Polymyalgia Rheumatica referral guidance

Key Message: Most cases of PMR can be managed in primary care.

Referral to RNHRD Rheumatology team for PMR should be considered if:

There is uncertainty regarding diagnosis

Difficulty reducing the prednisolone dose < 10mg

Symptoms resistant to prednisolone

Consideration of introduction of a steroid-sparing agent e.g. methotrexate

Presence of SWOLLEN joints / significant articular symptoms suggestive of an underlying inflammatory arthritis at presentation or on steroid reduction

Refer URGENTLY IF ANY SUSPICION OF TEMPORAL ARTERITIS e.g. visual symptoms, severe headache, jaw claudication (seek urgent telephone advice via Cinapsis and/or see Temporal Arteritis referral pathway)

Suggested investigations prior to referral AND commencement of prednisolone

FBC
PV
CRP
U&E, Creat, LFT, Ca
Igs, Serum and urine electrophoresis
RF
AIP
CPK
Consider PSA in men

DO NOT DELAY TREATMENT IF CLINICALLY INDICATED PENDING REFERRAL

DO NOT DELAY TREATMENT OR REFERRAL IF BLOOD RESULTS NORMAL as some patients do not have abnormal bloods at diagnosis or when symptoms relapse