



PATIENT FACT SHEET

Inflammatory Myopathies



CONDITION DESCRIPTION

Inflammatory myopathies are muscle diseases caused by inflammation. They are autoimmune diseases where the body's immune system attacks its own muscles by mistake. The most common inflammatory myopathies are polymyositis and dermatomyositis.

Inflammatory myopathies cause muscle weakness, usually in the neck, shoulders and hips. Dermatomyositis causes

skin rashes also. Muscle pain is not a common symptom. Some people can have breathing problems.

People of all ages and races may get inflammatory myopathies, but they're rare. Children usually get them between ages 5 and 10. Adults usually get these diseases between 40 and 50. Women get inflammatory myopathies twice as often as men.



SIGNS/ SYMPTOMS

The most common sign of inflammatory myopathies is weakness in the large muscles of the shoulders, neck or hips. Inflammation damages tissue so you lose strength in these muscles. Inflammatory myopathies may cause problems like these:

- Trouble climbing stairs, lifting objects over your head or getting out of a seat
- Choking while eating or intake of food into the lungs

- Shortness of breath
- Cough

Dermatomyositis causes skin rashes that look like red or purple spots on the eyelids, or scaly, red bumps on the elbows, knuckles or knees. Children may also have white spots on their skin called calcinosis or vasculitis, a blood vessel inflammation that causes skin lesions.



COMMON TREATMENTS

Diagnosing inflammatory myopathies starts with a muscle strength exam. A rheumatologist may also do blood tests to measure certain muscle enzymes or myositis-specific antibodies. An electromyogram (EMG) can measure electrical activity in the muscles. You may need a muscle biopsy or an MRI to look for muscle damage. These diseases may be linked to cancer, so tests to rule out cancer may be needed too.

The first treatment for inflammatory myopathies is a highdose, oral corticosteroid, such as prednisone

[Deltasone, Orasone], to reduce inflammation. Muscle enzymes usually return to normal at 4 to 6 weeks, and strength returns in 2 to 3 months.

Your doctor may add methotrexate [Rheumatrex, Trexall, Orastrup, Rasuvo] or azathioprine [Imuran] to your treatment plan for long-term disease control. Some patients with severe disease may need intravenous immunoglobulin, cyclosporine [Neoral, Sandimmune], tacrolimus [Prograf], mycophenolate mofetil [CellCept] or rituximab [Rituxan].



CARE/ MANAGEMENT TIPS

Good health habits are important for long-term management of inflammatory myopathies. Eat a healthy, well-balanced diet, get regular exercise and stay at a healthy weight.

People with dermatomyositis should use sun protection so rashes don't worsen. Limit your time outdoors and use sunscreen when you go outside. If you have trouble

swallowing, eat soft foods or puree solid foods in a blender. To prevent choking if you are bedbound, sit up in bed to eat.

Corticosteroids can cause serious side effects like high blood pressure, weight gain, thinning skin or bruising, cataracts or osteoporosis. Get regular exams to watch for or treat these problems.