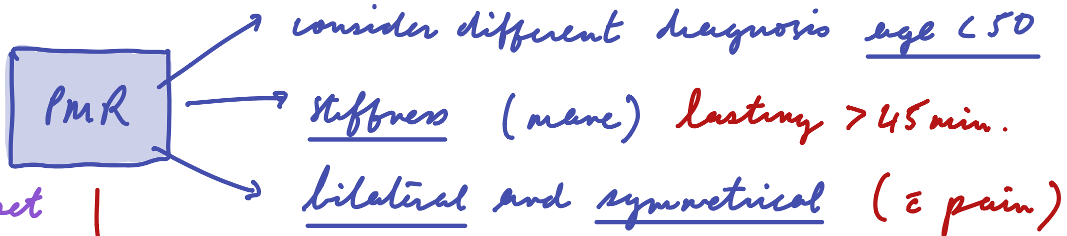
Polymyalgia Rheumatica

BMJL

→ more common age >65.



sudden onset

usually associated c̄ ↑CRP

in normally well patient

→ think GCA
→ headache
→ scalp tenderness
→ jaw claudication.

DD

- **degenerative** OA, Rotator Cuff, spondylosis, frozen shoulder
- **Endocrine** Thyroid, parathyroid
- **Infection** Endocard. Viral, Osteomy. Tb.
- **Inflammatory** (RA), SLE, polymyositis, dermatomyosis,
- **malignancy** MM, leukaemia, Ca lung
- **drugs** statins
- **other** Fibromyalgia, chronic fatigue.

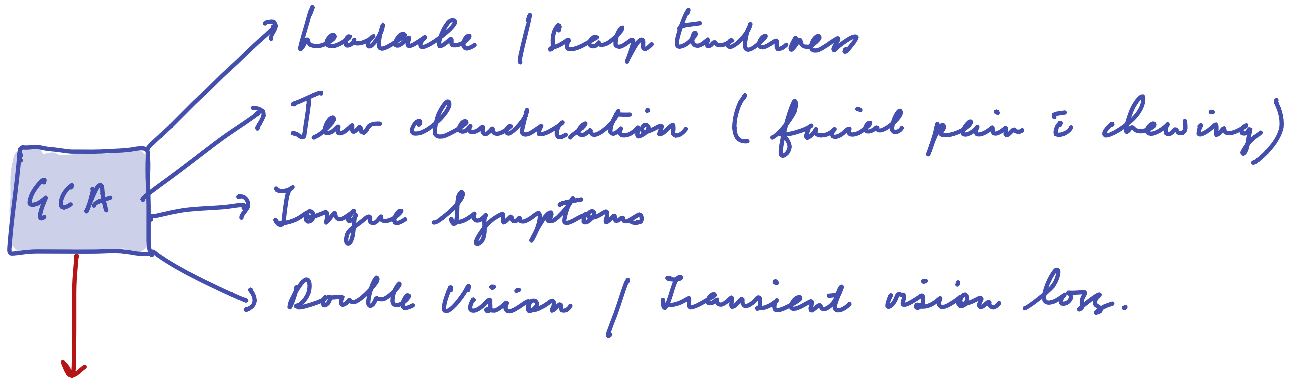
Bloods focus on other causes

RA / anti CCP.

PMR prednisone dose 15mg/d.

in higher doses the steroid may treat other conditions.

caution of AVN of hip which might mimic PMR flare.



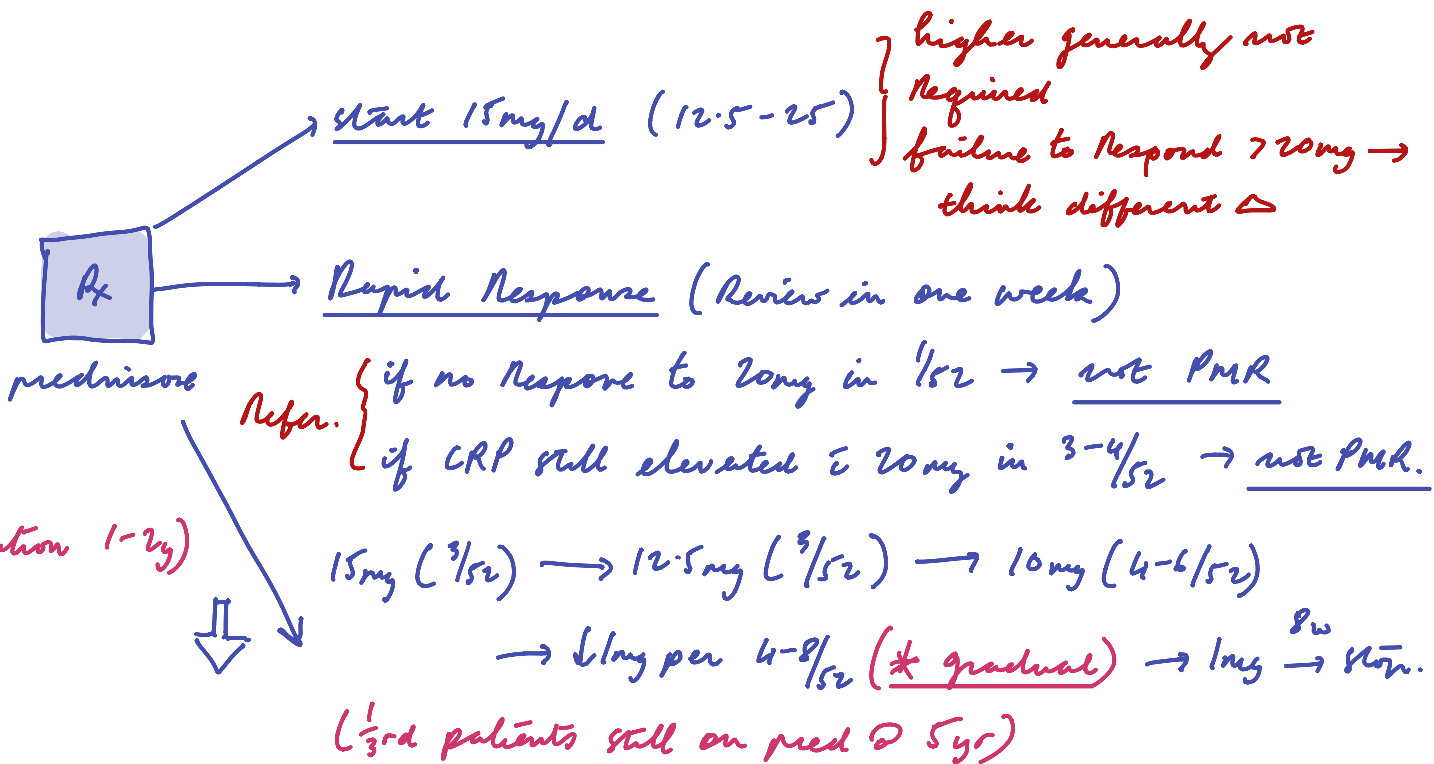
Medical Emergency (a different disease to PMR)

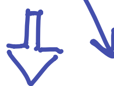
Urgent Consult.

high dose steroids

↑CRP → Rx prednisone → CRP normalises in 2-3/52.

better than ESR. but don't guide steroid Rx based on CRP, use symptoms (treat the symptoms not the CRP.)





PMR + diabetes

- associated with conditions that mimic PMR
  - adhesive capsulitis
  - neuropathic pain
  - ↳ check inflammatory markers.
- ↳ no alternatives to prednisone. (? ± methotrexate)
  - ↳ Requires intense monitoring of diabetic control.

When to Refer

- → 2 flares on pred.
- → can't get pred. < 10mg @ 6m.
- → patient is becoming Cushingoid.

Osteoporosis prevention

- → diet
- → Ca^{2+} / Sun.
- → Weight bearing exercise.
- → Vit D Supplementation.
- → Bisphosphonate esp in frail pts.
  - FRAX Score.
  - ± DEXA.