



PATIENT FACT SHEET

Polymyalgia Rheumatica



CONDITION DESCRIPTION

Polymyalgia rheumatica (PMR) is a common condition that involves widespread aching and stiffness. It often affects the upper arms, neck, lower back and thighs. Pain and stiffness usually is worse in the mornings.

PMR doesn't cause joint swelling, so it can be hard to spot. It may occur along with an autoimmune disease called giant cell arteritis. It's more common after age 50.

Women get PMR slightly more often than men and it's more common in Caucasians, but anyone can get PMR.

PMR's cause is unknown. It isn't caused by any medications. There is some inflammation in PMR. Some research suggests that PMR pain may be related to inflamed bursae (sacs) in the shoulders or hips. PMR inflammation responds quickly to treatment.



SIGNS/ SYMPTOMS

The most common symptoms of polymyalgia rheumatica are widespread aching, stiff muscles.

Symptoms can come on quickly, even overnight. Usually, you feel aches on both sides of your body. It may be hard to raise your arms over your shoulders. Hands and wrists may ache too.

PMR aches may be worse in the morning and get better as the day goes by. Being inactive for a long

time, like on a long car ride, may make stiffness worse. Stiffness and aches can be so severe that they cause people to have signs like:

- Disturbed sleep
- Trouble getting dressed, such as putting on socks
- Problems getting in and out of a car or up from a sofa.



COMMON TREATMENTS

A diagnosis of PMR is hard to confirm. A rheumatologist can do blood tests to look for unusually high markers of inflammation, like erythrocyte sedimentation ("sed") rate and C-reactive protein. Not everyone with PMR has high levels of these in their blood, but they can help rule out other diseases like rheumatoid arthritis.

Low-dose corticosteroids, such as 10-15 mg per day of prednisone (Deltasone, Orasone), can quickly relieve

aching and stiffness. If symptoms improve, patients can take lower doses of prednisone, and then taper off the drug after a year. Some people need to take corticosteroids for 2 to 3 years. Symptoms may recur later on.

Nonsteroidal anti-inflammatory drugs (NSAIDs), like ibuprofen (Advil, Motrin), or naproxen sodium (Aleve) are not effective for PMR.



CARE/ MANAGEMENT TIPS

If muscle aches and stiffness respond well to treatment, people with PMR can get back to a normal lifestyle and regular exercise. Even low-dose corticosteroids can cause side effects, so get regular check-ups to watch for these signs:

- High blood pressure
- Osteoporosis (bone loss)
- Weight gain

- Cataracts
- Sleeplessness
- Bruising or thinning of skin

Older patients may need osteoporosis medications to prevent fractures. Because PMR can occur with giant cell arteritis, let your doctor know if you have headaches, vision changes or fever, which are signs of this disease.