

LOOKING AFTER YOURSELF

Living and coping with a chronic condition can be difficult. At times you may feel angry, depressed and isolated. It is not easy to accept the loss of good health or accept constant pain and changes in your physical appearance.

Talking about how you feel with someone who is close to you is very important. But sometimes you may feel the need to confide in someone who really understands. Arthritis New Zealand employs skilled Educators, who are always on hand. They can give you information and advice, put you in touch with support and exercise groups throughout the country and help you obtain special equipment and aids for daily living.

LIVING WITH ARTHRITIS

A variety of known techniques can help people control and reduce the effects of arthritis. Research has shown that people who exercise regularly, practise relaxation and/or use other self management techniques have less pain and are more active than those people who are not self-managers.

Self-management courses are available through Arthritis New Zealand. They are designed to give people the skills needed to take a more active part in their arthritis care, together with a healthcare team. Medication, physical activity, joint protection, stress management, acupuncture, heat/cold therapy and weight control to prevent extra stress on weight bearing joints, are just some of the components of self management.

ARTHRITIS NEW ZEALAND

Arthritis New Zealand is a not-for-profit organisation whose main aim is to enable a better quality of life for people affected by arthritis. Arthritis New Zealand works in the areas of education, public awareness, direct support, lobbying and funding research.

There are local Service Centres and 32 Arthritis Educators, who offer education, advice, information and guidance on services and special equipment. Arthritis Educators run highly regarded self management courses.

For more information look in the telephone directory for local contacts or contact:

ARTHRITIS NEW ZEALAND

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WELLINGTON

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POLYMYALGIA RHEUMATICA



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ARTHRITIS 
NEW ZEALAND
ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA
Te whakapiki i te kounga ora

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WHAT IS POLYMYALGIA RHEUMATICA?

Polymyalgia rheumatica (PMR) is a rheumatic disorder characterised by moderate to severe pain and stiffness in the neck, shoulder and hip muscles. This pain and stiffness is often accompanied by a feeling of being unwell and tired.

WHAT CAUSES PMR?

The cause of PMR is unknown. Researchers are investigating the role of genetic inheritance, immune system abnormalities, and environmental factors as causes.

WHO GETS PMR?

PMR most commonly occurs in individuals over the age of 50 years and the incidence increases with age. The condition is more likely to occur in women than in men.

WHAT ARE THE SYMPTOMS OF PMR?

Pain and stiffness

Pain and stiffness may develop very suddenly, even overnight, or over some weeks, mainly in the shoulders, thighs and hips and possibly spreading to the upper arms, lower back, and thighs. These symptoms are often worse in the morning and commonly make getting out of bed difficult. Prolonged inactivity such as sitting for long periods may also increase stiffness. Other symptoms include low-grade fever, weight loss, fatigue and depression.

Temporal arteritis/ giant cell arteritis

Some individuals with PMR may also have temporal arteritis, otherwise known as giant cell arteritis, which causes swelling of the arteries in the head. In addition to the symptoms of PMR these individuals will have the symptoms of temporal arteritis, which are dull headache, jaw pain, and a scalp that is sensitive to the touch in the affected area.



Notify your doctor immediately if you experience any of these symptoms, or any changes in your vision.

HOW IS PMR DIAGNOSED?

Since there is no specific diagnostic test for PMR, diagnosis is made primarily by excluding the presence of other disorders having similar symptoms to this condition. Your doctor will use a combination of your medical history, current symptoms and the results of any evaluations such as blood tests to help with the diagnosis.

TREATMENT OPTIONS

Corticosteroids

The treatment of choice for PMR is with a low-dose oral corticosteroid such as prednisone. Relief of symptoms is usually obtained within 24 to 48 hours. Your doctor may increase the dose of corticosteroid if the symptoms do not rapidly resolve with the initial dose. Once the symptoms are well controlled, the dose is gradually reduced to the lowest amount of corticosteroid needed to alleviate them. Treatment is eventually stopped when symptoms are completely eliminated and if they recur at any stage after stopping then treatment with corticosteroid is restarted. The amount of time that treatment is needed is different for each individual.

In most cases people recover completely from the symptoms of PMR and lead normal, active lives...

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Nonsteroidal anti-inflammatory drugs (NSAIDs)

A night-time dose of a NSAID such as aspirin or ibuprofen may be useful to relieve mild symptoms of PMR, but does not provide nearly as effective relief of symptoms as corticosteroids.

Disease modifying anti-rheumatic drugs (DMARDs)

Azathioprine or methotrexate has sometimes been used to reduce the amount of corticosteroid required in people on high doses.

Side-effects of medication

Every medicine can cause side-effects. It is important to discuss with your doctor or pharmacist what these are, the likelihood of these happening and the possible results.

Rest, exercise and physiotherapy

Rest is important in the active phase and appropriate amounts of exercise may be increased once the stiffness starts to resolve. Physiotherapy is useful to help reduce pain and to avoid muscle wasting in severe cases.

HOW LONG DOES PMR LAST?

The usual course of this disease is anywhere from two to four years. In most cases people recover completely from the symptoms of PMR and lead normal, active lives. Although relapse may occur once treatment is discontinued, symptoms respond rapidly to treatment with corticosteroid.