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Polymyalgia rheumatica: the pain that matters (regarding a clinical case)

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Introduction: *Polymyalgia rheumatica* (PMR) is one of the most common inflammatory rheumatic disease in persons over the age of 50 years, whose prevalence decreases from north to south European countries, with a low incidence in Mediterranean countries.

Case Report: 55-year-old female presented with severe shoulder pain for about a week, which precludes her from taking her daily tasks. On examination she wasn't able to raise her arms above shoulder height. Thinking of shoulder tendinitis she was medicated with NSAIDs with no clear improvement. Months later she returns with a severe hip pain and morning stiffness that hindered rising from a chair or turning over in bed. The pain was so limiting that she was worried about needing a wheelchair. She was referenced to the hospital for a Rheumatological appointment. On investigation her ESR was 46mm/h with a raised CRP of 8,4mg/dL and was diagnosed PMR. Treatment was immediately started with prednisolone 10mg daily with marked improvement and indication to continue for about 1 to 2 years.

Discussion: In primary care, rheumatic diseases represent a large number of appointments. When non-diagnosed and timely treated they can have severe physical, psychological, familiar, social or economic repercussions. There are other diseases that mimic PMR for which reason a careful diagnostic approach is required. In this clinical case, we had all the core clinical features for diagnosis, which includes bilateral shoulder and/or hip pain, morning stiffness and abnormal inflammatory markers. The prognosis is excellent. However prolonged corticosteroid treatment, sometimes for several years, may be necessary to maintain clinical improvement at the cost of a significant burden of risks and adverse effects. Family physician plays an important role recognizing this clinical entity, making a timely referencing and following up these patients to minimize their risk factors.