

## Reply to the Letter to the Editor: The Italian Society of Rheumatology clinical practice guidelines for the management of polymyalgia rheumatica

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To the Editor,

We thank Dr Manzo for his thoughtful letter regarding the clinical practice guidelines for the management of polymyalgia rheumatica (PMR) on behalf of the Italian Society of Rheumatology (SIR) (1). We are pleased to reply to his apparent concerns over the role of General Practitioners (GPs) and out-of-hospital Consultants in these guidelines and their development.

The management of typical PMR may be fully entrusted upon out-of-hospital services in everyday clinical practice and the role of GPs is acknowledged in recommendation 4, which suggests specialist referral mainly when PMR cases are atypical or deserve additional investigations (1). Therefore, the cooperation between in- and out-of-hospital settings is highlighted and deemed to be pivotal for achieving the best management of PMR. These guidelines are, indeed, mainly aimed at making up for the absence of national recommendations concerning treatment so far. Certainly, the issue of diagnosis is relevant as well as the determination of the disease phenotypes, which may occur with different frequencies in out- and in-patient settings. Nevertheless, this topic was not covered, since current guidelines dealing with PMR diag-

nosis were not retrieved in the systematic review. In addition, the *ex novo* development of clinical practice guidelines was out of the scope of the SIR project on providing guidelines for rheumatic diseases by adapting the current recommendations, as explained in the introductory editorial focusing on the ADAPTE methodology (2). Stakeholder engagement has been widely recognised as being necessary in guideline development. Furthermore, the last 2019 update of the methodology handbook for clinical practice guideline development by the National Centre for Clinical Excellence, Quality and Safety of Care (CNEC) on behalf of the Italian National Institute of Health reiterated that stakeholder involvement is an essential prerequisite to provide high quality recommendations (3). However, there is still a lack of consensus on how this should be done in practice and how to engage multiple stakeholders in accordance with the principles of equity and meaningfulness (4). Therefore, for the purpose of developing these recommendations, the composition of the stakeholders was balanced for inclusiveness as well as sustainability and the extent of their representativeness was in line with the source guidelines (where fully disclosed) (5, 6).

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In conclusion, we agree that comprehensive national guidelines on PMR should foster the alignment between in- and out-of-hospital disease management and, given the lack of previous recommendations, a guidance has been now provided. In the future update of these guidelines, the issues of disease diagnosis and engagement of out-of-hospital consultants as part of the stakeholder commitment will be further considered in order to improve the quality of guidelines, health outcomes and reduce inequities in health management.

## ■ REFERENCES

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