

Addressing Gout in New Zealand

Due to MO:	31 July 2025	Reference	HNZ00090557
To:	Hon Simeon Brown, Minister of Health		
From:	Dr Debbie Holdsworth, Director of Funding, Community and Mental Health		
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Contact for further discussion (if required)

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Purpose

1. To provide you with information regarding gout in New Zealand following your meeting with representatives from Arthritis New Zealand (Arthritis NZ) on 8 June. During this meeting Arthritis NZ raised a proposal for a national programme of work, and you requested advice on:
 - how the proposed actions align to existing priorities
 - the likely impacts of the actions on outcomes for patients
 - the costs of the proposed programme and the savings outlined in the proposal, and
 - whether there are alternative or additional actions that agencies would recommend for consideration to address this issue.

Background

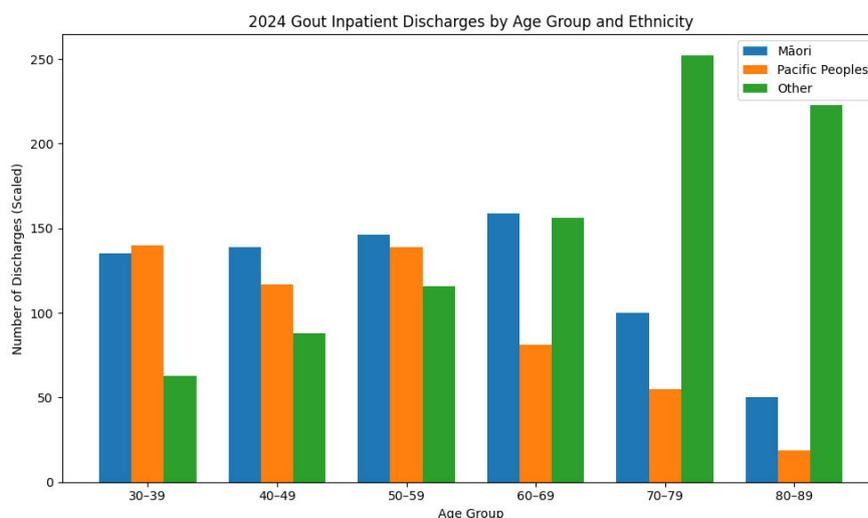
2. Prior to their meeting with you, in May 2025 Arthritis NZ submitted its concerns and recommendations regarding the management of Gout in New Zealand to the Health Select Committee (HSC) and proposed the following:
 - National Target: Increase managed gout treatment coverage to 55% by 2028.
 - Pharmacy-Led Care: Expand pharmacist roles in gout management following GP diagnosis.
 - Community Programme Expansion: Scale successful local initiatives (e.g. Porirua, Northland) into a national model.
 - Education & Research: Fund culturally relevant education and ongoing research to support Māori and Pacific communities.
 - Medication Access: Support implementation of allopurinol reclassification to reduce barriers.
3. Health New Zealand | Te Whatu Ora (Health NZ) has since, in July 2025, also attended the HSC to discuss the issues raised by Arthritis NZ.
4. Health NZ subsequently provided you with a paper (HNZ00091461 refers) summarising the issues raised by Arthritis NZ in its oral and written submission to the HSC and an overview of the burden of gout in New Zealand, current treatment and service provision, barriers to effective management, and actions underway to improve outcomes.

Incidence of gout in New Zealand

5. Gout is a painful inflammatory condition caused by elevated uric acid levels. If untreated, it leads to joint damage and avoidable hospitalisations. Gout is one of the most poorly understood and managed long-term conditions in New Zealand, but evidence shows that it can be effectively managed with the right programmes.
6. New Zealand has among the highest reported rates globally, particularly in Counties Manukau. Arthritis NZ estimates that 250,000 people suffer from gout and notes that New Zealand is known as the “gout capital” of the world.

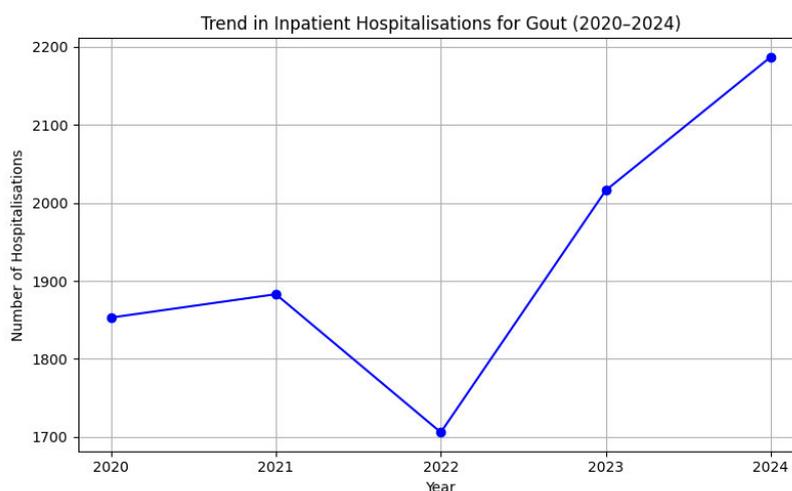
7. While lifestyle factors can influence the risk of developing gout attacks, genetic factors and declining kidney function are far more significant contributors.
8. Genetic variants that impair uric acid excretion are more common among Māori and Pacific peoples, contributing to higher prevalence and earlier onset. Gout disproportionately affects Māori (8.5%) and Pacific peoples (14.8%) compared to other populations (4.7%).
9. Māori and Pacific people typically develop gout in their 30s and 40s, years when they are economically active, compared to New Zealanders of European background who usually develop gout aged over 65.

Figure 1: 2024 Gout inpatient discharges by age group and ethnicity



10. Gout is linked to other conditions such as heart disease, diabetes, and kidney disease. Patients often present with gout before engaging with other long-term condition care. This presents an opportunity for early intervention.
11. Hospitalisations for gout have increased steadily, from 1,699 in 2019 to 2,187 in 2024, as set out in **Figure 2** below. Most patients are male and aged 30–69.

Figure 2: Trend in hospitalisations for gout (2020-2024)



12. Acute flare ups are treated with anti-inflammatories. Long-term control requires daily urate-lowering therapy (ULT), usually allopurinol.

Current management of gout in New Zealand

13. Health NZ does not currently fund a national gout programme.
14. Regional initiatives vary significantly in scope and design. [REDACTED]
[REDACTED]
[REDACTED]
15. Managed programmes such as 'Gout Stop' and 'Gout Buster' improve adherence and reduce hospitalisations through pharmacist-led care.
16. Arthritis NZ successfully advocated for reclassification of allopurinol, enabling pharmacists to support ongoing therapy.
17. Gout is a painful and visible condition that brings patients into care early. It offers a gateway to screen for and manage other chronic conditions to prevent downstream consequences.

Arthritis NZ proposal

18. The Arthritis NZ proposal aligns with Health NZ's focus on prevention, early intervention, and reducing pressure on emergency departments. It supports Pae Ora, Te Pae Tata, Te Mana Ola, and Whakamaua strategies, and builds on the 2025 allopurinol reclassification.
19. Despite its low cost, only 43% of patients are on a managed ULT programme. Of those, only half reach target uric acid levels. Barriers include stigma, misinformation, and lack of follow-up. Patients often do not receive regular blood tests or dose adjustments. Increasing ULT coverage to 55% by 2028 would equate to reaching 23,000 more people, which would help reduce emergency department visits and hospital admissions.
20. ULT costs \$70–\$220 per person annually. Investment is needed for pharmacy support, education, and monitoring. Improving public understanding and education around consistent use of ULTs could significantly reduce flare ups, hospitalisation and long-term joint damage.
21. Deloitte economic analysis that was completed for Arthritis NZ in 2018 calculated 4,850 disability Adjusted Life Years (DALYs) were lost because of gout. Arthritis NZ estimates up to \$420 million in annual avoidable costs.
22. Further modelling is required to validate savings proposed by Arthritis NZ, and the suggested \$13.5 million programme cost over four years.
23. If delivery is to be national and sustained, a more realistic cost may be higher once digital development, quality assurance and coordination are factored in.
24. A new national HealthPathway on gout has been released and is currently working through regional implementation.
25. [REDACTED]



Alternative Actions

26. A proliferation of bespoke condition specific programmes is not recommended as a way to improve management of long-term conditions. Similar gaps between evidence-based treatment and current service provision occur with respiratory conditions such as COPD, and asthma, and cardiac conditions and diabetes. Many patients will have multiple long-term conditions, making a single disease focus less useful.
27. Health NZ prefer to consider gout within existing and planned developments including:
- a) the future primary care performance outcomes framework
 - b) potential development of clinical pharmacy delivered clinical services
 - c) consumer education via Healthify
 - d) delivery of national Health Pathways to inform clinical treatment.

Next steps

28. Health NZ can update you further on the inclusion of gout within the above developments as they are progressed.