# Polymyalgia Rheumatica





Pathophysiology

Recognition

Decision making aids

Investigation

Onwards referral

### Polymyalgia Rheumatica



Acute onset Bilat shoulder (90%) and/or bilat buttock pain

Bilat shoulder and/or bilat pelvic girdle stiffness

Symptoms worse in the early morning >45 mins

Peak onset age 65

Extremely uncommon prior to age 50

3:1 Female:Male

Raised CRP and/or ESR

Family History PMR

23% have synovitis

1/3 develop RA



### **Positive Features**

Acute onset (new) bilat. Shoulder and or Buttock pain
Early morning stiffness lasting 45+ mins
Night pain with severe stiffness
Fever, weightloss, fatigue
Age 50+

Raised ESR and/or CRP

### Negative features

Positive anti-ccp or RF or ANA etc (other clinical diseases more likely) Presence of peripheral arthritis Presence of headache, jaw claudication, visual symptoms (GCA)

### Table 3. European League Against Rheumatism and American College of Rheumatology Provisional Classification Criteria for Polymyalgia Rheumatica Required Criteria Age ≥50 years Bilateral shoulder pain Abnormal erythrocyte sedimentation rate and/or C-reactive protein Critoria for appring algorithms

**Points** 

2

**Points** 

Criteria for Scoring algorithm-
Clinical criteria
Morning stiffness lasting >45 minutes

Hip pain or restricted range of motion

Negative rheumatoid factor and anti-

citrullinated protein antibody Absence of other joint involvement Ultrasound criteria

≥1 shoulder with subdeltold bursitis, biceps tenosynovitis, or glenohumeral synovitis

≥1 hip with synovitis or trochanteric bursitis

Both shoulders with subdeltold bursitis,

PMR from comparison subjects. PMR, polymyalgia rheumatica

biceps tenosynovitis, or glenohumeral

synovitis

\*Using only clinical criteria, a score of ≥4 had a 68% sensitivity and 78% specificity for discriminating patients with PMR from comparison subjects. Using a combination of clinical criteria and ultrasound criteria, a score of >5 had a sensitivity of 66% and specificity of 81% for discriminating patients with



**GP** managed

Refer to Rheumatology?

MSK Therapists

### **Differential Diagnosis**



Rheumatoid Arthritis

Giant Cell/Temporal Arteritis

Persistent pain conditions

Upper trapezius myalgia

# **GCA/Temporal Arteritis**



Medical Emergency – A&E

Temporal Headache – usually unilateral

Scalp Pain

Jaw Claudication

Visual Disturbance – transient unilateral visual loss, blurring, diplopia

Polymyalgicsymptoms

Limb claudication

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