will lead to a higher cumulative dose. Furthermore, reducing the dose as early as suggested in the tentative flow chart shown in their paper, may lead to early relapses as demonstrated by Kyle and Hazleman in their low dose group [11]. In our experience, following the suggested scheme, treatment has been successful, with lower cumulative doses and fewer side effects which is one of the main concerns of all involved, not least the patients, particularly the ‘very old’ ones.

**Reply**

SIR—We were extremely pleased to hear the enthusiastic comments made by Catoggio et al. as a result of our recent review article [1] where we discussed the management of Polymyalgia Rheumatica and Temporal Arteritis in older people. We were glad that they felt our conclusions were generally in keeping with their practice in Argentina. The point we were making to the largely clinical Geriatrician readership of *Age and Ageing* was that the evidence currently available for these conditions is largely extrapolated from clinical studies that have not been carried out in populations typical to geriatric clinics.

Catoggio et al. appear to agree that the populations seen by rheumatologists, general physicians and geriatricians may present differently and furthermore that clinical course and ultimate outcome may differ. Ideally we should all manage patients with PMR together; however, in practice this is not feasible or cost effective, and with the best will in the world, the populations seen by rheumatology colleagues will differ from the frailer older patient with comorbidity and polypharmacy seen in geriatric clinics.

We appreciate their comments with regard to steroid initial dose and overall cumulative dose and that the balance is between steroid side effects and avoiding relapse. However, the regime suggested in our review article was based upon the recommendations from an evidence based Drug and Therapeutics Bulletin [2].

Though we think continuing the discussion is a positive step, it is important to recognise that the data presented in the letter of Catoggio *et al*. is either unpublished or only published in abstract form. This makes for very interesting discussion, but this is not data that we could have included in an ‘evidence-based’ review.

**Letters to the Editor**

