THE COMPLETE

GOUT

MANAGEMENT & NUTRITION GUIDE

Empowering Strategies for Better Health

Diana Girnita, MD, PhD, FACR

with **Doug Cook,** RD, MHSc

Contents

Introduction

IF YOU'VE EXPERIENCED GOUT, you'll remember it vividly. People say it is the most painful ordeal they have ever been through. Sadly, your first experience won't be a one-off incident. Without proper treatment, your attacks will continue, worsening in severity and increasing in frequency. Add to this your growing awareness that much of what you're learning about your disease seems to lack certainty. You are likely to feel as if you're swimming upstream.

Fundamentally, there are many differing opinions on how to treat gout, even among highly regarded experts. The complexity of the disease is significant. Physicians have been treating gout since antiquity, but for centuries they had no idea what triggered an attack. It wasn't until the 1960s that researchers identified the direct perpetrator, too much uric acid in your body.

I see the results of this uncertainty in my daily practice. Gout is a common disease but it's likely to be misdiagnosed and/or mismanaged. A patient's first response to the symptoms is probably to book an appointment with their family physician. Unfortunately, most primary-care providers don't know how best to treat gout. They may confuse high uric acid levels in the blood with the condition. They may also be unsure about whether to treat the pain or initiate long-term therapy.

Our current medical system also makes treatment challenging. Even if your family physician has the best intentions, they don't have time to discuss long-term treatment in the standard 10-minute visit. An urgent-care consultation is equally problematic, as a one-time visit doesn't include a comprehensive evaluation or follow-up.

For many reasons, which I'll explain later, making an accurate diagnosis of gout can be complicated. Basically, the earlier you begin proper treatment, the better your outcome is likely to be. If you have gout, you need to see a specialist as quickly as possible.

While experts agree on how to treat gout, they debate the impact that food and lifestyle can have in its management. One active debate revolves around the benefits of pharmaceutical interventions compared to lifestyle modifications such as changes to diet. There is no question that drugs are effective in the acute phase of an attack. They work quickly, providing immediate pain relief. But long-term management of the condition requires a more comprehensive approach.

If you are suffering from gout, it is likely you will encounter a specialist who will tell you there is no scientific evidence linking what you eat with an attack of gout —even if your experience shows a clear connection.

There are many reasons for this. One, generally, doctors have minimal education in nutrition. We have been trained to recognize and diagnose a disease, then treat it with medications. Also, there is a sad lack of "gold standard" studies linking nutrition with gout.

Usually, we as physicians do not talk to patients about nutrition or supplements, even when patients initiate the discussion. We are afraid to make recommendations, as this information is outside the rules governing the standard of care. Most of our recommendations are very general: "Don't eat too much protein. Don't drink too much alcohol. Sleep well and exercise. Avoid stress." How is that advice supposed to help patients? If we don't give them a plan to follow, it is just a wish list.

Yes, medication has an important part to play in treating gout. But as a researcher and a rheumatologist who has been treating patients with gout for 10 years, I know that nutrition has a major role to play in the long-term management of gout. You can't successfully manage the disease over the long-term without involving diet.

> "Nutrition has a major role to play in the long-term management of gout."

I became a rheumatologist via a circuitous route. In 2005, as a cardiology resident I was invited to pursue a postdoctoral fellowship at Harvard University to study heart disease. A year later, at the University of Pittsburgh, I investigated the relationship between our genes and the immune system. One fundamental lesson I learned there is that our genes influence how our bodies react to inflammation; if you are predisposed to develop inflammation it is mostly because of your genes. I enjoyed my research work but after five years, I was missing direct interaction with patients. I took the plunge and undertook further training to become a board-certified specialist in internal medicine and rheumatology.

Since then, I've evaluated many patients with gout and have learned first-hand how much misunderstanding there is about the disease as well as how frequently it is misdiagnosed and poorly managed. Over the years, patients often asked me about nutrition. I felt frustrated, as I did not have all the answers. I started to study how certain foods, supplements and lifestyle changes could affect gout. I went back to school and studied nutrition science at Stanford University, then did further research into mindfulness at

the University of Massachusetts. Since then, I have spent hundreds of hours more researching the topics I discuss in this book.

My practical experience made me aware of another problem. Accessing specialists in the United States is very difficult. Recognizing that patients who are in pain and need immediate help can easily wait four to six months to get an appointment with a rheumatologist, I started my own practice, Rheumatologist OnCall. Through my company, patients can reach me from their homes anywhere in the United States, via telemedicine.

I wrote this book because I wanted to clarify the confusion about gout and to help people who are suffering from the disease. Gout is more than an acute attack that subsequently goes away. It's a much deeper problem involving your entire metabolism. Gout is strongly connected with numerous metabolic diseases, including obesity, diabetes, psoriasis and hypertension. Left untreated it will leave its mark on your entire body, damaging organs such as your heart, blood vessels and kidneys.

"Gout is strongly connected with numerous metabolic diseases, including obesity, diabetes, psoriasis and hypertension."

I felt compelled to write this book because I see so much unscientific information about nutrition being bandied about. These days many "experts" — some of whom have never treated a patient in their life — dispense all kinds of misguided advice across multiple social media platforms. When it comes to nutrition, I want to set the record straight. In this book, I share what I know about the scientifically proven dietary interventions, nutraceuticals that will likely help you prevent onset of gout and decrease the frequency of attacks.

Many patients who come to see me want to know what they can eat. That's not a simple, one-size-fits all answer, in part, because our unique genetic makeup affects how we process food. Our genes influence our immune system, raising the risk of inflammation in certain individuals. That means if someone who is genetically vulnerable eats a food that is wrong for them, it will probably spark inflammation and increase the frequency of gout attacks.

IS THIS BOOK FOR YOU?

- If you are newly diagnosed with gout, this book will fully explain the condition — what it is and how you can take control over it.
- If you are a long-suffering gout patient who seems to spend too much time in severe pain, it will equip you with a fresh perspective, providing information that will help you reduce the frequency of your attacks and downscale their severity.
- If you have a family member with gout or you are caring for someone with the disease, it will help you to understand their experience and provide you with supportive tools.

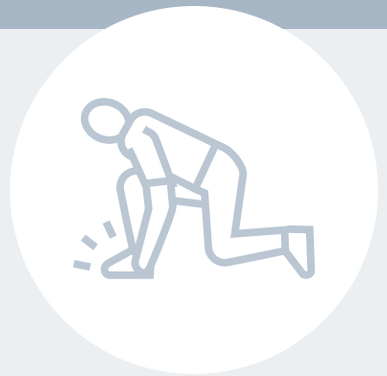
Patients know enough about nutrition to recognize that they need to change their diet and lifestyle, but they need guidance. And that's what this book can provide. It is intended to be a bridge between nutrition and lifestyle interventions and pharmaceutical options. It recognizes that these treatments can co-exist: They should complement, not exclude each other, leading to a better outcome. With the help of this book, you can live a better life with the least amount of medication.

This book is not about how to cure gout but rather how to manage it better and avoid future complications.

In this book, I tell you everything you wanted to know about gout, from how to identify the disease to the various treatments available. I also teach you about foods and their relationship with gout. You may know that certain foods can trigger a gout attack, but you may not be aware that eating other foods can help with controlling the disease. You will learn how to identify the foods and lifestyle choices that work for you — putting you in the driver's seat managing your gout.

Finally, I provide some practical tools for keeping gout at bay. These include detailed instructions on how to keep a food diary as well as a 30-day meal plan with delicious recipes.

Many factors have contributed to your gout, and no standard-issue approach is going to fix your problem. We can't cure your gout, but we can improve your quality of life and prevent the disease from further damaging your body. This book will tell you what you need to do to help you understand your condition and live a more enjoyable life.



PART I

Everything You Need to Know about Gout

CHAPTER 2

Diagnosing Gout

AS NOTED IN *Chapter 1: Introducing Gout*, early diagnosis of gout is important. Flare-ups are extremely painful and, although they directly affect your joints, their impact is eventually felt in various organs, especially your kidneys. Our bodies have many different systems that work together to keep us healthy. Disruptions in one likely trigger trouble in others.

If overlooked in its early stages, gout will progress, sparking system-wide changes with long-term impacts. Typically, your first attack will evolve into an annual event. Gradually the frequency will increase, eventually morphing into something along the lines of monthly occurrences.

On their own, these attacks will curb your ability to work and hamstring your enjoyment of life. However, repeated episodes will eventually leave their mark throughout your body (see page xx).

Gout Is Easily Misdiagnosed

Unfortunately, gout is often left untreated or even misdiagnosed. Its symptoms can easily be mistaken for those of other conditions, including sprains, tendinitis or even different types of arthritis (see page xx and below).

Because it's so painful, most people experiencing a gout attack immediately seek treatment from their family physician or at an urgent care facility. These practitioners may or may not recognize gout. However, they likely have the skills to relieve the patient's pain. Once the sufferer feels better, he or she is likely to forget about the attack until the next time.

The problem is, each attack signals that the disease is progressing. Every attack further damages the joint, which over time will be destroyed, leading to chronic pain. And there will be a next time. If left unchecked, gout will run rampant throughout your body.

PODAGRA

A gout flare-up usually starts at the tip of the big toe, which appears red and swollen. This inflammation is called podagra. The pain is excruciating. The maximum intensity of a gout attack is usually reached within 24 hours. Then the pain begins to wane, usually winding down in 5 to 7 days.

WHAT IS A FLARE-UP?

A flare-up is an attack of gout. I use the term interchangeably with "gout attack" throughout this book.

GOUT ATTACKS IN THE NIGHT

Gout flare-ups most likely originate during the night. As room temperature drops, any uric acid crystals that have been forming crystallize in the joints, triggering inflammation. In the morning, you will be greeted by a swollen and very painful toe. It's possible your entire foot will appear red and swollen.

CASE STUDY **JEREMY**

Based on blood tests that showed slightly high levels of uric acid, Jeremy had been diagnosed with gout 10 years before he saw me. He was faithfully taking the drug Allopurinol, a classic and effective treatment for gout, but his condition had not improved. Eventually, he decided to seek a second opinion.

When I saw him, Jeremy's attacks were still persistent. Despite additional treatment with anti-inflammatories and steroids from time to time, he was still having gout attacks every three to four months. His left toe was definitely swollen. It looked like a sausage.

I was unable to get synovial fluid from the toe, so I ordered x-rays and a dual energy CT scan, neither of which revealed any uric acid crystals in the joint. Jeremy did, however, have high levels of inflammation. He told me that he frequently had eczema in his scalp and behind his ears. When I looked, I determined that his rash was actually psoriasis. That lead me to a diagnosis of psoriatic arthritis (see page xx).

Expertise Pays Off

Diagnosing and treating gout requires a specialist's expertise and the time to take a detailed inventory of the patient's history and lifestyle habits. Unfortunately, in the current healthcare environment, physicians are penalized for more spending time with their patients. The healthcare system values productivity — the number of patients seen in an hour — more than the quality of patient care. In addition, our current medical system is focused on treating sickness, not on preventing it from developing in the first place.

I'm a board-certified rheumatologist, with more than 20 years of training and practical experience. When patients present at my office, I carefully listen to their symptoms and look for particular signs when examining them. These will guide my next steps in getting an accurate diagnosis.

I think of myself as a kind of medical detective. My first meeting with a patient involves taking detailed notes and piecing together symptoms and signs. Then I connect the dots to make a diagnosis of gout. Once I suspect that the patient might have gout, I do a battery of tests that guide me toward the diagnosis. After confirming gout, I choose the treatments that are likely to be the most effective based on that patient's medical conditions. Each and every patient represents a unique challenge. There is no one-size-fits-all solution.

WHAT IS METABOLISM?

Metabolism is a process that our bodies use to transform food into energy. When digesting food, we break down what are known as building blocks (amino acids, fats and proteins) into compounds that keep our cells functioning and help with eliminating the waste products we produce.

Misdiagnosis: A Path for Complications

As discussed, gout is considered a metabolic disease. Most people with gout suffer from other chronic conditions such as high cholesterol, high blood pressure, obesity, diabetes, psoriasis or kidney disease, all of which signal that something is amiss with the metabolism.

Complications specifically associated with gout include buildup of tophi, chronic pain, heart disease and reduced life expectancy.

- **BUILDUP OF TOPHI:** Deposits of uric acid crystals known as tophi are associated with gout. They can emerge under your skin, commonly near joints such as those in the hands, feet and elbows. Tophi have the potential to erode joints, leading to bone damage and persistent pain. (See page xx for more on tophi.)
- **CHRONIC PAIN:** Recurring attacks of gout can wear down your joints, causing significant pain and restricting movement.
- **HEART DISEASE:** Elevated uric acid levels affect more than your joints; they can also promote inflammation in your blood vessels, increasing the risk of heart ailments and even strokes.
- **REDUCED LIFE EXPECTANCY:** High uric acid levels are commonly associated with heart and kidney diseases. These conditions can negatively affect your quality of life and impact how long you will live. Recent research links keeping uric acid levels within a healthy range with longevity.

As noted, if left untreated, gout will ravage your body, often in unexpected ways. An initially nagging pain in your foot can cascade into a slew of more dire health concerns affecting not just joints but other organs, including the heart and kidneys.

The Rabbit Hole of Self Diagnosis

If you wake up with a painful and swollen toe, "Dr. Google" may be the first place you look to discover what might be wrong. There are many reasons for this. Getting an appointment with your doctor can take time, or you may be worried about the cost. And, of course, online searching is so easy to do. Just typing in "toe pain" will produce several options, along with potential solutions. You may be tempted to try some of these remedies before calling a medical professional. If you have gout, that would be a mistake.

As noted, many conditions look similar to gout. The problem is, their treatments differ and mistreatment can have negative effects. For instance, if your toe pain is the result of an infection rather than gout, antibiotics are required. Treating it with a steroid, a gout-friendly medication, is exactly the wrong thing to do. These medications suppress the immune system, potentially worsening the infection. They might even set the stage for sepsis, a generalized infection that can be life-threatening.

If you do have gout that is mistaken for an infection, taking unnecessary antibiotics is a problem in itself. Moreover, they will do nothing for the pain or inflammation.

If gout is the source of your pain, you need to tamp down the inflammation with a nonsteroidal anti-inflammatory drug (NSAID) or a steroid medication and then investigate long-term treatment to keep the condition under control. As noted, untreated gout will take a heavy toll on your body. When confronted with a complex and potentially deceptive ailment like gout, consulting with a rheumatologist or other specialist can make all the difference.

CASE STUDY **GEORGE**

George's story highlights the value of timely diagnosis.

One morning, George woke up to a red and swollen ankle that was throbbing with pain. An avid cyclist, he immediately assumed he'd injured himself while riding his bike. His first solution was to try some home remedies. These included splinting, icing and applying heat to his ankle. When that didn't help, he went to urgent care. There he was advised to continue icing, take ibuprofen for three to four days and follow up with his family physician.

The pain and swelling persisted. Three days after his urgent care visit, he saw his primary care physician. The physician ordered x-rays to rule out a fracture and advised George to continue with ibuprofen for the next five days. George's pain improved somewhat but the ankle remained swollen. At that point, his primary care physician referred him to me.

After reviewing his medical history, I advised George that we should take some synovial fluid to rule out infection. When that fluid revealed uric acid crystals, the diagnosis was clear: George had gout. We initiated treatment. This was George's first attack of gout and he became my patient. When he was correctly diagnosed and began his gout-targeted treatment, his condition quickly improved.

Who Gets Gout?

Some people are genetically predisposed to developing gout. If you have a family member suffering from the condition, you are at increased risk.

For everyone else, growing older is a risk factor on its own. The longer you live, the more likely it is that you will develop gout. Your kidneys slow down, increasing the possibility that uric

MEN ARE MORE PRONE TO GOUT

Men are more disposed to developing gout than women, in part because they are more likely to make poor dietary choices. This includes over-imbibing in alcohol and/or foods such as red meat and seafood known to spark uric acid production.

HORMONES SHIELD YOUNGER WOMEN FROM GOUT

The hormone estrogen, which tends to be abundant during women's reproductive years, provides kidney support, flushing out uric acid. Estrogen levels decline with menopause, raising the risk of developing gout.

A DANGEROUS COMBINATION

Your genes predispose you to gout. But if you are also overweight, you are more likely to develop gout at an early age. To avoid gout, know your family history and maintain a healthy weight.

acid will build up in your body. Moreover, as you age, you are increasingly likely to gain weight; obesity is a significant risk factor for the disease.

Our unhealthy lifestyles also oil the wheels of gout. Many experts now link our Westernized diets, heavy in ultraprocessed foods, along with our collective tendency toward couch potato behavior, to the development of numerous chronic diseases. Gout is among them. Studies show that eating a diet rich in ultraprocessed foods increases the risk of developing gout sooner in life, especially in people genetically predisposed to develop the disease.

Pinpointing Gout

Diagnosing and treating gout requires a specialist's expertise and the time to take a detailed inventory of the patient's history and lifestyle habits. Every patient represents a unique challenge. There is no one-size-fits all solution. Many different factors set the stage for gout, from genes and being overweight to prescription medications and poor lifestyle choices.

Simple questions can help to streamline a diagnosis. These include:

- Does any member of your family suffer from gout?
- What foods do you usually eat
- How much alcohol do you drink?
- Do you suffer from other chronic conditions, such as heart disease, diabetes, obesity, kidney disease, lymphoma, cancer or multiple myeloma?
- Are you taking any of the following medications: diuretics, blood pressure medications, chemotherapy drugs?

AGE IS A RISK FACTOR

As with all chronic diseases, your risk of developing grout increases as you grow older. With aging, particularly after age 40, your kidney function declines. Sluggish kidneys contribute to uric acid buildup in your body.

Once I've taken a detailed patient history, I use my power tools — from basic laboratory tests to the most advanced imaging tests — to zero in on whether gout is the source of the patient's problems. When gout is suspected, the most common test I employ measures uric acid levels in the blood. I also use other blood tests to evaluate for heart disease (high sensitivity CRP), or insulin resistance (hemoglobin A1c) to assess whether diabetes is a concern.

Based on the patient's family and personal history I might also order genetic tests. For instance, Asian patients can have certain HLA genes that can result in severe side effects if allopurinol therapy is used. If you are Asian, I highly recommend being tested for the HLA-B 5801 allele before taking allopurinol.

If I suspect a gout attack, one thing I'm always looking for is elevated markers of inflammation. Markers of inflammation will be high during a flare-up. They can be measured by testing sedimentation rate and C reactive protein (CRP). During a flare-up, sedimentation rate will rapidly increase and remain high for a relatively long period of time. CRP is a protein produced by the liver in response to inflammation. It quickly increases with inflammation and decreases equally quickly when the inflammation abates.

I'm also interested in knowing how well the patient's kidneys are functioning (creatinine level and estimated glomerular filtration rate [EGFR]). Poor kidney function may cause high uric acid levels. If the substance is not properly eliminated from your body, it raises the risk of developing gout. I also order tests to evaluate for liver enzymes (AST aspartate transaminase [ALT] alanine transaminase) and insulin resistance (hemoglobin A1c).

WATCH YOUR BMI

Body mass index (BMI) is a measure of how much fat someone has in relation to their height. Although it is not a perfect diagnostic tool, a high BMI is a useful predictor of potential health problems. Weight gain and obesity increase the risk of developing gout at an early age, especially if you have the disease in your family.

CHAPTER 4

Food Journaling and Gout-Friendly Meal Plans

Tips for Successful Food Journaling

We are all busy. It's all too easy to begin diligently keeping a food diary and then, when life gets in the way, fall off the wagon, so to speak. The following tips will help you to stay on track:

- **RECORD INSTANTLY:** Memory can be unreliable. Make a note of what you ate or drank as soon as you consume it.
- **BE SPECIFIC:** Be as detailed as possible regarding the quantities you consume. For instance, mention the type and size if you're drinking a latte and how much sugar you may have added?
- **PAY ATTENTION TO ALCOHOLIC BEVERAGES:** Ensure you include any alcoholic beverages, the type (beer, liquor, whisky) and the quantity consumed.
- **USE TECHNOLOGY:** Using a smartphone app like MyFitnessPal or MyPlate can be beneficial.

Playing the Long Game

Once you've identified your gout triggers through your food diary, the next step is to set dietary goals that will help you to reduce the number of flare-ups you experience.

The following are examples of how you can establish goals and make them work for you.

- If you find that eating red or processed meat four times a week triggers a gout attack:

  YOUR GOAL IS TO REDUCE RED MEAT INTAKE: Limit red meat consumption to no more than one serving per week for the next three months.

- If you find that drinking sugary beverages (soda, juices, energy drinks) every day triggers a gout attack:

  YOUR GOAL IS TO REDUCE SUGARY DRINK INTAKE: Limit consumption of sugary drinks to no more than two times per week for the next three months.

- If you find that organ meats (liver or kidneys) three times per week triggers a gout attack:

  YOUR GOAL IS TO REDUCE THE CONSUMPTION OF ORGAN MEATS: Limit the intake of organ meats to once per month for the next six months.

- If you find that drinking alcohol (especially beer) five times per week triggers a gout attack:

  YOUR GOAL IS TO CUT BACK ON ALCOHOL: Limit alcohol consumption to no more than twice a week for the next six months, and avoid beer.

- If you find that eating seafood (shrimp, scallops, mussels) three times per week triggers a gout attack:

  YOUR GOAL IS TO DECREASE SEAFOOD INTAKE: Limit seafood intake to once a week for the next three months.

TYPE OF FOOD	GOALS FOR SERVINGS
Vegetables	≥ 2 servings a day
Fresh fruits	≥ 2 to 3 servings a day
Legumes	≥ 3 servings a week
Fish	≥ 3 servings a week
White meat	Instead of red meat
Olive oil	≥ 4 tablespoons a day
Dairy, including milk, yogurt	1 cup a day
Nuts	≥ 3 servings a week
Commercially bakery goods, pastry and sweets	<2 servings a week
Red meats	< 2 servings a week

Table designed based on information included in the HYPERLINK "https://www.nejm.org/doi/full/10.1056/nejmoa1800389#:~:text=In%20this%20study%20involving%20high,(low%2Dfat)%20diet%2C"PREDIMED Study 2018

PART II

The Recipes

About the Recipes in this Book

Including certain foods into our daily routine helps to reduce the risk of increasing the uric acid in the body and consequently reduces the risk of developing gout attacks.

Meal plans can be a valuable tool to help you improve your eating habits, and/or achieve a specific health goal or manage a medical condition by taking the guess work out of what and what not to eat. After following the meal plan for some time, eating well to manage gout will start to become second nature to you.

CHAPTER 5

Breakfast

Cornmeal Crêpes with Avocado Filling

MAKES 4 TO 6 CRÊPES

SERVING SIZE: 1 CRÊPE

Thicker than ordinary crêpes but thinner than pancakes, these cornmeal treats offer a unique taste and texture, resembling soft tacos.

6-inch (15 cm) crêpe pan or nonstick skillet

TIPS

Select an avocado that is firm to the touch yet yields with gentle pressure.

If the batter is too thick to spread, add another 1 tbsp (15 mL) milk.

If you find you cannot swirl the batter quickly enough for it to reach the edges of the pan, simply use more batter.

Avocados are one of the few fruits that contain a substantial amount of fat. But unlike coconut (the fruit of the tropical palm tree), which contains mostly saturated fat, avocados provide mainly monounsaturated fat.

Laura Glenn, Dietetic Student, Quebec

CORNMEAL CRÊPES

1/2 cup	all-purpose flour	125 mL
1/3 cup	cornmeal	75 mL
1 tsp	baking powder	5 mL
1 tsp	granulated sugar	5 mL
1/4 tsp	salt	1 mL
2	eggs	2
1 cup	low-fat plain yogurt	250 mL
3 tbsp	2% milk	45 mL
2 tbsp	melted non-hydrogenated margarine	30 mL
	Vegetable cooking spray	

AVOCADO FILLING

1	large ripe avocado	1
2 tsp	freshly squeezed lemon or lime juice	10 mL
2	ripe tomatoes, seeded and finely chopped	2
1/2 cup	chopped green onions	125 mL
1 tsp	chile and garlic sauce	5 mL
1/4 tsp	salt	1 mL
1/4 tsp	freshly ground black pepper	1 mL
1/4 cup	low-fat sour cream (optional)	60 mL

1. **CRÊPES:** In a large bowl, combine flour, cornmeal, baking powder, sugar and salt.
2. In another large bowl, whisk together eggs, yogurt, milk and margarine. Make a well in the center of the flour mixture and gradually add the egg mixture, whisking until batter is blended and smooth. Cover and let rest at room temperature for 10 minutes.
3. Heat crêpe pan over medium heat. Spray lightly with cooking spray. Lift the pan and pour in about 1/3 cup (75 mL) batter. Swirl the pan so the batter reaches the edges. Return to heat and cook for about 1 minute or until crêpe is no longer shiny on top and is very light golden on the bottom. Flip and cook for 30 to 60 seconds or until starting to turn golden. Transfer to a plate, cover with foil and keep warm. Repeat with the remaining batter, spraying pan and adjusting heat between batches as needed.
4. **FILLING:** In a small bowl, mash avocado. Sprinkle with lemon juice. Gently stir in tomatoes, green onions, chile and garlic sauce, salt and pepper.
5. Divide filling among crêpes. Fold bottom edge of crêpe over filling, then fold top edge over bottom edge. Transfer to a serving plate, seam side down. Serve with a dollop of sour cream, if desired.

NUTRIENTS per serving	CALORIES	FAT	CARBOHYDRATE	PROTEIN	FIBER
	235	12.7 g	24 g	8 g	4 g

Great Grains, Fruit and Nut Granola
with Honey and Almond Butter

MAKES 10 CUPS (2.5 L)

SERVING SIZE: 1/2 CUP (125 ML)

Joanne has been making this granola for years and always keeps a big jar on her kitchen island. Her teenage sons are elite athletes and can eat mountains of it.

Preheat oven to 325°F (160°C)

Rimmed baking sheet

TIPS

If you can't find barley flakes, use 6 cups (1.5 L) old-fashioned rolled oats.

To easily stir the oat-honey mixture, use clean hands lightly coated with oil. While it's baking, be sure to stir the oat mixture every 10 minutes to prevent the edges from burning. If you prefer larger chunks of granola, do not stir after it comes out of the oven for the final time.

To store, divide granola among airtight containers and store at room temperature for up to 1 month.

NUTRITION TIP

Nuts are considered a meat alternative. A quarter cup (60 mL) is considered one serving.

1/2 cup	walnut halves	125 mL
1/2 cup	hazelnuts	125 mL
1/2 cup	almonds	125 mL
2/3 cup	almond butter or other natural nut butter	150 mL
1/2 cup	liquid honey	125 mL
2 tbsp	canola oil	30 mL
3 cups	old-fashioned rolled oats	750 mL
3 cups	barley flakes	750 mL
1 cup	wheat germ	250 mL
1/2 cup	ground flax seeds (flaxseed meal)	125 mL
1 tsp	vanilla extract	5 mL
1/2 cup	chopped dried apricots	125 mL
1/2 cup	raisins	125 mL
1/2 cup	chopped dates	125 mL

1. Spread walnuts, hazelnuts and almonds on baking sheet. Toast in preheated oven for about 15 minutes or until fragrant and lightly browned. Check often and stir during the final 5 minutes to avoid burning. Remove from oven, leaving oven on, and transfer nuts to a cutting board. Let cool completely, then coarsely chop.
2. In a medium, microwave-safe bowl, stir together almond butter, honey and oil. Microwave on High for about 1 minute or until bubbly. Set aside.
3. In a large bowl, stir together oats, barley flakes, wheat germ and flax seeds. Stir in hot honey mixture. Spread evenly on baking sheet.
4. Bake for 30 minutes. Every 10 minutes, remove from oven to stir, bringing grains from the outside to the center. Let cool completely on baking sheet on a wire rack.
5. Return to the bowl, sprinkle with vanilla and stir to combine. Stir in chopped nuts, apricots, raisins and dates.

Variation

You can vary the nuts and dried fruits, depending on preference and availability. This is also delicious with dried blueberries, cranberries and cherries.

NUTRIENTS per serving	CALORIES	FAT	CARBOHYDRATE	PROTEIN	FIBER
	315	14.6 g	43 g	9 g	7 g

CHAPTER 7

Dinner

Brined and Tender Lemon Roast Chicken

MAKES 6 SERVINGS

Joanne Rankin says that if she takes the entire chicken to the table, it will all be eaten. But if she presents a dinner plate with the chicken already portioned, everyone eats less and the remaining chicken can be served at another meal.

1	whole roasting chicken (3 to 4 lbs/1.5 to 2 kg)	1
3 tbsp	kosher salt	45 mL
12 cups	water	3 L
1	lemon	1
2 tsp	canola or olive oil	10 mL
1/2 tsp	salt	2 mL

1. Trim excess fat from chicken. Rinse inside and out under cold running water.
2. In a large pot, combine kosher salt and water, stirring to dissolve salt. Add chicken, breast side down, making sure it is fully submerged. Cover and refrigerate for at least 4 hours or for up to 8 hours.
3. About 30 minutes before cooking, drain brine from chicken and discard. Rinse chicken under running water and pat dry. Place on a clean plate and let stand at room temperature.
4. Place oven rack in center of oven, place empty roasting pan on rack and preheat oven to 425°F (220°C).
5. Meanwhile, place whole lemon in a small saucepan and add water to cover. Bring to a boil over high heat. Reduce heat and simmer for 5 minutes. Remove from heat and leave lemon in hot water until ready to use.
6. Rub chicken all over with oil and sprinkle with 1/2 tsp (2 mL) salt. Remove the lemon from the hot water, discarding water. Poke several holes in the lemon and insert it into the cavity of the chicken.
7. Carefully remove the hot roasting pan from the oven, place chicken, breast side up, in pan, and roast for 30 minutes. Reduce heat to 400°F (200°C). Roast chicken for 60 minutes or until skin is dark golden and crispy, drumsticks wiggle when touched and a meat thermometer inserted in the thickest part of a thigh registers 185°F (85°C). Transfer chicken to a cutting board, tent with foil and let rest for 10 to 15 minutes before carving.
8. Using kitchen tongs, remove lemon from the chicken. Cut lemon in half and squeeze juice over hot chicken pieces.

Variation

For added flavor, insert fresh or dried herbs, such as thyme, rosemary, savory or marjoram, into the cavity of the chicken along with the lemon.

TIPS

Brining chicken in a mild salt solution produces delightfully tender meat. Do not brine the chicken for longer than 8 hours. Over-brining may adversely affect the texture of the cooked chicken.

Tenting the chicken with foil and letting it rest before carving allows the juices to redistribute throughout the meat, creating a much moister chicken.

NUTRITION TIP

Brining is an effective way to add flavor and moisture to meats. However, with the focus on reducing sodium intake, eat brined meats only occasionally and accompany them with lower-sodium options.

NUTRIENTS per serving	CALORIES	FAT	CARBOHYDRATE	PROTEIN	FIBER
	168	7.6 g	1 g	23 g	0 g

Pasta with Chicken and Vegetable Sauce

MAKES 8 SERVINGS

Leftover chicken takes on a new life in this delicious pasta sauce.

1 lb	whole wheat penne or rotini pasta	500 g
2 tbsp	canola or olive oil	30 mL
1 cup	chopped onion	250 mL
3	cloves garlic, minced	3
1/2 tsp	hot pepper flakes (optional)	2 mL
4 cups	bite-size broccoli florets (about 1 large head)	1 L
1 cup	canned diced tomatoes with juice	250 mL
11/2 cups	shredded cooked chicken	375 mL
2 tbsp	basil pesto	30 mL
1/2 cup	coarsely chopped fresh parsley	125 mL
1/4 tsp	salt	1 mL
	Freshly ground black pepper	
1/2 cup	freshly grated Parmesan cheese	125 mL

1. In a large pot of boiling salted water, cook pasta according to package directions until al dente. Drain, reserving 1/2 cup (125 mL) of the cooking water. Transfer pasta to a large serving bowl.
2. Meanwhile, in a large skillet, heat oil over medium-high heat. Sauté onion for about 3 minutes or until softened and edges are lightly browned. Add garlic and hot pepper flakes (if using); sauté for 30 seconds. Add broccoli and cook, stirring occasionally, for about 5 minutes or until bright green.
3. Stir in tomatoes and bring to a boil. Stir in chicken, pesto and reserved pasta water. Reduce heat and simmer, stirring often, for about 3 minutes or until chicken is heated through. Remove from heat and stir in parsley, salt and pepper to taste.
4. Pour sauce over pasta and stir to combine. Sprinkle with Parmesan.

Variation

Use leftover turkey or meatballs instead of chicken.

TIPS

Cold chicken shredded by hand into irregular, bite-size pieces is more visually appealing and creates more surface area for the flavorful sauce to cling to than cubes cut with a knife.

For the best texture, be careful not to boil the chicken in the sauce.

If your family is just starting to eat whole wheat pasta, mix it half and half with regular pasta at first. Gradually increase the percentage of whole wheat until the whole dish is whole-grain.

NUTRIENTS per serving	CALORIES	FAT	CARBOHYDRATE	PROTEIN	FIBER
	347	9.5 g	49 g	20 g	6 g

Everything You Need to Know about Gout

Gout is a form of arthritis caused by uric acid crystals in the body causing inflammation leading to pain in the joints. The *Journal of American Medicine* reports that gout currently affects approximately 9.2 million people in the United States (or 3.9% of the population) and yet very little has been published about gout and its treatment. *The Complete Gout Management and Nutrition Guide* is for both the newly diagnosed and long-term sufferers. In this book, you'll find everything you need to know about gout, from how to identify the disease to the various treatments available — putting you in the driver's seat to manage your gout.

HIGHLIGHTS:

- Designed for both the newly diagnosed and long-term gout sufferers.
- Learn how to identify gout and the various treatments available.
- Discover which foods can trigger a gout attack, and which foods can help with controlling the disease.
- Includes more than 90 recipes for nutritious, delicious, easy-to-prepare meals.
- Includes meal plans for a month.

AUTHOR BIOS

DIANA GIRNITA, MD, PhD, FACR, is the founder and CEO of Rheumatologist OnCall, the only specialized, physician-led telemedicine rheumatology company. She is a double-board certified rheumatologist specializing in the treatment of arthritis, in particular, gout. She lives in California.

DOUG COOK, RD, MHSc, is a registered dietitian and nutritional consultant with nearly two decades of experience. He lives in Toronto.

TITLE: The Complete Gout Management and Nutrition Guide

SUBTITLE: Empowering Strategies for Better Health

AUTHORS:
Diana Girnita, MD, PhD, FACR,
with Doug Cook, RD, MHSc,

PUBLICATION DATE: October 2024
(shipping September 2024)

ISBNS:
978-0-7788-0723-0 / 0778807231

PRICE: $24.95 US / $29.95 CAD

FORMAT/TRIM: TP / 7" x 10"

PAGE COUNT: 288

RECIPES / ILLUSTRATIONS:
90+ recipes / No illustrations

SUBJECT / CATEGORY:
HEALTH & FITNESS / Diseases & Conditions / General

MARKETING & PUBLICITY

- Robert Rose will launch a targeted marketing and publicity campaign across North American platforms.
- Extensive national and regional health and medical print and online publicity campaign.
- Blogger and reviewer campaign targeting all health and pain-management sites.
- Influencer outreach to leading Acupressure professionals.
- Strategic social media campaign including all author and publisher platforms and channels (website, Facebook, TikTok, Twitter, Instagram, newsletters).
- Focus on special online and virtual opportunities for advertising and direct to consumer marketing.