

Polymyalgia Rheumatica

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**ARTHRITIS
NEW ZEALAND**

KAIPONAPONA AOTEAROA

*Improving the lives of
people affected by arthritis*

*Te whai kia pai ake te hunga
kua pāngia e te kaiponapona*

Did you know?

- Arthritis affects **one in six New Zealanders** over the age of 15 years.
- Polymyalgia rheumatica is a **common rheumatic** condition.
- It affects **more women** than men.
- Onset is often in **ages 50–70 years** old.
- In most cases a **full recovery** can be achieved over time.

By working with health professionals and Arthritis New Zealand, you can improve the way you feel and maintain active and healthy life.

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What is Polymyalgia Rheumatica (PMR)?

PMR is a condition that causes many (poly) painful muscles (myalgia). It is characterised by moderate to severe pain and stiffness, mainly in the shoulder and hip/thigh regions. It is often accompanied by a feeling of being unwell and tired.

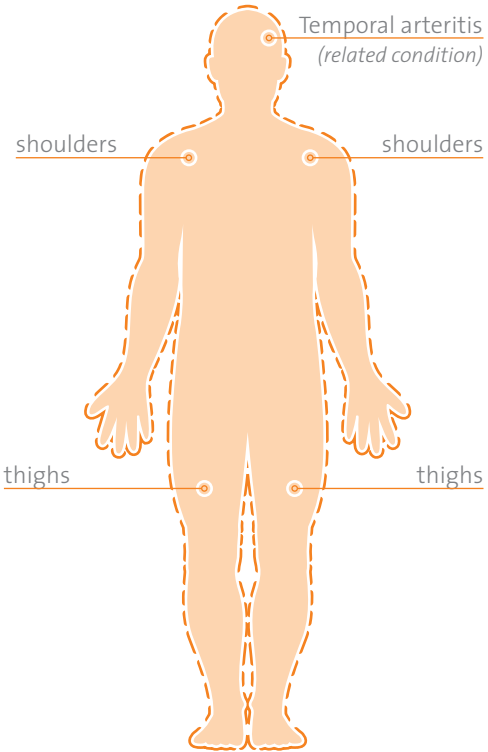
What causes PMR?

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 about twice as likely to occur in women than in men.

*Common areas affected
by polymyalgia rheumatica:*



Symptoms of PMR

PMR often strikes suddenly, appearing over a week or two and sometimes after a flu-like illness. The most common symptoms include:

- Pain and stiffness – You may find that the pain and stiffness in your arms and shoulders is so bad that you cannot get out of bed without help, or you may have real difficulty with stairs or dressing. The pain in your muscles is quite different from the ache you can feel after doing unaccustomed exercise. The pain may wake you at night and you may find it difficult to turn over in bed.
- Fatigue – at times tiredness can be overwhelming
- Fever low-grade – it is common to feel unwell
- Joint swelling
- Feeling low or depressed
- Weight loss.

Related condition – Temporal arteritis / giant cell arteritis

This condition needs prompt medical treatment as there is a risk of damage to the arteries of the eye.

In about 15% of cases, PMR is associated with inflammation of the arteries in the head – known as temporal arteritis or giant cell arteritis (GCA). You should notify your doctor immediately if you have any of the following symptoms:

- Severe headaches and pain in the muscles of the head
- Tenderness or swelling at the temples
- Pain in the jaw, tongue or side of face when chewing
- Pain or swelling in the scalp
- Blurred or double vision.

How is PMR diagnosed?

There is no specific test to diagnose PMR. PMR is usually diagnosed by your GP, however you may be referred to a Rheumatologist if there's any doubt about the diagnosis. This is because several other conditions, including rheumatoid arthritis, can have similar symptoms.

Diagnosis is based on:

- The history of your illness and your current symptoms
- Blood tests for inflammation, these include:
 - Erythrocyte sedimentation rate (ESR). By measuring the rate at which your red blood cells change to sediment in a test tube, the clinician can learn more about the extent and nature of any inflammation.
 - C-reactive protein (CRP). This test measures the level of a certain protein in the blood. This level rises in response to inflammation, which again allows the clinician to learn more about your specific condition.

If GCA is suspected – a temporal artery biopsy may be done.

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 relapses may occur once treatment is discontinued, symptoms respond rapidly to treatment with corticosteroids.

Effective treatments are available, and in most cases will bring a complete recovery over time.





Treatment options

Corticosteroids

Corticosteroid treatment is very effective in PMR. 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 improve, the corticosteroid is gradually reduced to the lowest effective dose. If the symptoms return while reducing the corticosteroid, your doctor may need to increase the dose to alleviate them and then try to reduce it again. 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.

Corticosteroid treatment can increase the risk of osteoporosis. Your doctor may prescribe treatment to maintain bone strength.

It can be dangerous to stop steroid tablets suddenly and you should not stop taking your steroid tablets or alter the dose unless advised by your doctor.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs such as ibuprofen, diclofenac or naproxen may be useful to relieve mild symptoms of PMR, but do not provide nearly as effective relief of symptoms as corticosteroids.

What can I do?

- **Balance activity and rest** – learn to listen to your body and be guided by it. Plan and pace daily activities by breaking them into small manageable tasks with regular rest times, this will help reduce tiredness and pain.
- **Exercise** – has many benefits – it is a mood lifter, increases muscle tone, improves blood flow and helps with sleep. Activity usually helps ease morning stiffness. Walking is best for maintaining bone strength and preventing osteoporosis. Physiotherapy is useful, including range of movement exercises to help reduce pain and maintain mobility.
- **Nutrition** – corticosteroid treatments reduce the amount of calcium absorbed from the gut and increase calcium loss through the kidneys. It is recommended to have 1500mg daily dietary intake of calcium-rich foods. Vitamin D supplements may also help.
- **Relaxation techniques** – there are various forms of relaxation and physical therapy to ease muscle pain and tension such as – massage, tai chi, heat/cold therapy, imagery and visualisation.
- **Seek support** – it is important to consult your GP, Pharmacist, Rheumatologist and Arthritis Educator to learn more about PMR and the management of it.

Good news is that effective treatments are available, and in most cases will bring a complete recovery over time.

For more information:

Visit our website www.arthritis.org.nz
or call **0800 663463**

Other resources:

- Arthritis Research UK – www.arthritisresearchuk.org
- Australian Rheumatology Association – www.rheumatology.org.au

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body and be guided
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Where can I learn more?

www.arthritis.org.nz

Regional offices

Northern (Auckland) 09 523 8900

Midland/Central (Wellington) 04 472 1427

Southern (Christchurch) 03 366 8383

National office

Level 2, 166 Featherston Street

PO Box 10020, The Terrace

Wellington, 6143

Phone 04 472 1427

Fax 04 472 7066

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Tollfree 0800 663 463