Polymyalgia rheumatica

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Polymyalgia rheumatica causes pain, stiffness and tenderness in large muscles, typically around the shoulders, upper arms and hips. The cause is not known. Treatment with steroid tablets usually works well to ease symptoms. You need to take a low dose of steroid each day to keep symptoms away.

Some people with polymyalgia rheumatica develop a related condition called giant cell arteritis which can be more serious. You should know the symptoms of giant cell arteritis so you know what to look out for (detailed below).

See a doctor immediately if you develop symptoms of giant cell arteritis.

At a glance

- Polymyalgia rheumatica (PMR) causes pain and stiffness in muscles around the shoulders, neck, and hips.
- Symptoms are due to inflammation and are usually worst in the morning.
- PMR mainly affects people over 65, and women are more commonly affected.
- Diagnosis often involves blood tests to check for high levels of inflammation.
- Treatment typically involves steroid medicines like prednisolone.
- Steroid treatment usually works quickly, but may be needed for years.
- A complication, called giant cell arteritis (GCA), can lead to serious eye problems.

- Call a doctor immediately if you develop a new headache, jaw pain when chewing, or sudden vision loss.

This summary has been automatically generated from the article content to help readers quickly understand the key points.

What is polymyalgia rheumatica?

Polymyalgia rheumatica (PMR) is a condition which causes pain and stiffness of the muscles around the shoulders, neck, and hips. This is due to inflammation from the body's immune system. 'Poly' means many and 'myalgia' means muscle pain.

Who does it affect?

PMR mainly affects people over the age of 65. It is very rare in people aged under 50. About 1 in 1,000 people over the age of 50 develop PMR each year. Women are three times more likely to be affected than men.

What causes polymyalgia rheumatica?

The symptoms of PMR are caused by inflammation affecting muscles and joints.

The exact cause of PMR is unknown, but it may be due to multiple factors, including genetics and environmental triggers.

What are the symptoms of polymyalgia rheumatica?

The most common symptoms

- Stiffness, pain, aching and tenderness of the large muscles around the shoulders and upper arms. The muscles around the neck and hips may also be affected.
- The stiffness may be so bad that you may have difficulty turning over in bed, rising from a bed or a chair, or raising your arms above shoulder height (for example, to comb your hair).
- The stiffness is usually worst first thing in the morning. Getting out of bed may be difficult. The stiffness often eases after an hour or so after getting up from bed

Inflammation and swelling

This sometimes occur in other soft tissues of the body. For example, tendons may become inflamed (tenosynovitis), your hands or feet may become slightly swollen and some joints may become slightly swollen.

Other general symptoms

Tiredness, depression, night sweats, high temperature (fever), loss of appetite, and weight loss may occasionally occur.

Symptoms typically develop over a few days or weeks. However, they develop more slowly in some cases. You may pass it off as aches and pains of getting older when symptoms first start.

Do I need any tests?

Symptoms of PMR are sometimes similar to other conditions such as frozen shoulder, arthritis, or other muscle diseases. So, a blood test is usually done to help make the correct diagnosis.

No blood test is 100% reliable for PMR. However, blood tests called the erythrocyte sedimentation rate (ESR) test and the C-reactive protein (CRP) test can detect if there is inflammation in your body from various diseases. If either of these blood tests shows a high level of inflammation **and** you have the typical symptoms, this usually confirms the diagnosis of PMR.

A series of blood tests is usually done to rule out other causes for your symptoms. If doubt remains about the diagnosis then you may be advised to have various other tests. Occasionally an ultrasound scan of the shoulders and/or hips may be useful in some cases to help distinguish PMR from other conditions. This is not a routine test for PMR but may be used if the diagnosis is not clear.

What is the treatment for polymyalgia rheumatica?

Steroids

A steroid medicine such as prednisolone is the usual treatment. Steroids work by reducing swelling (inflammation). Treatment usually works quickly, within a few days. After starting treatment, the improvement in symptoms over 2-3 days is often quite

dramatic. In fact, if symptoms do not greatly ease and go within a week or so of treatment then the diagnosis of PMR may not be correct. Tell your doctor if symptoms do not improve significantly with steroids, as the symptoms may be due to another disease.

Treatment is usually started with a medium dose - usually about 15 mg per day. This is then reduced gradually to a lower maintenance dose. It may take several months to reduce the dose gradually. The maintenance dose needed to keep symptoms away varies from person to person. Usually it is between 2.5 and 5 mg per day.

You are likely to need treatment for at least one to two years. In some people the condition goes away, so the steroids can be stopped after this time. However, many people need treatment for several years, sometimes for life. If you stop taking the steroid tablets too soon, the symptoms return.

Some people are able to stop treatment after 2-3 years but symptoms sometimes return at a later time (a relapse). If this occurs, the treatment with steroids can be restarted and will usually work well again.

Some points about steroid tablets

- Do not stop taking steroid tablets suddenly. Once your body is used to steroids, if you stop the tablets suddenly, you may develop serious withdrawal effects within a few days. They are always stopped by gradually lowering the dose - your doctor will advise.
- Do not take anti-inflammatory painkillers whilst you take steroids unless advised by a doctor. The two together increase your risk of developing a stomach ulcer.
- Most people who take regular steroids carry a steroid card. This gives details of your dose, condition, etc, in case of emergencies.
- If you are ill with other conditions, or have surgery, the dose of steroid may need to be increased for a short time. This is because you need more steroid during physical stress.

Are there any side-effects?

The risk of developing side-effects from steroids is increased with higher doses. This is why the dose used is the lowest that keeps symptoms away. If possible, a maintenance dose below 7-10 mg per day is best. Most people with PMR need less

than 10 mg per day to keep symptoms away. Possible side-effects from steroids include the following:

'Thinning' of the bones (osteoporosis)

You can take a medicine to help protect against this if you are at increased risk. For example, if you are aged 65 or older, or have a history of fractures, you should take a medicine to help protect against osteoporosis. Your doctor will advise. If you are aged below 65 and do not have a history of fractures you may be offered a special scan which measures bone density (a DXA scan). If your bone density is below a certain level you may be offered a medicine to protect against osteoporosis.

Increased chance of infections

In particular, a severe form of chickenpox and measles. **Note**: most people have had chickenpox in the past and are immune to it. Also, most people have either had measles or have been immunised against it and are immune. But, if you have not had chickenpox or measles (or measles immunisation), keep away from people with measles, chickenpox, or shingles (which is caused by the same germ (virus) as chickenpox). Tell a doctor if you come into contact with anyone with these conditions if you are unsure about your medical past history.

Changes in mood and behaviour

Some people actually feel better in themselves when they take steroids. However, steroids may aggravate depression and other mental health problems and they may occasionally cause mental health problems. If this side-effect occurs, it tends to happen within a few weeks of starting treatment and is more likely with higher doses. Some people even become confused, and irritable; they may even develop delusions and suicidal thoughts. These mental health effects can also occur when steroid treatment is being withdrawn. Seek medical advice if worrying mood or behavioural changes occur.

Other possible side-effects

These can include:

- Weight gain.

- Increase in blood pressure. So have your blood pressure checked regularly. It can be treated if it becomes high.
- High blood sugar (glucose) which may mean extra treatment if you have diabetes. Steroids may occasionally cause diabetes to develop. If you take long-term steroids, your doctor may arrange a yearly blood sugar test to check for diabetes. This may be important if you have a family history of diabetes.
- Skin problems such as poor healing after injuries, thinning skin, and easy bruising. Stretchmarks sometimes develop.
- Muscle weakness.
- An increased risk of developing clouding of the lenses of the eyes (cataracts).
- An increased risk of duodenal and stomach ulcers. Tell your doctor if you develop indigestion or tummy (abdominal) pains.

Although the above points have to be mentioned, do not be put off about steroids. Most people with PMR feel so much better after starting steroid tablets. The relief of symptoms usually outweighs the risk of side-effects from the doses of steroids used for this condition. Your doctor will review you regularly to keep an eye out for any side-effects and to check you are on the lowest and safest possible dose.

Are there any complications with polymyalgia rheumatica?

Between 1 and 2 in every 10 people with PMR also develop a related condition called giant cell arteritis (GCA) (also known as temporal arteritis). This may be at the same time or some time earlier or later than when PMR develops. GCA can be much more serious than PMR.

GCA causes swelling (inflammation) of blood vessels (arteries). The arteries most commonly affected are those which pass over the temples - that is, the sides of the forehead next to the eyes. The eye can be affected in some cases. This can lead to serious eye problems, even total loss of vision. Rarely, other arteries such as those going to the brain are affected.

If you develop GCA, you should start treatment as soon as possible after symptoms develop. It is treated with a much higher dose of steroids than PMR. So you can still develop GCA even if you are being treated for PMR.

When to see a doctor immediately

Speak to a doctor urgently if you have PMR and develop any of the following symptoms:

- A new headache or tenderness on one side of your head.
- Pain in your jaw when you chew which eases quickly when you rest the jaw muscles.
- Sudden loss of vision, or any other sudden visual problem in one or both eyes.
- Weakness, numbness, deafness or any other nerve-related symptom.

See the separate leaflet called Giant cell arteritis for more details.

Frequently asked questions

Does polymyalgia rheumatica affect my organs?

Polymyalgia rheumatica primarily causes pain and stiffness in muscles around the shoulders, neck, and hips. While the condition can cause general symptoms like tiredness, fever, and weight loss, and some soft tissues like tendons can become inflamed, the article does not indicate that PMR directly affects major internal organs. However, a related condition called giant cell arteritis (GCA) can affect blood vessels, including those leading to the eyes and, rarely, the brain.

How can I tell if my symptoms are from polymyalgia rheumatica or another condition?

The initial symptoms of polymyalgia rheumatica, such as muscle pain and stiffness, can sometimes be similar to other conditions like frozen shoulder, various forms of arthritis, or other muscle diseases. A doctor will typically use blood tests, such as the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) test, to check for inflammation in your body. If these tests show high inflammation along with typical PMR symptoms, it usually helps confirm the diagnosis. Further tests, including ultrasound scans, might be used if the diagnosis isn't clear.

Can I stop taking my steroid medication if I feel better?

No, you should not stop taking steroid tablets suddenly. If your body has become used to the steroids, stopping them abruptly can lead to serious withdrawal effects. Your doctor will provide a plan for gradually lowering the dose over time. While some people can eventually stop treatment after a few years, many need it for longer or even for life. If symptoms return after stopping treatment, steroids can usually be restarted successfully.

Are there any specific things I should avoid while taking steroids for polymyalgia rheumatica?

While on steroids for polymyalgia rheumatica, you should avoid taking anti-inflammatory painkillers unless specifically advised by your doctor, as combining them increases the risk of stomach ulcers. Also, if you haven't had chickenpox or measles (or been immunised against measles), you should keep away from anyone with these illnesses or shingles, and inform your doctor if you come into contact with them.

What should I do if my mood changes while on steroid treatment?

Steroids can sometimes affect mood and behaviour. While some people feel better, steroids can also worsen depression or other mental health conditions, and in some cases, may even cause confusion, irritability, delusions, or suicidal thoughts. These changes are more common with higher doses and within weeks of starting treatment, and can also occur during withdrawal. If you experience any worrying changes in your mood or behaviour, you should seek medical advice.

How long will I need to be monitored by my doctor after starting steroid treatment?

Your doctor will monitor you regularly while you are on steroid treatment for polymyalgia rheumatica. This is to keep an eye out for any potential side-effects and to ensure you are on the lowest and safest effective dose. Regular checks for blood pressure, and annual blood sugar tests (especially if you have a family history of diabetes), may also be part of your monitoring routine.

These questions and answers have been generated from the information in this article.

Further reading and references

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Article history

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