

POLYMYALGIA RHEUMATICA

What Is Polymyalgia Rheumatica?

Polymyalgia rheumatica (PAH-lee-my-AL-jah roo-MA-tih-kah), or PMR, is a disease that causes pain and stiffness in the neck, shoulder and hip areas. The name literally means “pain in many muscles.” It almost always occurs in people over 50, although the average age is about 70. PMR 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 may also 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 main symptom of PMR, and it is usually worse 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.

PMR may also cause other symptoms such as fatigue, weight loss and a slight 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) may also occur. Some people with PMR may experience emotional difficulties as they learn to cope.

Most people with this disease have been in very good health before their first symptoms appear. These symptoms can seem overwhelming because of they can affect your everyday life.

People with PMR sometimes have another type of arthritis such as osteoarthritis, but there is no relationship between the conditions. PMR is associated with a condition called *giant cell arteritis*, which is described below.

PMR Diagnosis

Your doctor will consider your symptoms along with results of your physical examination and some laboratory tests before making a diagnosis. 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. A blood test called the *erythrocyte sedimentation rate* (or sed rate) measures inflammation in the body. In most people with PMR, the 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.

Additional testing will depend on your symptoms as well as what your doctor finds by examining you. While diagnosing PMR and determining whether you have giant cell arteritis, a biopsy of a blood vessel in your scalp may be necessary. To do the biopsy, a doctor removes a small piece of the artery 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 *glucocorticoids*, which are cortisone-like drugs. Nonsteroidal anti-inflammatory drugs (NSAIDs) may be prescribed at first or in addition to the glucocorticoids.

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 like 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.

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 glucocorticoids.

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 adequate 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 certain arteries (blood vessels) in the body become inflamed. It often occurs with PMR. About 10 percent to 15 percent of people with PMR may also have GCA, and almost 50 percent of patients 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, 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 or blockage of arteries include:

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

GCA Diagnosis

To find out if you have GCA, your doctor will remove a piece of the temporal artery above and in front of your ear. The artery will be taken from the temple 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 wall of 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 sed rate, which indicates inflammation in the body. Other tests may show anemia, a high platelet count and abnormal liver test results.

GCA Treatment

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

Expect to stay on this treatment for many months to several years, but your doctor will likely lower the dose over time once your symptoms are under control.