

Polymyalgia rheumatica (PMR)



ARTHRITIS CARE

*Empowering
people with arthritis.*

What is polymyalgia rheumatica?

Polymyalgia rheumatica (PMR) is a condition where you develop pain in your neck, shoulder and pelvic muscles. The pain and stiffness can be very severe, and affect what you are able to do in everyday life.

PMR is most common in people over 65, but it can also affect people over 50. Unlike other aches and pains older people get, the pain of PMR does not go away if you take ordinary painkillers or anti-inflammatory drugs (like ibuprofen).

No-one knows what causes this condition, but it is possible that it has something to do with the ageing process.

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 you can't get comfortable, whichever side you 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 you 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 often strikes 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.

With PMR, you could experience:

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



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 the inflammation in our bodies. They 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 in a tablet or injection.

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 higher 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. You will be on steroids for between 18 months and two years. 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 so that if you see another doctor or have an accident, people know what you are taking.

- Side effects of corticosteroids. The longer you take these drugs, 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. Though they have serious side effects, steroids can stop the pain of PMR within a few days.

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
- raising your blood sugar level. If you have diabetes, you may need to change your medication
- high doses of steroids can also raise your blood pressure
- 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 and vitamin D in your diet (your doctor or nurse can advise you on the right foods and supplements to take). You should also do 30 minutes of weight-bearing exercise each day (walking or running) – this can be difficult with PMR, but do what you can. Cutting out smoking and reducing the amount of alcohol also reduce the chances of osteoporosis. If you are especially at risk of getting osteoporosis, your doctor may give you extra medicines to protect against it.

- DMARDs. In rare cases where steroids are not stopping PMR flaring up, disease modifying drugs such as methotrexate may be given.

About one in 20 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:

- 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
- blurred vision, double vision, or seeing a shadow over your vision

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.

Older women are at least twice as likely to get PMR than older men. It is also much more common in people of white, European origin. Most people's PMR disappears after a time. But treatment may last for two or more years, and some people may need to remain on a small dose of medication for many years.

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.

The doctor may also want to do some blood tests. The most common blood test is called an ESR, which measures the amount of inflammation in the body. However, an ESR will show inflammation caused by other conditions too, so you may have to have other tests to rule these out. For example, rheumatoid arthritis can seem rather like PMR, and a blood test could show whether 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?

- Applying a cold pad to the painful area may help reduce pain.
- Avoid sitting still for long periods. If you are driving or on a journey, stop regularly to stretch your legs.
- 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 these conditions. It commonly happens to people of white, European origin. You have a slightly higher risk of developing PMR if you have a family member with it.

Where can I get more information and support?

Arthritis Care's helpline 0808 800 4050 (weekdays 10am-4pm) plus website (www.arthritiscare.org.uk) can give you information about adapting your life, treatments and care, or just give you someone to talk to. You can also contact other people with arthritis through the discussion forums on our website.

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Arthritis Care

Arthritis Care is the UK's largest voluntary organisation working with and for all people with arthritis.

Our publications are just one of the many services Arthritis Care provides. These include a confidential helpline, self-management and awareness training, information for people with arthritis and health professionals, and local activity and support. We also campaign locally and nationally to help change attitudes and laws and to ensure people with arthritis have access to the treatments and services they need and deserve.

Contact us

For confidential information and support, contact the Arthritis Care Helpline

Freephone: 0808 800 4050

10am-4pm (weekdays)

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

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