Royal College of General Practitioners and Warwick Medical School
Annual Education, Research and Innovation Symposium
16th June 2016

PRESENTER'S DETAILS		
Title (Prof, Dr, Mr, Mrs) Miss Miss Miss	**First Name** Karina Stephanie Emily	**Surname** Bennett Tristam Field-Lucas
Department or organisation University of Warwick - karina.bennett@warwick.ac.uk		
PRESENTATION DETAILS		
Authors Miss Karina Bennett Miss Stephanie Tristram Miss Emily Field-Lucas	**Title of Study** Audit: diagnosis of polymyalgia rheumatica (PMR)	

What's the problem you are tackling?
Polymyalgia rheumatica (PMR) is a chronic inflammatory disorder of unknown cause that affects people over the age of 50 years. Classic symptoms include proximal muscle pain and stiffness especially in the morning. There are difficulties in diagnosis due to heterogeneity in presentation, response to steroids and disease course (1). Although markers of inflammation are often raised no specific laboratory test exists for the disorder and the diagnosis is based largely on clinical assessment.

It is one of the most common indicators for long term steroid treatment and therefore has implications on co-morbidity in the aging population. PMR has a huge impact on quality of life and thus timely diagnosis is crucial (2).

National audits have observed a wide variation in adherence to clinical guidelines (3). The aim of this audit is to compare diagnostic tests for PMR used in a primary care centre in the West Midlands to national guidelines between 1st August 2007 and 1st December 2016.

1) Brooks RC, McGee SR. Diagnostic dilemmas in polymyalgia rheumatica. Arch Intern Med. 1997;157(2):1162-1168.

2) Hutchings A., Hollywood J., Lamping D., Pease C., Chakravarty K., Silverman B., et al. (2007) Clinical outcomes, quality of life, and diagnostic uncertainty in the first year of polymyalgia rheumatica. Arthritis Rheum 57: 803–809

3) Das P, Samanta A, Dasgupta B., et al (2015). Balancing on the edge: implications of a UK national audit of the use of BSR-BHPR guidelines for the diagnosis and management of polymyalgia rheumatica.

How did/will you do it?
We used NICE guidelines as the standard for comparison in this audit (4). These recommendations are largely based on the British Society for Rheumatology (BSR) and British Health Professionals in Rheumatology (BHPR) guidelines for the management of PMR (5).

Data was collected on 1st December 2016 from a primary care centre in the West Midlands. Cases were identified as those who presented with their first presentation of symptoms after August 2007. This date was chosen this was when the NICE guidelines for the diagnosis of PMR were published.

4) NICE guidelines for polymyalgia rheumatica (http://cks.nice.org.uk/polymyalgia-rheumatica)

5) Dasgupta, B., Borg, F.A., Hassan, N. et al. (2009) BSR and BHPR guidelines for the management of polymyalgia rheumatica (full guideline). British Society for Rheumatology and British Health Professionals in Rheumatology.

What did you find?
20 patients met the criteria for inclusion. 100% of patients were given a blood test (ESR/plasma viscosity/ CRP) on first presentation. 100% of patients were started on prednisolone, however, only 26% (5/19) were given the recommended dose of 15mg. The majority of patients were given a dose of 20mg. A 1 week follow up was completed in 95% (18/19) of cases. A 3-4 week follow up was completed in 95% (18/19) of cases. At this second follow up appointment bloods were completed in 47% (9/19) of patients.

This audit has demonstrated that there is some variation in the diagnosis of PMR in our primary care practice in the West Midlands.

Why does this matter?
There is no specific laboratory test that exists of diagnosis polymyalgia rheumatica. Guidelines have been formulated by NICE in accordance with BSR and BHPR recommendations. National audits have observed variation in adherence to clinical guidelines. Guidelines are important as they create a safe and specific diagnostic process for PMR using continued assessment and discouragement of hasty initial treatment. PMR is the most common inflammatory rheumatic disease in the elderly with a huge impact on quality of life. This audit is important in ensuring effective diagnosis.