

Thank Gout It's Not True: Fictional Depictions in Film and TV

Transcript

Nehad Soloman, MD (Guest): Patients, ultimately, when they seek hiding because of the negative stigma associated with gout, could end up leading to great depression, extreme anxieties, and this can often worsen disease.

Meghna Rao (Host): Welcome to *Rheum Advisor on Air*, the official podcast of Rheumatology Advisor, one of Haymarket Media's leading publications that focuses on the latest news and research in rheumatology to inform clinical practices. I'm your host, Meghna Rao, the editor of *Rheumatology Advisor*. In this podcast series, we will be looking at emerging topics in the field of rheumatology from various experts. These perspectives may be related to the diagnosis and treatment of rheumatic diseases, current guidelines, practice management, patient care, and much more

Meghna: A recent paper published in *BMC Rheumatology* analyzed some of the fictional depictions of gout in contemporary film and television. Findings of this research were astounding in that these depictions reinforced inaccurate beliefs about gout, which was portrayed as humorous and embarrassing.

Today we're discussing the potential reasons for these misrepresentations and their effect on the mental health of patients with gout. We're also focusing on how providers can help mitigate these inaccuracies to improve patients' quality of life.

We have with us on this episode, Dr Nehad Soloman, a rheumatologist at Arizona Arthritis & Rheumatology, and whose care philosophy includes being highly accessible and responsive to his patients' needs.

Welcome, Dr Soloman. It's great to talk with you!

Dr Soloman: Thanks for having me. It's a pleasure to be here.

Meghna: Now, to address the fictional representation of gout in film and TV, it wouldn't hurt to take a few steps back and trace the evolution of gout over the years – from being called “arthritis of the rich” to “unwalkable disease,” and being defined initially as “the notion of the dropping of a morbid material from the blood in and around the joints.” But cut to today, and we're still seeing gout being depicted in a similar manner on television as it was several decades ago. Humor aside, why do you think this hasn't changed, even though we have new perspectives and improved management strategies for this systemic condition?

Dr Soloman: So that's an interesting question. The reality is the understanding of gout, although has advanced, has not been disseminated appropriately, even amongst the medical community. I think if you ask most rheumatologists how deep they think the

primary care world sees gout, most people would see it as an episodic disease. That just scratches the surface. In other words, effectively, most of our colleagues are treating gout before we get to see them as specialists as an episodic problem. And many portray gout being an issue with mainly alcoholics because we know that one of the triggers for acute flares is excessive alcohol consumption. However, that's not the only one. As you know, there are many other triggers for flares. So I think part of the problem is just a lack of awareness and a lack of real discussion regarding gout and the evolution of our understanding of this disease.

Meghna: You know, my next question is probably obvious, in that what can providers do to, sort of, undo these false notions and improve patients' and in fact, the general population's, outlook towards gout and its severity. I'm sure there's a mental and psychological aspect to this that has not been routinely addressed while providing patient care. In addition, several recent studies have indicated increased depression and anxiety in patients with gout, and I'm sure these fictional misrepresentations don't help.

Dr Soloman: I absolutely agree with you. There is certainly this misrepresentation that leads patients to, sort of, shelter themselves [and] only seek help when the pain is severe because they don't want to be ostracized as being, for example, an alcoholic or something like that. Effectively, the best thing that we can do is increase education amongst the community, not just of rheumatologists, primary care physicians, [and] emergency medicine physicians, but then the community at large. Patients, direct-to-patient advertising and education is critical.

So patients, ultimately, when they seek hiding because of the negative stigma associated with gout, could end up leading to great depression, extreme anxieties, and this can often worsen disease because if they're not managing their gout and appropriately understanding that it is a chronic illness, then effectively the pain will get worse. And it will be a vicious cycle leading to further depression, anxiety, pain; and, sort of, pain begets more depression and anxiety as well.

Meghna: [I]n your years of practice, have you had a patient or patients with gout who have expressed these feelings to you regarding the subject, or have they addressed any misinformation or the wrongful depiction of gout that they may have encountered? Because, you know, even as recently as the TV series Game of Thrones, which was watched by many people around the world, alluded to a character who had gout, Prince Doran for those who know, as “weak” and “disgusting.”

Dr Soloman: It's funny that you say that; I don't watch this series or didn't watch the series. But gout had been known as the “king's disease” many, many moons ago, partly because the folks [who] would get it in the days of old would drink out of lead cups, and the lead would lead to kidney failure or nephropathy, which would then effectively lead to gout flares because of the kidney disease. But, at that time, it was thought that it was the wine consumption out of those cups, as well as the excessive red meats. As you know, red meats have also been implicated, consumption of red meats has been implicated in the development of gout flares. But the reality is it was the lead. It's kind of interesting, again, when they bring in the historical context and yet don't depict it properly. Hollywood isn't doing us any favors.

Meghna: A great segue to my next question, Dr Soloman. I have seen varying perspectives and expert opinions over the years, but what's your take on all the research behind diet and lifestyle as predictors of gout? Is gout a disease of the genes rather than of the diet? During the [American College of Rheumatology] (ACR) 2019 meeting held in Atlanta, I had a chance to sit in on the press conference for the gout guidelines, where some researchers suggested the overemphasis that is being placed on diet in gout prevention and management.

Dr Soloman: Yes, indeed there is an overemphasis on dietary restrictions and modifications, and that really is only one-third of the equation. Only one-third of the uric acid in the body comes from what we eat; the other two-thirds is produced by the body and can also be influenced by a variety of genetic factors. Gout is hereditary. You see it passed from 1 generation to the next. Effectively, the bigger problem here is the handling of uric acid and the excretion of uric acid. So as a result, although diet modification may help reduce the uric acid by a point or 2 [at the] max, it's not going to get us to where we need patients where our target is a uric acid of less than 6 or less than 5 if they have tophi. So, effectively, what I find is that the diet education helps to mitigate flares, but it really doesn't help get us to the target, which is getting that uric acid down to as close to zero as possible.

Meghna: Now, to understand the clinical implications of the study that I referenced previously, the study published in *BMC Rheumatology* about the fictional depictions of gout, I had a chance to catch up with one of the study authors.

Christina Derksen: I'm Christina Derksen and I'm one of the authors of the study "An apple pie a day does not keep the doctor away."

We analyzed how gout was presented in film and TV shows in the last 20 years and found that it was not very accurate. Gout was portrayed as a humorous and embarrassing condition caused by an overindulgence of food and alcohol. And the problem with this inaccuracy of this depiction is that they may contribute to existing undertreatment of gout because patients simply don't know about accurate treatment options or they are too ashamed to seek help.

So what we need to do is start informing people about the disease so that we can reduce stigma by increasing knowledge on the causes. We also need to inform about accurate treatment options, namely urate-lowering therapy. This should be done in film and television, but also social media, in order to change public perceptions in the long-run.

Meghna: And now despite all the misrepresentation in terms of diet and social status, patients with gout are often shown to miss out on social events in film and television, which is probably an accurate depiction for this population, right? So I was watching a recent movie called *The Favorite*, where the queen who had gout is portrayed as someone who is self-indulgent and weak. But along the same lines, she also does not attend social gatherings due to her gout flares. Dr Soloman, how can providers address and help improve the overall quality of life of patients with gout?

Dr Soloman: So the biggest thing that we can do is explain to patients that this is a chronic illness that needs to be addressed from the ground up. Ultimately, if we try to prevent flares, if we try to maximize therapy to minimize the levels of uric acid, they don't need to

miss out on anything. Of course, social events usually involve drinking, and so education about moderation in drinking of alcohol or consumption of various foods would allow you to still attend the events and still have a good time without flaring your disease. The main thing is we have to look beyond the flare. We have to manage this disease by looking at managing uric acid levels properly and really make sure that there's an understanding of regular follow-up between the patient and the physician, and not treat this as an episodic disease any longer.

Meghna: Do you see gout being commonly misrepresented or not being addressed with patients?

Dr Soloman: Yeah, absolutely. Not just with patients, but even with physicians. Primary care physicians, urgent care physicians, emergency medicine physicians, even podiatrists [m]ay treat the acute flare and actually explain to patients that no, they don't need to come back until they have their next flare. But the reality is we need to treat beyond the flare. And this is only going to come by not only educating our patients, but educating the educators of our patients, who are the frontline physicians.

Meghna: Absolutely, that makes a lot of sense. I also wanted to add a note about the overall importance of the role of patient-reported outcomes in gout in clinical trials.

Dr Soloman: Yeah. So patient-reported outcomes, or PROs as we call them, are critical. In clinical trials, in any clinical trial, if the patient doesn't feel better, it doesn't matter how well you think your drug is working. It's not going to have great uptake. So PROs or patient-reported outcomes have become the forefront of any clinical research, but in particular gout.

I'll share with you a personal piece. My own grandfather, my maternal grandfather, suffered with gout for many years since the age of 20. And I remember as a child seeing him with an acute flare of gout and how he was laid up in bed, couldn't move even the sheets over his foot. It's extremely, exquisitely painful. Understanding this firsthand and seeing it really, sort of, brings it home for me.

Meghna: Yeah. With that, I thank you for taking the time to speak with us, Dr Soloman. I really hope that, together, we can all turn the page to a new chapter on the representations of gout in society, especially keeping this patient population in mind.

Dr Soloman: I agree. Thank you so much.

Meghna: Please stay tuned for more episodes in this series. For more information on *Rheumatology Advisor* and this podcast, you can reach out to us at editor@rheumatologyadvisor.com. We, at *Rheumatology Advisor*, look forward to delivering timely, evidence-based news to you. You can also sign up for our free newsletters on the site.