Polymyalgia Rheumatica

Polymyalgia rheumatica (also called PMR or polymyalgia) is a rheumatologic (*arthritic*) condition that causes pain and morning stiffness in your neck, shoulders, and hips. It is an inflammatory condition. In some people, inflammation of certain structures in the shoulder, hips, or other joints can be seen on special testing. It does not cause joint destruction, as occurs in other arthritic conditions. It usually occurs after 50 years of age, and is more common as you age. It can be confused with several other diseases, but it is usually easily treated. People with PMR often have, or can develop, a more severe rheumatologic condition called *giant cell arteritis* (also called CGA or temporal arteritis).

CAUSES

The exact cause of PMR is not known.

- There are genetic factors involved.
- Viruses have been suspected in the cause of PMR. This has not been proven.

SYMPTOMS

- Aching, pain, and morning stiffness your neck, both shoulders, or both hips.
- Symptoms usually start slowly and build gradually.
- Morning stiffness usually lasts at least 30 minutes.
- Swelling and tenderness in other joints of the arms, hands, legs, and feet may occur.
- Swelling and inflammation in the wrists can cause nerve inflammation at the wrist (*carpal tunnel syndrome*).
- You may also have low grade fever, fatigue, weakness, decreased appetite and weight loss.

DIAGNOSIS

- Your caregiver may suspect that you have PMR based on your description of your symptoms and on your exam.
- Your caregiver will examine you to be sure you do not have diseases that can be confused with PMR. These diseases include rheumatoid arthritis, fibromyalgia, or thyroid disease.
- Your caregiver should check for signs of giant cell arteritis. This can cause serious complications such as blindness.
- Lab tests can help confirm that you have PMR and not other diseases, but are sometimes inconclusive.
- X-rays cannot show PMR. However, it can identify other diseases like rheumatoid arthritis. Your caregiver may have you see a specialist in arthritis and inflammatory diseases (*rheumatologist*).

TREATMENT

The goal of treatment is relief of symptoms. Treatment does not shorten the course of the illness or prevent complications. With proper treatment, you usually feel better almost right away.

- The initial treatment of PMR is usually cortisone (*steroid*) medication, such as prednisone or prednisolone. Your caregiver will help determine a starting dose, which is usually a low to moderate dose. The dose is gradually reduced every few weeks to months. Treatment usually lasts one to three years.
- Other stronger medications are rarely needed. They will only be prescribed if your symptoms do not get better on cortisone medication alone, or if they recur as the dose is reduced.
- Cortisone medication can have different side effects. With the doses of cortisone needed for PMR, the side effects are usually mild. Discuss this with your caregiver.
- Your caregiver will evaluate you regularly during your treatment. They will do this in order to assess progress and to check for complications of the illness or treatment.
- Physical therapy is sometimes useful. This is especially true if your joints are still stiff after other symptoms have improved.

HOME CARE INSTRUCTIONS

- Follow your caregiver's instructions. **Do not** change your dose of cortisone medication on your own.
- Keep your appointments for follow-up lab tests and caregiver visits. Your lab tests need to be monitored. You must get checked periodically for giant cell arteritis.
- Follow your caregiver's guidance regarding physical activity (usually no restrictions are needed) or physical therapy.
- Your caregiver may have instructions to prevent or check for side effects from cortisone medication (including bone density testing or treatment). Follow their instructions carefully.

SEEK MEDICAL CARE IF:

- You develop any side effects from treatment. Side effects can include:
  - Elevated blood pressure.
  - High blood sugar (or worsening of diabetes, if you are diabetic).
  - Difficulty fighting off infections.
  - Weight gain.
  - Weakness of the bones (*osteoporosis*).
- Your aches, pains, morning stiffness, or other symptoms get worse with time. This is especially true after your dose of cortisone is reduced.
- You develop new joint symptoms (pain, swelling, etc.)

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a severe headache.
- You start vomiting.
- You have problems with your vision.
- You develop an unexplained oral temperature above 100.5º F (38.1º C).

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