

What is Polymyalgia Rheumatica?

Polymyalgia rheumatica (PMR) is an inflammatory disease that affects older adults, causing widespread muscle pain and stiffness.

PMR primarily affects the shoulders, neck, hips, lower back, and thighs, with muscle pain and stiffness that is worse in the morning. PMR can also affect the whole body, causing flu-like symptoms.

Causes

The exact cause of PMR is unknown. Like vasculitis, it is thought to be an autoimmune disorder, a disease which occurs when the body's natural defense system mistakenly attacks healthy tissue.

Researchers believe genetics and environmental factors may play a role in the onset of PMR. New cases of PMR often occur seasonally, suggesting that a virus may play a role in triggering the disease.

Who Gets PMR?

PMR is considered a common cause of aching and stiffness in older adults. The average age of patients is about 70, and PMR almost never affects people younger than 50. Women get PMR almost twice as often as men, and it is the second-most common rheumatic disease after rheumatoid arthritis.

How are PMR and Giant Cell Arteritis Related?

PMR and giant cell arteritis (GCA) are closely linked inflammatory conditions. PMR may occur in isolation or it may be a symptom of GCA. They are frequently discussed together because of their close association.

Symptoms

The symptoms of PMR often start suddenly and include pain, aching and stiffness in the shoulders, neck, upper arms, hips, lower back and thighs. Symptoms are worse in the morning or after inactivity. Other common symptoms include:

- Low-grade temperature
- Weight loss
- Loss of appetite
- Limited range of motion in joints (stiffness)
- Fatigue
- General flu-like feeling

Complications

Left untreated, PMR symptoms usually get progressively worse. It may be difficult to perform daily activities such as dressing, bathing, or combing hair. Standing up from a couch and getting in and out of a car can be painful. Raising the arms over the head can be especially difficult.

Very rarely, PMR can cause inflammation of the aorta, the artery that carries blood from the heart to the rest of the body. This can lead to a potentially life-threatening aortic aneurysm (bulging of the artery).

Serious complications of PMR can also occur when patients develop GCA, which causes narrowing of the arteries in the head and the temples, resulting in persistent headaches, scalp tenderness, and vision changes. Without treatment, GCA can result in stroke, aneurysm of the aorta or blindness.

Diagnosis

There is no single test for diagnosing PMR, so your doctor will consider a number of factors, including:

- Symptoms
- A detailed medical history
- Physical examination
- Blood tests, which include a complete blood cell count, erythrocyte sedimentation rate and C-reactive protein levels, that when elevated, suggest inflammation
- Imaging studies such as ultrasound or magnetic resonance imaging are rarely needed but can be used to detect inflammation in structures around the joints (e.g., bursa)
- Biopsy, which involves surgical removal of a segment of an artery in the temple and is then sent to a laboratory and examined for signs of inflammation (only done if there are symptoms suggestive of GCA)

Part of the diagnosis involves ruling out diseases that may cause similar symptoms such as rheumatoid arthritis, other forms of vasculitis, infections, other muscle diseases or cancer.

Treatment

PMR is primarily treated with low doses of **corticosteroids** to control inflammation and pain. Most patients experience symptom relief within a few days. After a period of time, the dose may be gradually lowered. A maintenance dose is usually required for several months up to a few years. Higher doses should be prescribed for people with symptoms suggestive of GCA.

Researchers have been studying the effects of **immunosuppressant drugs** such as methotrexate in treating PMR, but results are not conclusive.

The **biologic drug**, tocilizumab, is used to treat GCA. Biologic medications are complex proteins derived from living organisms. They target certain parts of the immune system to control inflammation but more research is needed to determine the long-term safety and effectiveness of these drugs for the treatment of PMR.

In addition to medication, **regular exercise** is an important component of the treatment plan, especially low-impact activities such as walking, swimming, or riding a stationary bicycle. Physical therapy may be helpful in maintaining mobility and reducing discomfort.

Side Effects of Medications

Corticosteroids carry the risk of serious side effects, such as:

- Potential bone loss (osteoporosis)
- Eye problems such as cataracts, glaucoma
- Increased chance of infection, among others

Therefore, it is important to see your doctor for regular checkups. Medications may be prescribed to offset side effects.

Infection prevention is also very important. Talk to your doctor about getting a flu shot, pneumonia vaccination, and/or shingles vaccination, which can reduce your risk of infection.

Relapse

Even with effective treatment, relapses can occur with PMR. If your symptoms return, or you develop new ones, report them to your doctor as soon as possible. Regular doctor visits and ongoing monitoring are important in detecting relapses and preventing complications.

Your Medical Team

Effective treatment of PMR may require the coordinated efforts and ongoing care of a team of medical providers and specialists. In addition to a primary care provider, you may need to see the following specialists:

- Rheumatologist (joints, muscles, immune system)
- Ophthalmologist (eyes) or others

The best way to manage your disease is to actively partner with your health care providers and get to know the members of your health care team.

Use a health care journal to track medications, symptoms, test results and notes from doctor appointments.

Make a list of questions before your doctor's visit. Bring along a supportive friend or family member to provide a second set of ears and take notes.

Remember, it's up to you to be your own advocate. If you have concerns with your treatment plan, be sure to speak with your medical team.

It is always your right to seek a second opinion.

Living with PMR

Living with a chronic disease such as PMR can be challenging at times. Fatigue, pain, emotional stress, and medication side effects can take a toll on your sense of well-being. This can affect relationships, work, and other aspects of your daily life.

Sharing your experience with family and friends, connecting with others through a support group, or talking with a mental health professional can help.

Outlook

People with PMR typically respond well to treatment and most eventually recover entirely from the disease within one to five years. With appropriate treatment and regular follow-up care, individuals with PMR, and even those who develop GCA, can experience a full and productive life.

Recently, it has been recognized that patients with PMR are at higher risk for atherosclerosis, or hardening of the arteries, although life expectancy overall does not appear to be affected.

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