038 HOW COMMON ARE GIANT CELL ARTERITIS SYMPTOMS IN PATIENTS WITH POLYMYALGIA RHEUMATICA? RESULTS FROM AN INCIDENT PRIMARY CARE COHORT

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Background: PMR is the most common inflammatory disorder of older people and causes significant levels of pain and disability. It is frequently associated with GCA, a difficult to diagnose condition that can cause permanent visual impairment if not promptly treated with high-dose glucocorticoids. This study investigates the co-existence of GCA symptoms in patients with PMR in primary care.

Methods: Data included in this analysis are taken from the baseline phase of the PMR Cohort Study, the first inception study of PMR in primary care. A total of 739 people with newly diagnosed PMR were mailed a baseline questionnaire, which included items relating to sociodemographic characteristics, general health and functioning and PMR symptoms and treatments. In addition, participants were asked whether they had recently experienced a series of symptoms that would classically relate to GCA. Descriptive statistics were used to describe the prevalence of these symptoms. Chi-square statistics and t-tests were used to assess the association between these symptoms and gender and age, respectively.

Results: A total of 654 people responded to the baseline questionnaire (adjusted response rate 90.1%). The mean age of the sample was 72.4 years (s.d. 9.3) and 62.2% were female. One or more potential GCA symptoms were reported by 387 (59.2%) people. With the exception of unplanned weight loss (prevalence 21.0%), all symptoms were more common in females than in males (sudden headache: females 30.7%, males 15.4%; tender scalp: 21.4%, 14.6%; disturbed/double vision: 21.1%, 10.5%; jaw claudication: 12.5%, 6.5%; fever: 17.7%, 10.9%; appetite loss: 25.1%, 15.4%). The mean age of those reporting and not reporting each symptom was similar, except for sudden headache and fever, where those reporting the symptom tended to be younger (headache: 70.3 (s.d. 10.5) vs 73.1 (s.d. 8.7) years; fever: 69.2 (s.d. 9.4) vs 72.6 (s.d. 9.1)). The most common combinations of symptoms were appetite loss and weight loss (4.4%) and headache and disturbed/double vision (2.6%).

Conclusion: More than half of those with recently diagnosed PMR reported classical symptoms of GCA, with headache, scalp tenderness and visual disturbance being commonly reported in this cohort study. On making a diagnosis of PMR, it is important that general practitioners actively screen for symptoms that may be indicative of GCA to improve patient care and reduce the potential for the serious consequences associated with GCA. Ongoing patient education is essential so that patients are fully aware of red flag symptoms and empowered to seek help should they occur.

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