

# (PBL) Polymyalgia Rheumatica and Myositis: Oh My Aching Muscles!

Kate Rowland, MD, MS, FAAFP



## ACTIVITY DISCLAIMER

The material presented here is being made available by the American Academy of Family Physicians for educational purposes only. Please note that medical information is constantly changing; the information contained in this activity was accurate at the time of publication. This material is not intended to represent the only, nor necessarily best, methods or procedures appropriate for the medical situations discussed. Rather, it is intended to present an approach, view, statement, or opinion of the faculty, which may be helpful to others who face similar situations.

The AAFP disclaims any and all liability for injury or other damages resulting to any individual using this material and for all claims that might arise out of the use of the techniques demonstrated therein by such individuals, whether these claims shall be asserted by a physician or any other person. Physicians may care to check specific details such as drug doses and contraindications, etc., in standard sources prior to clinical application. This material might contain recommendations/guidelines developed by other organizations. Please note that although these guidelines might be included, this does not necessarily imply the endorsement by the AAFP.



# DISCLOSURE

It is the policy of the AAFP that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflict of interest (COI), and if identified, conflicts are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

The content of my material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

**FMX**

## Kate Rowland, MD, MS, FAAFP

Physician and Faculty, Rush Copley Family Medicine Residency, Aurora, Illinois; Associate Clerkship Director, Primary Care Clerkship, Rush Medical College, Chicago, Illinois

Dr. Rowland is a graduate of Rush Medical College in Chicago, Illinois, and completed residency at Advocate Illinois Masonic Medical Center and a fellowship at the University of Chicago. She is an associate medical editor for the AAFP's *FP Essentials* and serves on the editorial board for *Journal of Family Practice*. She enjoys teaching about topics that require research, synthesis, and empathy to understand. In addition, she enjoys teaching about evidence-based medicine topics. Dr. Rowland strives to make her lectures relevant to practice, thought provoking, and informative.

**FMX**

## Learning Objectives

1. Practice applying new knowledge and skills gained from Polymyalgia Rheumatica and Myositis sessions, through collaborative learning with peers and expert faculty.
2. Identify strategies that foster optimal management of polymyalgia rheumatica and myositis, within the context of professional practice.
3. Formulate an action plan to implement practice changes, aimed at improving patient care.

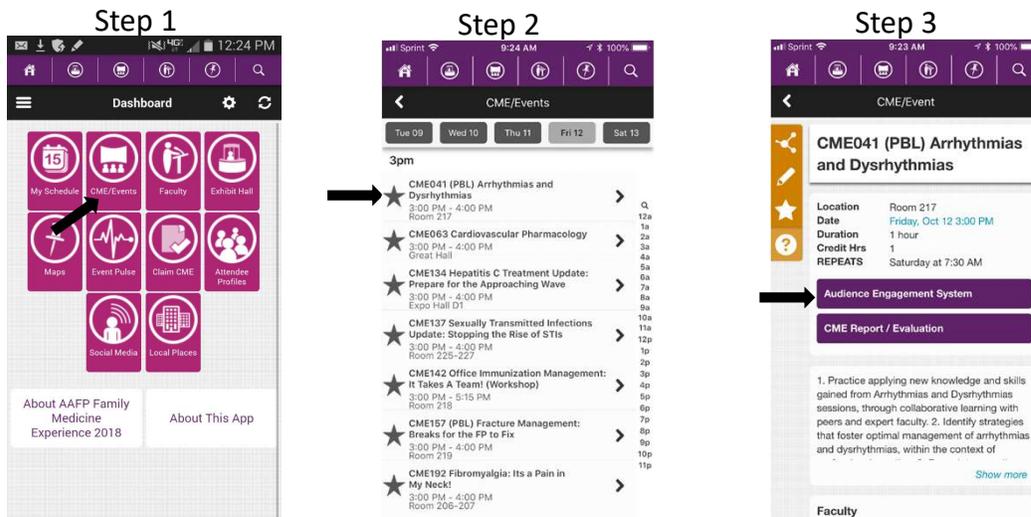
**FMX**

## Associated Session

- Polymyalgia Rheumatica and Myositis: Oh My Aching Muscles!

**FMX**

# Audience Engagement System



FMX

## Muscle aches: case 1

- 42 year old woman presents with fatigue, shortness of breath and bilateral hip flexor and thigh pain. Symptoms had been present for months at the time of initial presentation and persisted during workup, which was initially normal. Weakness was detected on exam.

FMX

## Decision Point / Question

- What is your differential for this patient?

**FMX**

## Decision Point / Question

- What tests or additional information would you want?

**FMX**

## Additional information

- CK: 21,000 (ref: 0-250 U/L)
- Gastroc biopsy: necrotic muscle fibers

**FMX**

## This patient has....

- POLYMYOSITIS

Bai X, Tie N, Wang X, Zhao J. Intense Muscle Activity Due to Polymyositis Incidentally Detected in a Patient Evaluated for Possible Malignancy by FDG PET/CT Imaging. Clinical nuclear medicine. 2017 Aug;42(8):647-8.

**FMX**

## Decision Point / Question

- Would you treat this yourself (how?) or refer out (to whom)?

**FMX**

## Muscle aches: case 2

- A 79 year old woman presents with shoulder and neck pain for several months. She also notes prolonged morning stiffness, lasting up to five hours. She complains of fever, generalized malaise, and a nearly 10-lb weight loss. Physical exam shows some restriction in shoulder and neck range of motion. Her temporal arteries are not tender and she denies headaches.

**FMX**

## Decision Point / Question

- What is your differential for this patient?

**FMX**

## Decision Point / Question

- What tests or additional information would you want?

**FMX**

## Case 2: additional information

- ESR: 51
- RF: negative
- Anti-CCP: negative

**FMX**

## This patient has...

- POLYMYALGIA RHEUMATICA

Macchioni P, Boiardi L, Catanoso M, Pulsatelli L, Pipitone N, Meliconi R, Salvarani C. Tocilizumab for polymyalgia rheumatica: report of two cases and review of the literature. In *Seminars in arthritis and rheumatism* 2013 Aug 1 (Vol. 43, No. 1, pp. 113-118). Elsevier.

**FMX**

## Decision Point / Question

- What's the recommended treatment?

**FMX**

## Decision Point / Question

- What should we screen her for prior to starting treatment?

**FMX**

## Muscle aches: case 3

- 55 year old woman with a history of hypertension presents with a 10 year history of diffuse muscle pain and morning fatigue. Her pain was worsening over time. On exam, she was tender to palpation over the neck, shoulders, and hips, among other areas. No weakness was detected.

**FMX**

## Decision Point / Question

- What is your differential for this patient?

**FMX**

## Decision Point / Question

- What tests or additional information would you want?

**FMX**

## Case 3: Additional information

- ESR wnl
- CBC wnl
- Cervical spine xray: minimal degenerative changes
- Total A-H count in 8 hour sleep study: 270
- AHI: 41 (normal <5; severe OSA>30)

**FMX**

## This patient has...

- FIBROMYALGIA
- And also sleep apnea

Sepici V, Tosun A, Köktürk O. Obstructive sleep apnea syndrome as an uncommon cause of fibromyalgia: a case report. Rheumatology international. 2007 Nov 1;28(1):69-71.

**FMX**

## Decision Point / Question

- Would you treat this (how?) or refer out (to whom)?

**FMX**

## Muscle aches: case 4

- 87 year old woman with a history of diabetes, hypertension, and cataracts presents with 1 week of bilateral shoulder, neck, and pelvic girdle pain. On being questioned, she reports some morning stiffness that resolves within an hour. She denies weakness, fever, malaise, headache, or other symptoms. On exam, there is no objective weakness.

**FMX**

## Decision Point / Question

- What is your differential for this patient?

**FMX**

## Decision Point / Question

- What tests or additional information would you want?

**FMX**

## Case 4: additional information

- ESR: 112
- Hb: 10.4
- Platelets: 704K
- RF: negative
- Anti-CCP: negative

**FMX**

## Decision Point / Question

- What is your diagnosis for this patient?

**FMX**

## Case 4: additional information

- You recommend 15 mg/day of prednisone by mouth.
- At one-week follow up, she feels much better

**FMX**

## Case 4: additional information

- 2 weeks after beginning low-dose prednisone, the patient returns complaining of a new headache. ESR, which had fallen from 112 to 83, rises above 90.
- Astutely, you suspect giant cell arteritis

**FMX**

## Decision Point / Question

- What is the best diagnostic test for this condition?

**FMX**

## Decision Point / Question

- What is the recommended treatment for this condition?

**FMX**

## Case 4: additional information

- 2 weeks after beginning high-dose steroids for GCA, the patient is admitted to the hospital in DKA, with blood pressures in the 200/110 range.

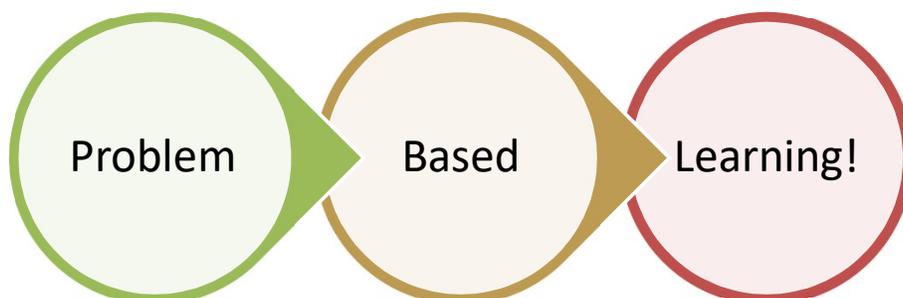
**FMX**

## Decision Point / Question

- Should she continue the high-dose steroids?

**FMX**

Thank you for coming!



**FMX**

# Questions



**FMX**

# Contact Info

Kate Rowland, MD, MS, FAAFP

- Faculty, Rush Copley FMR
- Associate clerkship director, Rush Medical College primary care clerkship
- Assistant professor, Rush University
- Associate medical editor, *FP Essentials*

[Kathleen.rowland@rushcopley.com](mailto:Kathleen.rowland@rushcopley.com)

@tyrannyofthep

**FMX**