Hyperuricemia and Gout across Major Racial Groups: A Literature Review and Population Genetics Secondary Database Analysis*. *Journal of personalized medicine*, 11(3), 231. <https://doi.org/10.3390/jpm11030231>
3. Kumar, B., & Lenert, P. (2016). *Gout and African Americans: Reducing disparities*. *Cleveland Clinic Journal of Medicine*, 83(9), 665–673. <https://doi.org/10.3949/ccjm.83a.15133>
4. Waheduddin, S., Singh, J. A., Culhane-Pera, K. A., & Gertner, E. (2010). *Gout in the Hmong in the United States*. *Journal of clinical rheumatology : practical reports on rheumatic & musculoskeletal diseases*, 16(6), 262–266. <https://doi.org/10.1097/RHU.0b013e3181eeb487>
5. Obana KK, Davis J. *Racial Disparities in the Prevalence of Arthritis among Native Hawaiians and Pacific Islanders, Whites, and Asians*. *Hawaii J Med Public Health*. 2016 Jun;75(6):155-61. PMID: 27413625; PMCID: PMC4928514.



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The Alliance for Gout Awareness works to reduce stigma and empower patients by improving public understanding of gout.