




Section: 29. Medicines for diseases of joints &gt; 29.1. Medicines used to treat gout

Codes ATC: M04AC01

Indication	Gout <span>Code ICD11: FA25</span>
Type de médicament	Chemical agent
Type de liste	Liste de base
Formulations	Oral > Solid: 0.5 mg
Historique des statuts LME	Ajouté pour la première fois en 1977 (TRS 615) Modifié en 1979 (TRS 641) Modifié en 1989 (TRS 796) Retiré en 2005 (TRS 933)
Sexe	Tous
Âge	Adolescents et adultes
Équivalence thérapeutique	La recommandation concerne ce médicament spécifique
Renseignements sur le brevet	Patents have expired in most jurisdictions Lire la suite <a href="#">sur les brevets</a> . 
Wikipédia	<a href="#">Colchicine</a> 
DrugBank	<a href="#">Colchicine</a> 

## Résumé des preuves et recommandation du comité d'experts

During its meeting in 2003, the Committee recommended that colchicine be reviewed for possible fast-track deletion at the meeting in 2005. A detailed review was undertaken by the ISDB. The Committee noted that colchicine is the oldest available treatment for gout, but that there are very few systematic reviews or good clinical trials to prove its efficacy in the treatment of gout. Its usefulness for treating acute attacks is limited by its dose-dependent toxicity and the therapeutic margin is narrow. Patients often experience gastrointestinal adverse effects such as diarrhoea, before relief of gout symptoms. At high doses, colchicine is bone-marrow suppressive and it cannot be dialysed (1). Rarely, its long-term use can result in myopathy. With the availability of other agents, there is a limited special role for colchicine for treatment of acute attacks. The Committee also noted that colchicine is not cheaper than ibuprofen; it has a Median Agency Price (MAP) of US\$ 0.1760/defined daily dosage (DDD) compared with US\$ 0.0318/DDD for ibuprofen (2). Colchicine has not been procured to any great extent by international suppliers over the last five years. The Committee recommended that colchicine be deleted from the Model List because of its unfavourable benefit-risk ratio when compared with non-steroidal anti-inflammatory drugs (NSAIDs) for most people with gout. References: 1. Rott KT, Agudelo CA. Gout. *Journal of the American Medical Association*, 2003, 289:2857-2860. 1. MSH. International drug price indicator guide, 2003 (<http://erc.msh.org/dmpguide/>, accessed 30 January 2005).

