# Royal Adelaide Hospital
## Rheumatology Clinical Information Sheet

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Muscular Aches and Pain</th>
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<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>Recent onset muscle pain and/or weakness</td>
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| **Priority**       | **Urgent:** if major organ involvement or vasculitis suspected:  
                      Mon-Fri, 9-5: must be discussed with the rheumatology registrar on call on 08 8222 4000 to obtain appropriate prioritisation & then a referral letter faxed to 08 8222 5895.  
                      After hours: medical registrar on call via RAH switchboard 8222 4000, otherwise:  
                      **Semi-urgent:**  
                      Referrals should be faxed to 08 8222 5895 |
| **Differential Diagnoses** | Polymyositis  
Polymyalgia rheumatica / giant cell arteritis  
Fibromyalgia syndrome |
| **Information required with referral** | **Polymyositis:**  
• Weakness (rising unassisted from chair?)  
• Muscle tenderness  
• Raised CK, ESR  
• Rash  
**Polymyalgia Rheumatica / giant cell arteritis:**  
Muscle pain and morning stiffness (marked) shoulders & hips.  
• No true weakness.  
• Raised ESR.  
• Normal CK.  
• Headaches - Otherwise urgent  
• Amaurosis Fugax - Otherwise urgent  
**Fibromyalgia syndrome:**  
• Morning stiffness/fatigue  
• Widespread myalgias  
• Tender points  
• Disturbed sleep pattern  
• Normal ESR.CK  
• No clinical weakness  
Other medical and allied health practitioners the patient has seen concerning this problem |
| **Investigations required with referral** | CBE, U&E, LFT, ESR, CRP, CK, thyroid function, protein electrophoresis |
| **Pre-Referral management strategies (include with referral)** | Prednisone (15-20mg daily) for PMR; 50mg for GCA  
Refer to rheumatology service – priority immediate if GCA suspected.  
Trial of amitriptyline 10-50mg nocte for sleep deprivation associated with fibromyalgia |
| **Discharge Criteria/information** | If myositis, PMR or GCA are disproved  
After 1-2 visits for fibromyalgia after adequate explanation |
| **Red flags** | that should trigger referral back for review: recurrent muscle weakness, rise in CK, ESR, CRP |
| **Fact sheets** | Refer to  