ARTHRITIS CARE

*Empowering people with arthritis.*

# Polymyalgia rheumatica



## What is polymyalgia rheumatica?

Polymyalgia rheumatica (PMR) is a condition where you develop pain in your neck, and around your shoulders and hips. The pain and stiffness can be very severe, and affect what you are able to do in everyday life. It is worse in the morning.

PMR is most common in people over 50. Unlike other aches and pains older people get, no-one knows what causes this condition.

Older women are at least two to three times as likely to get PMR than older men. It is also much more common in people of white, European origin.

## REAL LIFE STORY

**‘I have had arthritis for some years. When my neck and shoulders became increasingly stiff, I wasn’t sure what was happening. My doctor described it as polymyalgia and I thought “now I’ve got something else to deal with”. I always do research when I am diagnosed with something, because I like to be informed.**

**It disturbs my sleep because lying down seems to aggravate it as I can’t get comfortable, whichever side I lay on. It also affects one of my arms, which is getting weaker, making it difficult to pick things up. I have had short doses of steroids, which have really helped, but I can’t have them long-term.**

**Everyone tells me to relax, but tension builds up with the pain. I have a massage and heat treatment when I can afford it. The heat relieves the tension in my neck and shoulders. Having PMR means more pain to put up with, but you get to a level where you just accept it.’**

## How will it affect me?

PMR usually comes on suddenly, appearing over a week or two, sometimes just after a flu-like illness. You may go to bed feeling fine, but wake up feeling stiff in the morning. However, in some people, the symptoms come on over a longer period of time and can take longer to go away.

With PMR, you could experience:

- stiffness and severe pain in the morning, which may get better during the day. You may find it hard to turn over in bed, get out of bed, or to dress yourself
- pain in your hips, thighs or back
- pain in your neck and shoulder muscles, which lessens when you move

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- stiffness after sitting for any length of time
- feeling generally unwell, and possibly getting a slight temperature
- tiredness and depression
- swelling of the hands and wrists (rarely).

Most people's PMR disappears after one to two years of treatment, but some people may need to remain on a small dose of medication for many years.

## What is the treatment?

**Corticosteroids.** The pain of PMR can be greatly reduced by taking a drug called a corticosteroid. These drugs are sometimes called 'steroids' for short, but they are not the same as anabolic steroids that athletes sometimes use.

Corticosteroids reduce inflammation in our bodies. Even a small dose can have a dramatic and fast effect on reducing the pain and stiffness of PMR. The most common type of corticosteroid given by doctors for PMR is called prednisolone. It comes as a tablet.

Because corticosteroids can have many side effects, it is very important to take the exact dose your doctor prescribes. The doctor will probably start by giving you a moderate dose, and gradually reduce it until you are taking the lowest dose you can to control the PMR. This is called a maintenance dose. It may take a while to get the dose right. Treatment usually lasts around two years – sometimes longer. Some people will relapse (where the condition comes on again) when taken off steroids and will need to take them for longer.

Never stop taking steroids suddenly – this can be dangerous. You should be given a steroid card to carry at all times so that if you see another health professional or have an accident, people know what you are taking.

The longer you take corticosteroids, or the higher the dose, the more likely you are to get side effects. It is a question of weighing up with your doctor the risks and benefits of taking the drugs. Although they have serious side effects, steroids can control the pain of PMR within a few days. Taking steroids also protects you from the eye problems which can occur with this condition (see 'Giant cell arteritis').

The most common side effects are:

- putting on weight, a round face, easy bruising, stretch marks and thinning of the skin
- cataracts in the eyes
- a rise in your blood sugar level. If you have diabetes, you may need to change your medication

- a rise in your blood pressure (on high doses of steroids)
- getting infections more easily. Tell your doctor if you feel unwell, or if you come into contact with anyone with chickenpox or shingles (you may need special treatment against these)
- osteoporosis.

It's important to protect against osteoporosis if you are taking steroids because it can be a serious condition and makes it easy for you to break bones. To protect yourself, make sure you have a high amount of calcium in your diet (your doctor or nurse can advise you on the right foods and supplements to take). Vitamin D is also important and comes from sunlight and some foods. You should try to exercise regularly, including some weight-bearing activities such as walking or running. Regular exercise can be difficult with PMR, but do what you can. Cutting out smoking and reducing the amount of alcohol you drink also reduce the chances of osteoporosis. If you are especially at risk of getting osteoporosis, you doctor may give you extra medicines to protect against it.

**Disease-modifying anti-rheumatic drugs (DMARDs)**. In rare cases where steroids are not stopping PMR flaring up, DMARDs such as methotrexate may be given.

## Giant cell arteritis

About 1-2 in 10 people with PMR also develop temporal arteritis – sometimes known as giant cell arteritis (GCA) where some of the blood vessels in the body become inflamed, cutting off the blood supply to some areas. It often affects the arteries in your temples (the area of your head diagonally up from your eyes).

The symptoms might include:

- loss of vision, blurred vision, double vision, or seeing a shadow over your vision
- severe headaches
- pain in your jaw when chewing or pain in your tongue when eating
- tenderness of your scalp (the surface of your head) – for example, it could hurt to brush your hair or touch your head.

If you get any pain or swelling in your head, or any problems with your vision, you must contact your doctor straight away. This is because there is a risk of damage to your sight. If treated early, this damage can be prevented by corticosteroid drugs. If the doctor thinks you have GCA, they might need to do a biopsy of a blood vessel in your scalp. This will mean giving you a local anaesthetic to numb the area, and then removing a tiny piece of a blood vessel.

If you have GCA, you will have to start with a higher dose of corticosteroids. This will mean you are more at risk of side effects.

## Who will I see?

You should see your GP if you have any of the symptoms of PMR or GCA. You will need to see them regularly for your condition to be monitored. Because there are other conditions with similar symptoms to PMR, it is important to tell your doctor all the details – such as how the pain and stiffness developed, and if it is worse in the morning.

Your doctor may also want to do some blood tests such as ESR or CRP to measure the amount of inflammation in your body. However, these tests can show inflammation caused by other conditions as well, so you may need additional tests to rule these out. For example, rheumatoid arthritis can seem rather like PMR, and a blood test could show if you have that condition instead.

You may also be referred to see a consultant called a rheumatologist. They will be able to diagnose the condition as PMR, and advise on what treatment you should have. If you get GCA, you may also see an ophthalmologist (an eye specialist).

## What can I do to help myself?

- Take your condition seriously and find out as much as you can about it
- Keep fit and active, which will help prevent osteoporosis. Activity and movement can also help morning stiffness and aching. Be careful not to overdo it – learn how much you can do before your symptoms get worse.
- Eat a balanced diet with lots of fresh vegetables and fruit to keep you healthy.

## Is it hereditary?

Very little is known about what causes PMR. It is more common amongst northern Europeans which may indicate that genes are involved.

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## Where can I get more information and support?

**Arthritis Care** is the UK's largest charity working with and for all people who have arthritis.

We are here to help you make positive choices through our information, website, self-management training, and professional helpline. Call the free helpline for confidential support on 0808 800 4050 (10am-4pm weekdays) or email: Helplines@arthritiscare.org.uk

You can find support from others with arthritis by joining our online discussion forums.

We rely on donations to fund our vital work in supporting people living with arthritis. If you would like to make a contribution, please phone us on 020 7380 6540 or you can donate online.

**www.arthritiscare.org.uk**

**Our information is regularly reviewed. This factsheet will be reviewed in 2013. Please check our website for up-to-date information and reference sources or call 020 7380 6577.**

*Last reviewed in 2011*

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Arthritis Care is now a certified member of The Information Standard. This means that you can be confident that Arthritis Care is a reliable and trustworthy source of health and social care information.

The Information Standard
Certified member

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## Contact us

For confidential information and support about treatments, available care and adapting your life, contact the Arthritis Care Helpline
**Freephone: 0808 800 4050**
10am-4pm (weekdays)
Email: Helplines@arthritiscare.org.uk

For information about Arthritis Care and the services we offer, contact us at: **www.arthritiscare.org.uk**

You can also talk to other people who are living with arthritis, through the discussion forums on our website.

**Arthritis Care UK office and England regional services:**
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## Other organisations

**PMRGCA UK**
www.pmrgcauk.com
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Arthritis Care is a charity registered in England and Wales (206563) and in Scotland (SC038693)