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**INDUSTRY STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

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**Dietary guide for hyperuricemia and gout patients
(English Translation)**

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Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

Drafting organizations of this standard. Peking Union Medical College Hospital of Chinese Academy of Medical Sciences, Beijing Hospital, PLA General Hospital, Affiliated Medical University of China Medical University Hospital, Hebei Provincial People's Hospital, Institute of Information, Chinese Academy of Medical Sciences.

1 Scope

This standard specifies the dietary guidelines, recommended intake of energy and essential nutrients for patients with hyperuricemia and gout.

This standard is applicable to dietary guidance for adult patients with hyperuricemia and gout who are not associated with other diseases such as renal insufficiency.

2 Terms and definitions

The following terms and definitions apply to this document.

Medical nutritional therapy; MNT Nutritional treatment measures for specific diseases under clinical conditions, including individualized nutritional assessment, diagnosis, and nutritional therapy for patients Formulation, implementation and monitoring of treatment plans.

Hyperuricemia

Metabolic diseases caused by purine metabolism disorders are closely related to gout, and are diabetes, metabolic syndrome, dyslipidemia, chronic Independent risk factors for diseases such as kidney disease and stroke. The diagnostic criteria are. under the usual diet, 2 times of fasting on different days for blood, the blood uric acid value is determined by the urinase method, and the value is higher than 420 μ mol/L for men or 360 μ mol/L for women.

Gout

A crystal-associated arthropathy caused by monosodium urate deposition, and hyperuria caused by disturbance of purine metabolism and/or decreased uric acid excretion Acidemia is directly related and belongs to the category of metabolic diseases. Often manifested as acute onset arthritis, tophi formation, tophi chronic arthritis, Uric acid nephropathy and uric acid urinary tract stones, etc., severe joint disability and renal insufficiency may occur. In severe pain, joint destruction and kidney function may occur Damage is often accompanied by other manifestations of metabolic syndrome, such as abdominal obesity, dyslipidemia, type 2 diabetes, and cardiovascular disease.

3 The goal of dietary guidance Through medical nutrition therapy, reduce the intake of exogenous purines, reduce the blood uric acid load, reduce the risk of gout or reduce the acuteness of gout the number of attacks; delay the occurrence and development of related complications; promote and maintain the body's proper nutritional status, prevent and cooperate with the treatment of related diseases Disease, improve the clinical outcome.

4.1 General principles

Should be based on the principle of individualization, establish a reasonable diet and a good lifestyle, and limit high-purine animal foods (common food purine Please refer to Appendix A for details on the content of pyridine. Control the ratio of energy and nutrient energy supply, maintain a healthy weight, cooperate with regular uric acid-lowering drug treatment, and regularly Monitoring follow-up.

4.2 Foods to avoid

Avoid eating carapaceous seafood such as liver and kidneys, shellfish, oysters and lobsters, and thick broths and gravies.

For patients with acute gout attacks, poor drug control, or chronic tophitic arthritis, alcoholic beverages should also be banned.

4.3 Recommended restricted food

4.3.1

Animal foods with high purine content, such as beef, mutton, and pork.

4.3.2

Fish food.

4.3.3

Foods containing more fructose and sucrose.

4.3.4

All kinds of alcoholic beverages, especially beer and distilled spirits (liquor). Men's overall alcohol consumption should not exceed 2 alcohol units per day.

Women should not exceed 1 alcohol unit/day (1 alcohol unit is approximately 14g of pure alcohol). 1 alcohol unit is equivalent to 12% ABV 145mL wine, 497mL ABV3.5% beer or 43mL ABV40% distilled wine.

4.4 Recommended food choices

4.4.1

For skimmed or low-fat milk and its products, 300 mL per day.

4.4.2

Eggs, 1 egg a day.

4.4.3

A sufficient amount of fresh vegetables should reach 500g or more per day.

4.4.4

Encourage the intake of low GI cereals.

4.4.5

Adequate drinking water (including tea and coffee, etc.), at least 2000 mL per day.

4.5 Weight management

Overweight or obese patients should slowly lose weight to reach and maintain a normal weight.

4.6 Eating habits

Establish good eating habits. Eat regularly and quantitatively or eat small and frequent meals. Do not overeating or eat a lot of meat in one meal. Use less thorns Exciting seasoning. Seafood, meat and high-purine plant foods can reduce the amount of purines by discarding the soup after cooking.

5.1 Energy

Energy intake is to achieve and maintain a normal body weight as the standard. It should be estimated based on the patient's gender, age, height, weight and physical activity.

Quantity demand. In the case of light physical activity level (such as sitting and working), people of normal weight should be given 25 kcal/kg~30kcal/kg energy daily, Underweight people are given 35kcal/kg energy daily, and overweight/obese people are given 20kcal/kg~25kcal/kg energy daily; during moderate physical activity Under normal conditions (such as electrician installation), people with normal weight are given 30 kcal/kg~35kcal/kg daily energy, and those with underweight are given 40kcal/kg daily Energy, 30kcal/kg energy per day for overweight/obese people; under heavy physical activity level (such as porters), normal weight people daily 40kcal/kg energy, 45 kcal/kg~50kcal/kg energy daily for underweight people, 35kcal/kg energy daily for overweight/obese people the amount.

5.2 Carbohydrates

The energy provided by carbohydrates accounts for 50% to 60% of the total energy. The intake of added sugar should be restricted. Choose low-GI foods. Encourage whole grains Food accounts for more than 30% of the daily staple food. The daily intake of dietary fiber reaches 25g-30g.

5.3 Protein

The dietary intake of protein is 1g/kg/d, and the energy provided accounts for 10% to 20% of the total energy. Recommended food sources are dairy products and eggs.

5.4 Fat

The energy provided by fat accounts for 20%-30% of the total energy of the whole day. Patients with obesity or metabolic syndrome should strictly limit the total daily fat intake the amount accounts for no more than 25% of the total daily energy, and saturated fatty acids