Muscle pain and weakness

- Inflammatory myositis (IM) - subacute onset (weeks-months) of muscle weakness (?rise unassisted from chair), tenderness, elevated CK and inflammatory markers, may be a typical rash
- Polymyalgia rheumatic (PMR) – subacute onset (days) of stiffness, ache and pain in bilateral shoulder girdle or, less commonly bilateral hip girdle, with associated inflammatory marker elevation, >50 years old, characteristic rapid response to low-moderate dose prednisolone

Differential diagnoses to consider

- IM: Polymyositis, dermatomyositis (consider paraneoplastic syndrome), necrotising myopathy, drug or other toxin related myopathy, rhabodomyolysis, fibromyalgia
- PMR: shoulder soft tissue rheumatism, cervical spine disease, paraneoplastic

Information Required

- Duration of symptoms, objective degree of weakness
- Associated symptoms, presence of red flags, history of malignancy
- Drugs, statins, exposure to other myotoxins
- Family history

Investigations Required

- IM: CK, ECaLFTs, CBP, ANA (titre and pattern must be included), ENA, ANCA, CRP
- PMR: CRP, ESR, ECaLFTs, CBP, CK

Fax Referrals to Rheumatology Outpatients

Flinders Medical Centre (FMC)	Fax:	8204 6105 (Clinic B)
Repatriation General Hospital (RGH)	Fax:	8374 2591 (GP liaison)

Red Flags

- IM – features of malignancy
- PMR - fever, weight loss, night sweats, unilateral temporal headache with visual loss or jaw claudication, limb claudication, failure to respond dramatically (within 24-48 hours) to low-moderate doses of prednisolone

Suggested GP Management

- Reasonable age and gender appropriate screening for malignancy if red flags present
- IM: stop potentially myotoxic medication eg. Statin, hydroxychloroquine, prompt referral to rheumatology
- PMR: Initiate oral prednisolone (usually 10mg daily sufficient, no higher than 15mg per day) and assess for rapid response. Monitor patients symptoms as well as CRP. Consider bone protection.

Clinical Resources

- Clinical Practice. Giant Cell Arteritis and polymyalgia rheumatic. Weyand CM, Goronzy JJ. NEJM 2014, 371(1):50-7
- www.rheumatology.org.au/community/PatientMedicineInformation.asp

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	August 2014	August 2016	Original

Government of South Australia
SA Health