**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, rhabdomyolysis, 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>Fax Number</th>
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<tbody>
<tr>
<td>Flinders Medical Centre (FMC)</td>
<td>8204 6105 (Clinic B)</td>
</tr>
<tr>
<td>Repatriation General Hospital (RGH)</td>
<td>8374 2591 (GP liaison)</td>
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</tbody>
</table>

**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**


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](http://www.sahealth.sa.gov.au/SALHNoutpatients)