

Polymyalgia rheumatica

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1 Polymyalgia rheumatica is a common inflammatory disorder that affects older patients

Polymyalgia rheumatica is the second most prevalent systemic rheumatological disease in adults. Lifetime risk is 2.4% for women and 1.7% for men, with incidence rising from age 50 to 80 years.¹

2 Taking a thorough patient history is critically important, as physical manifestations can be subtle

Polymyalgia rheumatica is characterized by acute-onset bilateral shoulder pain with morning stiffness. Less commonly, the neck, pelvic girdle and proximal thighs are involved. Constitutional symptoms are common; however, any fever is typically low grade. Active joint range of motion may be restricted, without observable joint inflammation or weakness.²

3 The European League Against Rheumatism (EULAR) and American College of Rheumatology (ACR) criteria can distinguish polymyalgia rheumatica from mimicking conditions

The condition is likely in patients with the aforementioned symptoms with elevated erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) or both, and response to glucocorticoids. The EULAR and ACR classification criteria are the most sensitive and specific and can help differentiate polymyalgia rheumatica from conditions such as rheumatoid arthritis, shoulder osteoarthritis and myopathies.³

4 The treatment is long-term prednisone started at 12.5–25 mg orally daily

Improvement is typically seen within 24–72 hours, but fewer than half of patients completely recover by 3 weeks.² The minimum effective prednisone dose should be used, typically over at least 12 months. Tapering below 10 mg/d should be started once clinical and biochemical remission (normalization of ESR or CRP or both) is achieved.⁴ Specialist referral is warranted for atypical symptoms, therapy-related adverse effects, refractory symptoms, relapses and suspected giant cell arteritis.⁵

5 All patients with polymyalgia rheumatica should be checked for symptoms and signs of giant cell arteritis

Giant cell arteritis is associated with 10%–21% of cases of polymyalgia rheumatica.¹ Its features include headache, vision changes, jaw claudication and temporal artery tenderness. Complications include permanent vision loss. Patients with these symptoms should start prednisone at the higher dose of 40–60 mg/d and be referred urgently for temporal artery biopsy.

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