

CRITERIA FOR SUSPENSION OF CORTICOSTEROID THERAPY IN PATIENTS WITH RHEUMATIC POLYMYALGIA

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BACKGROUND: The patients affected by polymyalgia are elderly adults, who usually suffer from concomitant diseases.

We propose the creation of criteria for the fast withdrawal of corticosteroids based on an analysis of 100 cases.

MATERIAL: From a database of 12850 outpatients examined between January 1970 and December 2003; we analyzed 100 cases of polymyalgia/temporal arteritis using SSPS 1.0 software.

METHODS: Among selected cases, we studied remission, therapeutics, doses, withdrawal and relapses.

DISCUSSION AND RESULTS: The decision to interrupt therapy was based on sustained remission and laboratory data.

Frequently, relapses were incorrectly evaluated due to the pain associated with corticosteroid withdrawal.

Moreover, sedimentation rate is not always normal in elderly adults.

In 5 patients with diabetes, treatment interruption had to be carried out between 4 and 6 months from the onset of the treatment. One of them experienced reactivation of symptoms.

Nine patients required suspension of therapy between 3 and 5 months. One of them had symptom reactivation.

In 7 patients, worsening dyspepsia, even with gastric protection, forced us to interrupt treatment at the 4th month, without relapses.

Six patients abandoned the therapy between 90 and 100 days from the onset of the treatment.

Only two had symptom reactivation, but the one who had arteritis experienced a negative evolution.

CONCLUSION:

We probably have to modify the traditional practice of giving a year or more of corticosteroid therapy in PR. Usually the physician fears relapse of the disease, because of the comfortable status the corticosteroid maintained.

We should perhaps consider the interruption of treatment in most of the patients within 6 months.

Key Words: Polymyalgia Rheumatica (PR)