**Polymyalgia Rheumatica (NOT Giant Cell Arteritis)**

**Refer as emergency to Secondary Care if Giant Cell Arteritis is suspected:**

Acute onset temporal headache (uni or bilateral)

Jaw/tongue claudication

Temporal artery and/or scalp tenderness

Contact duty Consultant in Acute Medical Unit

If visual problems, contact duty Ophthalmology Team

**Investigations:**

Initially FBC, U&E, LFT, ESR, CK, CRP, TFT, RhF, Protein electrophoresis, PSA (in men), Bone profile

CXR may be required

Urine dipstick

**Refer to Consultant Rheumatologist**

Age <60 years

Chronic onset (>2 months)

Lack of shoulder involvement

Lack of inflammatory stiffness

Prominent systemic features, weight loss, night pain, neurological signs

Features of other rheumatic disease

Normal or extremely high acute-phase response

Resistant to prednisolone therapy

CK significantly elevated (considering polymyositis)

**Management**

Patient education and information

Use clinical judgement - prescribe 15mg of prednisolone daily for 2-3 weeks then review:

**Bone protection needs to be considered in all patients on long term prednisolone**

Symmetrical shoulder and/or pelvic girdle proximal muscle stiffness and aching (if predominant feature pain and weakness ?polymyositis)

Age >50 years

Duration > 2 weeks

Early morning stiffness >45minutes

Previous medical history

Poor sleep, concentration, mood

Headaches or visual disturbance

Assess shoulder, neck and hip range of movement

Assess peripheral joints for synovitis

Rule out

Red flags