



Polymyalgia rheumatica

What is polymyalgia rheumatica?

Polymyalgia rheumatica (PMR) is an inflammatory condition in which pain develops over both shoulders and hips.

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, for some people the symptoms develop over a longer period of time.

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.

Very little is known about what causes PMR.

Who is affected by PMR?

PMR is most common in people over the age of 50.

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



► **'Bilateral'** means on both sides.

How will PMR affect me?

A key symptom of PMR is new onset bilateral shoulder pain. The pain and stiffness can be very severe, and may restrict your mobility, particularly early in the morning, although the pain usually eases a little as the day progresses. The pain may also be less when active but feel worse when resting. You might also feel generally unwell and extremely tired.

What are the symptoms?

With PMR, you could experience:

- new onset bilateral shoulder pain, which is stiffness and severe pain in the morning, which may get better during the day. You may have difficulty turning over in bed, getting out of bed, washing and/or dressing yourself
- pain in your hips, thighs or buttocks
- pain in your arms and shoulder muscles, which lessens when you move
- stiffness after sitting for any length of time
- feeling generally unwell, and possibly getting a slight temperature
- increased sweating, particularly at night
- weight loss
- tiredness and depression
- swelling of the hands and occasionally wrists.

The symptoms are constant and do not generally disappear without treatment.

What is the treatment for PMR?

Common painkillers such as paracetamol, or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, may provide some pain relief. However, PMR is most likely to be treated with a course of corticosteroids (see below), or with disease-modifying anti-rheumatic drugs (see page 5).

Corticosteroids

The pain of PMR can be greatly reduced by taking corticosteroids. Even a small dose of corticosteroids can have a dramatic effect on reducing the pain and stiffness of PMR.

How do they work?

Corticosteroids (steroids) are drugs that can be very effective in controlling the body's response to inflammation. Taking steroids also protects you from giant cell arteritis, which can occur alongside PMR.

How are they taken?

The most common type of corticosteroid given by doctors for PMR is called Prednisolone, which comes in tablet form. Occasionally you may be prescribed deep-seated steroid injections for PMR; these are given as an injection into the buttocks.

What you should know

Corticosteroids can be highly effective, but can produce side effects if taken over long periods or in high doses. This means it is very important to take the exact dose your doctor prescribes. Your doctor will always try to give you the lowest possible dose of steroids for the shortest possible time, and will monitor you while you are taking them.

Determining the correct dose can take a while. Your doctor will probably start by giving you a moderate dose (in most cases, 15mg of Prednisolone once a day), gradually reducing it until you are taking the lowest dose you can to control the PMR. This is called a maintenance dose.

Treatment usually lasts around two years – sometimes longer. Some people find that they experience a relapse (where the condition returns) when taken off steroids, so may need to take them for longer.

► **Note that the steroids prescribed for the treatment of arthritis are not the same as those sometimes used by athletes.**

► **See page 6 for more on Giant Cell Arteritis.**

Important

It can be dangerous to suddenly stop taking steroids or to alter your dose, unless agreed with your doctor. Ask your doctor or pharmacist for a steroid card, recording which steroid you are on and the dose. Always carry this with you, or wear a Medic Alert bracelet. If for any reason you are taken ill, doctors will know to continue your treatment.

The dose that is right for you will depend on your weight, severity of PMR, any other conditions you have and the risk of side effects.

The longer you take corticosteroids or the higher the dose, the more likely you are to experience side effects. It is important to weigh up with your doctor the risks and benefits of taking corticosteroids. Although they have serious side effects, steroids can control the pain of PMR within a few days.

Side effects of corticosteroids

The most common side effects from taking corticosteroids are:

- putting on weight, a round face, bruising easily, stretch marks and thinning of the skin
- disturbed sleep, especially when taking corticosteroids at night time
- cataracts in the eyes
- a rise in your blood sugar levels (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 an infectious illness, such as chickenpox or shingles (you may need additional treatment to manage these).
- osteoporosis.

► See page 6 for more on Giant Cell Arteritis.

► Note that while steroids can result in unwanted side effects, an untreated inflammatory condition such as PMR also carries serious risks. You and your doctor will need to consider carefully the relative risks and benefits before deciding whether or not to take steroids.



Guarding against the side effects of steroids

It's important to protect against osteoporosis if you are taking steroids – it can be a serious condition and makes it easy for you to break bones. To protect yourself, make sure you have a calcium-rich diet (your doctor or nurse can advise you on the right foods and supplements to take). Vitamin D is also important; it comes from sunlight and is found in some foods.

Try to exercise regularly, including some weight-bearing activities such as walking or running. Range of movement exercises are important for the shoulders and hips. They also help reduce steroid-induced muscle damage.

Cutting out smoking and drinking less alcohol can also reduce the chances of osteoporosis. If you are especially at risk of osteoporosis, your doctor may give you extra medicines (Bisphosphonates) to protect against it.

Consult your doctor if steroids are lost from the body, for example, through vomiting or diarrhoea.

Disease-modifying anti-rheumatic drugs (DMARDs)

In cases where steroids are not stopping PMR from flaring up, DMARDs may be given.

How are they taken?

DMARDs are usually given in tablet or capsule form, but some may be administered by injection.

What you should know

DMARDs can take several weeks to start working, so it is important to keep taking them even if you do not experience any benefits straight away. It can take weeks or even months for their full effect to be felt.

As with all medications, there can be side effects, but these vary from person to person. Your doctor will discuss potential side effects with you and answer any questions you may have.

► For more information on the drugs used in the treatment of PMR, see our booklet *Medication for your Arthritis*.

Giant cell arteritis

On average, for every 10 people with PMR, around one or two will also develop temporal arteritis – sometimes known as giant cell arteritis (GCA). In GCA some of the blood vessels in the body become inflamed, cutting off the blood supply to some areas. It is a medical emergency.

In GCA, inflammation occurs in the large arteries and their branches. It often affects the arteries in the temples (the area to the side of the head behind the eyes). It can, however, affect blood vessels, including the largest blood vessel in the body – the aorta – which runs from the heart to the abdomen.

The symptoms of GCA can 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 the scalp (the surface of your head) – for example, it could hurt to brush your hair or touch your head
- increased sweating, low-grade fever, or weight loss.

If you experience any pain or swelling over the temple 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 the condition is not treated early.

There is now a ‘fast-track’ diagnostic pathway for those with suspected GCA. The pathway involves a dedicated phone line for GPs to use, and the guarantee that you will be seen by a rheumatologist within 24 hours.

If the doctor thinks you have GCA, they might need to do an ultrasound scan of the arteries in the temple area and/or 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. In some cases of PMR or GCA, specialised scans – such as a PET or CT scan – might also be carried out to check for any inflammation in other blood vessels.

- PET (Positron emission tomography) scans are used to show detailed three-dimensional images of the inside of the body.
- A CT (computerised tomography) scan uses X-rays and a computer to create detailed images of the inside of the body.

Corticosteroids are used to treat GCA at a higher than usual dose, so there is an increased risk of the side effects listed on page 4.

Who will I see?

In the first instance you should see your GP, who may then decide to refer you to a specialist. 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 erythrocyte sedimentation rate (ESR) or C-reactive protein (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 display similar symptoms to PMR, and a blood test could show which condition you have.

You may be referred to a rheumatologist. They will be able to diagnose the condition as PMR, and advise on what treatment you should have.

You may have an ultrasound scan of your shoulders and hips to exclude or confirm the diagnosis. If you have GCA (see opposite), you may also see an ophthalmologist (eye specialist). You will need to see the doctors and/or nurses regularly for your condition to be monitored.

► **If you are unsure about any treatment, go back to your doctor. Being straightforward, reasonable and clear about your needs can help you make the most of the professional expertise available to you.**

What can I do to help myself?

- Find out as much as you can about your condition. See Arthritis Care's *Understanding Arthritis* booklet for more information on various types of arthritis.
- Activity and movement can help morning stiffness and aching. Be careful not to overdo it – learn how much you can do before your symptoms get worse. See our *Exercise and Arthritis* booklet for ways to keep active if you have joint pain.
- Eat a healthy, balanced diet. You'll find easy, nutritious meals in our *Healthy Eating and Arthritis* booklet. Many of these can be prepared in advance and frozen, for those days when you don't feel like cooking.



ARTHRITIS CARE

How Arthritis Care can help you

Want to talk to someone about your arthritis?
Or read more about the condition?

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09:30 to 17:00 – we'd really like to hear from you.

We have over 40 free booklets and factsheets on
various aspects of arthritis, from diet and surgery, to
managing pain and fatigue. These can be sent to you
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You can download all our booklets and factsheets
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We also have an Online Community, where you can
chat to others with arthritis, and can be reached at
arthritiscareforum.org.uk



Arthritis Care and Arthritis Research UK have joined together
to help more people live well with arthritis. Read how at
arthritisresearchuk.org/merger. All donations will now go to
Arthritis Research UK and be used to help people with arthritis
live full and active lives in communities across England and
Wales, Scotland, and Northern Ireland.

Thank you

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