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Polymyalgia Rheumatica

WHAT IS POLYMYALGIA RHEUMATICA?

Polymyalgia rheumatica (PAH-lee-my-AL-jah roo-MA-tih-kah), or PMR, is a form of arthritis that causes pain and stiffness in the neck, shoulder and hip areas. It almost always occurs in people over the age of 50, and occurs twice as often in women as in men.

The pain and stiffness of PMR are caused by inflammation of the joints and surrounding tissues. The shoulders and hips are most often affected, but inflammation also may occur in other parts of the body. The cause of PMR is not yet known, however both genetic and environmental factors are thought to play important roles in the disease.

SYMPTOMS OF PMR

PMR causes stiffness and aching in the neck, shoulder and hip joints. Most people with PMR have symptoms in at least two of these areas. In many cases, the symptoms start suddenly. People with PMR may be perfectly well one day and then feel the full effects of the disease the next day. Sometimes the symptoms occur more slowly.

Stiffness is a major symptom of PMR, and it is usually worst in the morning. When stiffness is severe, you may have difficulty getting out of bed. Pain may wake you at night, and turning over in bed may be difficult. The stiffness may be worse during periods of inactivity, such as after a long car ride.

Pain, stiffness and tenderness in the muscles around the hips and shoulders also may make you feel weak. Some people first notice this weakness when getting up from a chair or bed, getting in and out of the bathtub or car, or raising their arms above their shoulders to take something off a shelf.

PMR also may cause other symptoms, such as fatigue, poor appetite, weight loss and fever.

Joints in other areas of the body may ache, and the hand and knee joints may swell. Numbness and tingling in the fingers (carpal tunnel syndrome) also may occur. Some people with PMR may experience emotional difficulties, particularly depression.

People with PMR sometimes have another type of arthritis such as osteoarthritis (ah-stee-oh-ar-THRY-tis), or OA, but there is no relationship

between the conditions. PMR is associated with a condition called giant cell arteritis, which is described later in this brochure.

Symptoms of PMR

- Pain and stiffness
- Fatigue
- Poor appetite
- Weight loss
- Fever
- Depression

PMR DIAGNOSIS

Your doctor will consider your symptoms along with results of your physical examination and some laboratory tests before making a diagnosis. It is important that you see a rheumatologist, a specialist in the diagnosis and treatment of arthritis and related diseases such as PMR. To determine if you have PMR, your doctor will:

- ask about your symptoms and recent changes in your health;
- conduct a physical examination; and
- perform certain blood tests.

Blood tests help check for diseases that cause symptoms similar to PMR. Rheumatoid factor (RF) and antinuclear antibody (ANA) tests may be done to check for other forms of arthritis such as rheumatoid arthritis or lupus. A blood test called the erythrocyte sedimentation rate (or sed rate) measures inflammation in the body. In most people with PMR, their sed rate is higher than normal. However, other diseases (such as infections or other forms of arthritis) can cause a higher-than-normal sed rate, so a

diagnosis cannot be made by this test alone. As inflammation responds to medication, the sed rate usually decreases. In addition, a complete blood count (CBC) will be done to check for anemia that may be seen in PMR.

Additional testing will depend on your symptoms as well as what your doctor finds by examining you. Because giant cell arteritis may occur in people with PMR, a biopsy of a blood vessel in your scalp may be necessary to exclude this condition. To do the biopsy, a doctor removes a small piece of an artery on the side of the head to examine under a microscope.

PMR TREATMENT

PMR treatment focuses on reducing pain and inflammation, and easing stiffness, aches, fatigue and fever. Regular exercise is important to maintain joint flexibility, muscle strength and function.

Medications

The group of medicines used most often to treat PMR is corticosteroids. Nonsteroidal anti-inflammatory drugs (NSAIDs) may be prescribed at first or in addition to the corticosteroids.

You'll need to see your doctor regularly once you start taking medication. Tell your doctor how the medicine affects your symptoms, and report any side effects, such as weight gain or depression. Your doctor may use various tests, such as the sed rate, to adjust your medication. Even though you may feel well, be sure to see your doctor regularly so you can be monitored for any signs of a relapse or side effects.

CORTICOSTEROIDS

Corticosteroids (also called glucocorticoids) are strong drugs that help reduce inflammation

and relieve stiffness and pain. Most people with PMR feel better within a few days of taking their first dose. Prednisone is the most common corticosteroid used to treat PMR.

If your doctor prescribes a corticosteroid, follow the instructions carefully. In some people, low doses of prednisone (10 to 15 mg per day) are enough to control PMR. Your doctor may either have you take the entire dose in the morning or have you divide the dose throughout the day. It is important to keep taking the medicine even though you are feeling better. PMR can return and other problems may occur if you stop this medicine too quickly.

You may need to take prednisone for as little as six months or for as long as two years. In rare cases, you may need to take low doses for several years. Your doctor will gradually decrease the dosage as your symptoms improve. Do not try to cut back the dose on your own or suddenly stop taking your medication.

Side effects are usually minimal. Over a long period of time, these may include:

- weight gain
- thinning of the bones (osteoporosis)
- depression and mood swings
- cataracts
- glaucoma
- worsening of diabetes or onset of diabetes in someone who has never had it
- thinning of the skin and easy bruising
- rounding of the face
- difficulty sleeping
- high blood pressure

Corticosteroids affect each person differently. The side effects of these medications are directly related to the dose you take. You will not need

to take large doses unless you also have giant cell arteritis (see page 8). Serious side effects are much less common with the low doses usually used to treat PMR.

Let your doctor know if you experience any side effects. If they do occur, most of these side effects will go away when the medication is stopped or decreased. Your doctor can provide tips about nutrition to ease some side effects.

Taking corticosteroids may put you at risk for osteoporosis (ah-stee-oh-po-RO-sis). Bone density tests (which show if the drugs are weakening your bones) should be administered when you begin taking corticosteroids and each year of treatment to follow. Most doctors recommend or prescribe calcium and vitamin D supplements, hormone replacement and/or bone-preserving medications to help prevent or slow osteoporosis.

Once your condition has responded to corticosteroids, your doctor will slowly reduce the dose to the lowest level necessary to control symptoms and prevent a relapse. This adjustment process requires honest communication with your doctor about your treatment and its effects. Effective treatment allows most people with PMR to lead active and productive lives.

NSAIDS

A group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs) may be used alone or with corticosteroids to treat PMR. NSAIDs are not as strong as corticosteroids, but they do help relieve pain and inflammation. If you have a very mild case of PMR, you may only need to take NSAIDs. Aspirin and ibuprofen are two examples of NSAIDs that are available over the counter. Some NSAIDs require a prescription. Your doctor can recommend which type will work best for you.

A subcategory of NSAIDs called COX-2 inhibitors also may be used. Examples of COX-2 inhibitors include celecoxib (*Celebrex*), rofecoxib (*Vioxx*) and valdecoxib (*Bextra*).

EXERCISE AND REST

Both exercise and rest play an important role in your treatment. Exercise helps you maintain or regain your energy and muscle strength. Exercise also helps you fight the weight gain and osteoporosis that may result from taking corticosteroids.

Take care not to overdo it during exercise. If you are overactive, your symptoms may worsen. Good forms of exercise include walking, riding a stationary bicycle and exercising in a pool. Ask your doctor or physical therapist for specific suggestions about the type of exercise that would be best for you.

You also need enough rest to give your body time to recover from exercise and other activities. Make sure you get enough sleep each night and that you take time to rest during the day if you need to.

WHAT IS GIANT CELL ARTERITIS?

Giant cell arteritis (AR-te-RY-tis), also called GCA or temporal arteritis, is a condition in which arteries (blood vessels) in the body become inflamed. It often occurs with PMR. About 10 percent to 15 percent of people with PMR also may have GCA. Almost 50 percent of people with GCA also have PMR.

GCA SYMPTOMS

Giant cell arteritis usually affects arteries near the temples on the upper front sides of the head. It also involves other arteries in the head, neck and arms and occasionally affects other large arteries in the body. Inflammation causes the

artery to narrow or become blocked, allowing little blood to pass through. Symptoms of GCA that indicate inflammation of arteries include:

- tenderness of the scalp or temples;
- blurry or double vision, loss of vision (it may seem like having a curtain pulled partly over your eye);
- severe headaches;
- jaw pain when eating or talking; and
- persistent sore throat or difficulty swallowing.

Giant cell arteritis may be difficult to diagnose in some people who never have headaches or scalp tenderness. Instead, these people may have more vague symptoms such as fever, fatigue, weight loss and anemia.

Vision loss can be temporary or permanent. Early diagnosis and treatment with corticosteroids helps to reduce the risk of blindness from GCA.

Vision Problems

Important: If you have PMR and begin having vision problems, call your doctor immediately. Also tell your doctor if you develop any of the other symptoms of GCA. Diagnosing and treating giant cell arteritis early can help prevent serious problems such as blindness.

GCA DIAGNOSIS

To find out if you have GCA, your doctor will do a biopsy to remove a small piece of the temporal artery above and in front of your ear. The biopsy is done through a small incision. You will not need to be put to sleep for this, but you will receive medicine to numb the area. The piece of the artery will be examined under a microscope. If you have GCA, inflammation is seen in the artery. In rare cases, the disease

cannot be detected in the biopsy. The doctor will make the final diagnosis based on your other signs and symptoms.

If you have GCA, you will also likely have a higher than normal sedimentation rate, which indicates inflammation in the body. Other tests may show anemia, a high platelet count and abnormal liver test results.

GCA TREATMENT

Corticosteroid drugs are used to treat GCA. Higher doses (usually 40 to 60 mg per day taken once or twice per day) are required to treat GCA than to treat PMR. The high dose will put you at greater risk for developing side effects. Taking calcium, vitamin D supplements and other medications is important for preventing osteoporosis that can result from corticosteroids.

Expect to stay on corticosteroid treatment for many months to several years, but your doctor will likely lower the dose over time once your symptoms are under control. Some people with GCA may need other immune-suppressing drugs such as methotrexate to control inflammation.

OUTLOOK

Both PMR and giant cell arteritis may last one to two years, but this varies from person to person. These diseases rarely recur if you have been doing well for some time.

Current treatment allows most people with these diseases to lead active and productive lives. Most people are able to take lower doses of medication after they have been treated for a while. Many people eventually are able to stop taking the medication after one or two years, but the threat of relapse requires close communication between you and your doctor.

RESEARCH

Since 1948, the Arthritis Foundation has invested nearly \$320 million on research to help prevent, control and cure arthritis. One current study is focusing on clarifying how viral infections may cause giant cell arteritis. Another research team is examining the quality of care that people with PMR receive from rheumatologists (doctors who specialize in arthritis) vs. non-specialists. Other researchers are studying how corticosteroids work, which will help in developing new therapies that avoid the negative effects of these drugs.

Services

- Arthritis Self-Help Course – Learn how to take control of your own care in this six-week (15-hour) class for people with arthritis.
- Warm-water exercise program – Join in the fun of an ongoing exercise program in a heated pool.
- Land exercise programs – Move easier in several levels of exercise classes, or exercise at home by purchasing an Arthritis Foundation exercise videotape.

THE ARTHRITIS FOUNDATION

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

The Arthritis Foundation supports research with the greatest potential for advances and has invested more than \$320 million in these efforts since its inception in 1948. Additionally, the Arthritis Foundation supports key public policy and advocacy efforts at a local and national level in order to make a difference on behalf of 70 million people living with arthritis.

As your partner in taking greater control of arthritis, the Arthritis Foundation also offers a large number of programs and services nationwide to make life with arthritis easier and less painful and to help you become an active partner in your own health care.

Contact us at (800) 283-7800 or visit us on the Web at www.arthritis.org to become an

Arthritis Advocate or to find out how you can become involved.

The Arthritis Foundation gratefully acknowledges Marian Minor, PhD, PT, University of Missouri, Columbia; and Stephen A. Paget, MD, Hospital for Special Surgery, New York, for their assistance with this booklet.

For more information: The Arthritis Foundation offers a wide variety of books, brochures and videos about different forms of arthritis, treatment and self-management techniques to help you take control of your arthritis. To order any of these products, become an Arthritis Foundation member or to subscribe to the Arthritis Foundation's award-winning consumer health magazine, *Arthritis Today*, call (800) 283-7800. Call or visit our Web site (www.arthritis.org) to find out how you can take control of your arthritis and start living better today!

MISSION STATEMENT:

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

This brochure has been reviewed by the
AMERICAN COLLEGE OF RHEUMATOLOGY.



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