

Diagnosis and management of polymyalgia rheumatica: concise guidance (2010)

Guideline development process

The full guidelines were developed in accordance with the principles laid down by the Appraisal of Guidelines for Research and Evaluation (AGREE) collaboration.

Scope and purpose	
Overall objective of the guideline	To outline a safe and specific diagnostic algorithm for polymyalgia rheumatica (PMR), with advice for management and referral guidelines for the general practitioner.
The patient group covered	Adults with PMR and those with proximal muscle pain and stiffness in whom PMR is suspected.
Target audience	Those managing PMR in primary and secondary care, including general practitioners, general physicians, and rheumatologists.
Clinical areas covered	The guideline covers the approach and appropriate investigations for making an accurate diagnosis of PMR in patients who present with new symptoms of proximal bilateral shoulder/hip pain. It also outlines the subsequent management (treatment, monitoring, and referral) of patients with PMR. These guidelines do not cover the management of giant cell arteritis (GCA), or other rheumatological or primary muscle disease.
Stakeholder involvement	<ul style="list-style-type: none"> The guideline development group (GDG) comprised rheumatologists and healthcare professionals, general practitioners and patients representatives.
Funding	None
Conflicts of interest	None declared
Rigour of development	
Evidence gathering	<p>Search strategy</p> <p>In order to obtain all the relevant literature, a sensitive search with appropriate search strings (for treatment in PMR) was undertaken in the most common databases of published medical literature:</p> <ul style="list-style-type: none"> The Cochrane database of randomized controlled trials (up to January 2005) MEDLINE (Through OVID; 1966 - January 2007) CINAHL (Through OVID; 1982 - January 2007) EMBASE (Through OVID; 1980 - January 2007) <p>Reference lists of retrieved articles were examined and experts in the field of PMR research were contacted for additional references.</p> <p>Hand searches were not conducted.</p>

	<p>Inclusion criteria Meta-analyses, randomised controlled trials, prospective longitudinal studies, and retrospective case series were included.</p> <p>Exclusion criteria Case reports were excluded.</p> <p>Search terms Polymyalgia rheumatica</p>
Review process	Reviewed by the British Society of Rheumatologists (BSR) Standards, Guidelines and Audit Work Group, the BSR Clinical Affairs Committee, the BSR Council, as well as reviewers for <i>Rheumatology</i> .
Link between evidence and recommendations	The recommendations were adopted by complete consensus by all members of the GDG after discussion and review of the evidence. The recommendations for the diagnostic process of PMR were formulated based on recommendations of the International PMR Classification Criteria Group which were supported by an International Delphi survey.
Piloting and peer review	These guidelines will be piloted by the Essex Rheumatology Association and the Midlands Rheumatology Society.

Appendix 2 - Grading system for recommendations

[e.g. from the Scottish Intercollegiate Guidelines Network (SIGN) methodology]

Level	Type of evidence	Grade of recommendation
IA	Meta-analysis of RCT or inception cohort studies	A
IB	At least 1 RCT or well-designed cohort studies with good follow-up	A
IIA	At least 1 well designed controlled study without randomisation or a meta-analysis of case control studies	B
IIB	At least 1 study with quasi-experimental design or case-control study	B
III	At least 1 non-experimental study (such as a descriptive study)	C
IV	Expert committee reports or reports by recognised authorities	C

RCT = randomised controlled trial.