

Polymyalgia Rheumatica Therapeutics Nugget

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General Advice

- Goal of treatment - patient should ideally return to the prior baseline level of function with a normal ESR and/or CRP
- Corticosteroids are the mainstay of treatment
- Response usually occurs within 24 to 72 hours
- Failure of response should lead to re-evaluation of the diagnosis



Treatment

- Commence minimum effective dose - 12.5 to 25 mg/day of prednisolone
- Continue initial dose until symptoms resolve and ESR/CRP normalises (about 2 to 4 weeks)
- Taper to 10 mg/day of prednisolone over 4 to 8 weeks
- Then taper at a rate equivalent to 1 mg/month of prednisolone
- Duration is typically at least 1 year, often longer depending upon the patient's response
- Calcium + vitamin D + bisphosphonate
 - Recommended when prednisolone (>5 to 7.5 mg/day) extends beyond 1 month's duration (corticosteroid-induced osteoporosis prophylaxis)
- Concomitant use of NSAIDs and corticosteroids should be avoided whenever possible, to minimise the risk of gastrointestinal bleeding



Relapses

- Relapses should be treated by increasing the dose to the pre-relapse dose, and then slowly tapering the dose over 4 to 8 weeks to the dose at which the relapse occurred

References

1. BMJ Best Practice – Polymyalgia Rheumatica (accessed January 2023)
2. Polymyalgia Rheumatica and Giant Cell Arteritis (PMRGCA) provide information packs

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