

Polymyalgia Rheumatica (PMR)

Key words: Polymyalgia rheumatics, PMR, muscle pain, shoulder pain, myalgia, corticosteroids, anti-inflammatory, NSAID's, weakness, muscle weakness.

Polymyalgia rheumatica (usually shortened to 'PMR') is a rheumatic condition in which you have many (poly) painful muscles (myalgia). We do not yet know the cause. It is common and very treatable with drugs called corticosteroids (also known as 'steroids'). Almost everybody has aches and pains of one kind or another as they grow older. In most cases these cause little trouble and are eased by taking aspirin or other pain-relieving tablets. In PMR, however, painkillers or anti-inflammatory drugs on their own are not enough to ease the aches and pains.

How does it start and who is affected?

PMR often strikes suddenly – appearing over a week or two and sometimes just after a flu-like illness. You may go to bed feeling fine, but wake up very stiff the next morning. PMR can start at any age from 50 onwards but the overall average age for it to start is 70. Women are affected about 2–3 times as often as men and it affects 1 in 2000 people.

What are the symptoms?

If you have PMR you probably have severe and painful stiffness in the morning, especially in your shoulders and thighs. You may find that the stiffness in your arms is so bad that you cannot get out of bed without help, or you may have real difficulty dressing yourself or climbing stairs. The pain in your muscles is quite different from the ache you can feel after doing unaccustomed exercise. The muscle pain is often widespread and is made worse by movement. The pain may wake you at night and you may find it difficult even to turn over in bed.

Sitting for any length of time may cause stiffness, making driving, for instance, more difficult. On a long journey it makes sense to stop from time to time to stretch your legs. It is also common to feel generally unwell or even to run a slight fever. You may well find that you lose weight, and people with PMR often feel low or may even become depressed.

You may also have painful inflammation of the blood vessels (arteries) of the skull. This can cause severe headaches and pain in the muscles of the head. This is called **temporal arteritis** – the temples are often tender to the touch and chewing may cause some pain in the side of your face. Temporal arteritis is also sometimes known as 'giant cell arteritis'. **IMPORTANT NOTE:** With temporal arteritis there is a risk of damage to the arteries of the eye. If treated at the right time, this damage can be prevented by corticosteroid drugs, which in such cases are usually given in higher doses than for PMR alone. **To avoid possible eye damage you should report any pain or swelling in the scalp to your doctor immediately, especially if you have problems with your eyes such as blurring or double vision.**

How is PMR diagnosed?

Unfortunately there is no single specific test to diagnose PMR and you may not be diagnosed straight away. But it is important that PMR is spotted because doctors can do a lot to ease the pain. Pains which start suddenly in your shoulders (especially) but also in your thighs, together with stiffness, should alert your doctor to the fact that you are suffering from an illness rather than just general aches and pains.

However, it is easy for your doctor – or even you – to blame these aches and pains on family or work tensions, social problems, osteoarthritis, or just growing older. But the description of how the pain and stiffness start and a blood test will point to the diagnosis of PMR. Sometimes the diagnosis is confirmed by a dramatic improvement once corticosteroid treatment begins.

Further Patient Information:

<http://orthopaedics.org.uk/index2.php/services/>

Recommended braces, supports, aids, equipment:

<http://orthopaedics.org.uk/index2.php/shop/>

Disclaimer: The views expressed in this article are not necessarily those of the OrthopaedicStore or Orthopaedics.org.uk. The information is provided for general background reading only and should not be relied upon for treatment. Advice should always be taken from a registered medical practitioner for treatment in all circumstances. No liability is accepted by in respect to the information provided in respect of the content or omission. This information is not for use in the USA.

© Orthopaedics.org.uk 2016

www.Orthopaedics.org.uk