133. NATIONAL AUDIT ON DIAGNOSIS AND MANAGEMENT OF POLYMYALGIA RHEUMATICA

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Background: BSR guidelines for management of Polymyalgia rheumatic (PMR) was published in 2010 which aimed to provide guidance for the diagnosis, management and monitoring of disease. A national audit on PMR was conducted across multiple rheumatology units across UK in order to assess the compliance to BSR guidelines.

Methods: This study included retrospective analysis of patient records with a diagnosis of PMR more than 3 months on or after 1 July 2011. Patient information was collected through an online questionnaire from multiple centres across UK. The results were analysed by the Clinical audit team in University hospitals of Leicester NHS Trust.

Results: We included 71 responses across 10 rheumatology units in UK. All PMR patients were more than 50 years and 56 (79%) were more than 60 years. It showed female predominance 47(67%). Most of our patients met the BSR criterion for diagnosis of PMR such as new onset pain (96.6%), duration more than 2 weeks (93%), bilateral shoulder or pelvic girdle aching (98%), morning stiffness more than 45 minutes (79%) and evidence of acute phase response (83%). Although more than 97% of patients underwent routine investigations including bone profile and inflammatory makers, there were poor compliance to guidelines in terms of immunological screen such as protein electrophoresis (55%), BJ proteins (27%), RF(56%), ACCP(50%),ANA(35%) and radiological investigations including chest X-ray (57%), Only (12%) received US scan of shoulders. There were wide differences in the treatment of PMR. Only 52(74%) of patients received initial management according to BSR guidelines. Rheumatologists did not prefer parenteral steroid injection as an initial management. Oral prednisolone dose reduction was compliant only in 29(41%) of patients. Although bone protection was considered in 64(90%) of patients, only 59(84%) followed the guidelines. Follow up of PMR patients were poorly compliant (43%), 33(47%) of patients experienced relapse, mostly within first 12 months. It highlighted wide variation in treatment of relapses e.g. incremental dose of prednisolone 31(45%) and DMARDs 11(16%). Patient education was provided with 68(96%) of our patients and 66(93%) received counselling from medical profession.

Conclusion: We observed a wide variation in clinical practice in UK and it highlighted poor compliance to BSR guidelines in terms of diagnosis (64.3%), initiation (74%) and reduction (41%) of prednisolone dosage and follow-up of patients (43%). This reflects poor embedment of BSR guidelines among health professionals despite being in existence for last 3 years. Possible causes could be lack of awareness about existing guidelines, involvement of various disciplines (other than rheumatology) in management of PMR patients. We aspire to better adherence and implementation of national guidance across various specialties in order to provide best practice.

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