

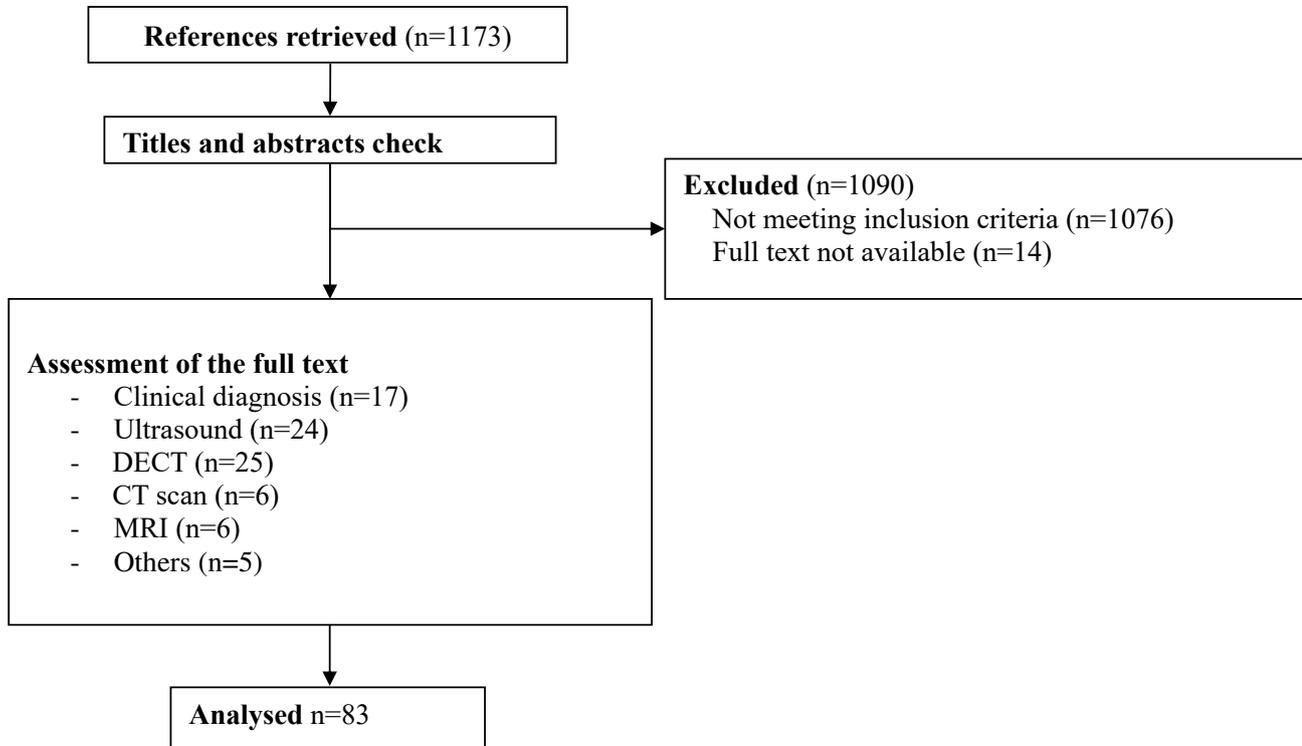
**SUPPLEMENTARY MATERIAL****Votes for the 10 items from 2006 recommendations**

<b>1) In acute attacks the rapid development of severe pain, swelling, and tenderness that reaches its maximum within just 6–12 hours, especially with overlying erythema, is highly suggestive of crystal inflammation though not specific for gout</b>	
<i>To keep</i>	9.0 [8.0-9.0]
<i>To modify (if to keep &gt;=5)</i>	3.5 [2.0-6.5]
<b>2) For typical presentations of gout (such as recurrent podagra with hyperuricaemia) a clinical diagnosis alone is reasonably accurate but not definitive without crystal confirmation</b>	
<i>To keep</i>	8.0 [7.0-9.0]
<i>To modify (if to keep &gt;=5)</i>	3.5 [2.0-6.0]
<b>3) Demonstration of MSU crystals in synovial fluid or tophus aspirates permits a definitive diagnosis of gout</b>	
<i>To keep</i>	9.0 [9.0-9.0]
<i>To modify (if to keep &gt;=5)</i>	2.0 [1.0-4.0]
<b>4) A routine search for MSU crystals is recommended in all synovial fluid samples obtained from undiagnosed inflamed joints</b>	
<i>To keep</i>	9.0 [8.0-9.0]
<i>To modify (if to keep &gt;=5)</i>	4.0 [1.0-6.0]
<b>5) Identification of MSU crystals from asymptomatic joints may allow definite diagnosis in intercritical periods</b>	
<i>To keep</i>	8.0 [8.0-9.0]
<i>To modify (if to keep &gt;=5)</i>	4.0 [1.0-6.0]
<b>6) Gout and sepsis may coexist, so when septic arthritis is suspected Gram stain and culture of synovial fluid should still be performed even if MSU crystals are identified</b>	
<i>To keep</i>	8.0 [7.0-9.0]
<i>To modify (if to keep &gt;=5)</i>	3.0 [1.0-7.0]
<b>7) While being the most important risk factor for gout, serum uric acid levels do not confirm or exclude gout as many people with hyperuricaemia do not develop gout, and during acute attacks serum levels may be normal</b>	
<i>To keep</i>	9.0 [8.0-9.0]
<i>To modify (if to keep &gt;=5)</i>	3.5 [1.5-6.0]
<b>8) Renal uric acid excretion should be determined in selected gout patients, especially those with a family history of young onset gout, onset of gout under age 25, or with renal calculi</b>	
<i>To keep</i>	8.0 [5.0-9.0]

<i>To modify (if to keep <math>\geq 5</math>)</i>	5.0 [2.0-8.0]
<b>9) Although radiographs may be useful for differential diagnosis and may show typical features in chronic gout, they are not useful in confirming the diagnosis of early or acute gout</b>	
<i>To keep</i>	9.0 [6.0-9.0]
<i>To modify (if to keep <math>\geq 5</math>)</i>	4.0 [1.0-6.0]
<b>10) Risk factors for gout and associated co-morbidity should be assessed, including features of the metabolic syndrome (obesity, hyperglycaemia, hyperlipidaemia, hypertension)</b>	
<i>To keep</i>	9.0 [8.0-9.0]
<i>To modify (if to keep <math>\geq 5</math>)</i>	3.05 [1.0-7.0]

- Figures are median [Min-Max].
- Members of the task force were sent a questionnaire and were asked to rate each 2006 Eular recommendation by using a 9-point numerical rating scale (1, totally disagree; 9, fully agree). For each item, participants indicated whether they would keep the same recommendation (first question). If the answer was scored  $\geq 5$ , the participants were then asked if they would modify the recommendation (second question).
- The steering group had predetermined that an item from the 2006 recommendations would be deleted if all scores from the participants for the first question were  $< 5$  with a median  $\leq 3.5$ . Conversely, the item would be unchanged if all scores for to the first question were  $\geq 5$  with a median  $\geq 7$  and when all scores for the second question were  $< 5$  with a median  $\leq 3.5$ . If not, the items had to be modified.

***Flowchart of the systematic literature review (January 2005-July 2018)***



Significant references from the updated SLR are the following: 22,24,27-29,43,48,50,52,54, 56, 58, 71-73,77,80,86,88,91,96-98,101, 102.

**Levels of evidence (according to Oxford Centre for Evidence-Based Medicine) {van der Heijde, 2015 #3075}.**

<b>Levels</b>	<b>Evidence</b>
1A	Meta-analysis of cohorts studies
1B	Meta-analysis of case-control studies
2A	Cohort studies
2B	Case-control studies
3	Non-comparative descriptive studies
4	Expert opinion

**Strength of recommendations**

<b>Strength</b>	<b>Directly based on</b>
A	Category 1 evidence
B	Category 2 evidence or extrapolated recommendations from category 1 evidence
C	Category 3 evidence or extrapolated recommendation from category 1 or 2 evidence
D	Category 4 evidence or extrapolated recommendation from category 2 or 3 evidence