

Polymyalgia Rheumatica (PMR)

What is Polymyalgia Rheumatica?

Polymyalgia Rheumatica is a form of inflammatory arthritis predominantly causing pain and stiffness affecting the hips, neck and shoulder areas. Symptoms can be sudden or more gradual in onset and are often associated with feelings of fatigue and even a low grade fever. It usually occurs in people over the age of 50 and becomes more prevalent in older age groups; the most likely age group to be affected being people in their 70's and 80's. It is a relatively common condition being the second most common form of inflammatory arthritis after Rheumatoid Arthritis. Women are more likely to be affected than men and it may be more likely to occur if there is a family history of the disease and in Caucasian population groups. It may be associated with another inflammatory condition called temporal arteritis (or Giant Cell Arteritis) in about 10-15% of cases. This involves inflammation of the blood vessels and usually affects the blood vessels in the temple region and jaw. This may manifest with new onset headaches and aching of the jaw when chewing.

What causes Polymyalgia Rheumatica?

The cause of PMR is unknown. It is an auto-immune disorder which means that the immune system mistakenly attacks healthy tissues. Like all disorders of this nature, it is thought that a genetic predisposition to the disease is then triggered by something in the environment. The abnormal immune response results in inflammation in the affected joints and tendons as well as the pockets of fluid surrounding these joints (called 'bursae').

How is Polymyalgia Rheumatica diagnosed?

There is no one specific test to diagnose and confirm PMR; your doctor will perform a thorough examination and order some blood tests – often this is a condition that can be mimicked by other disorders so you may have tests done of the thyroid and muscle enzyme levels as well as antibody tests for Rheumatoid arthritis, among others. Tests of inflammation like a C-reactive protein (CRP) or Erythrocyte sedimentation rate (ESR) are usually elevated and, together with classic symptoms and examination findings, these will help make the diagnosis. If you have signs and/or symptoms of temporal arteritis a sonar of the temporal arteries may be requested to assist in making this diagnosis. You may also have a sonar of the affected joints done to confirm inflammation in those areas and exclude other causes for your symptoms. of Prednisone will need to be higher. If there are reasons to try limit the use of Prednisone

How is Polymyalgia Rheumatica treated?

The mainstay of treatment is with Glucocorticoids such as Prednisone (Cortisone); the dose will be started at a dose relative to the severity of your symptoms and tapered quickly to a low maintenance dose. You can expect to be on treatment for a year at least after which the treatment will be weaned and stopped. If you have temporal arteritis as well the starting dose of Prednisone will need to be higher. If there are reasons to try limit the use of Prednisone (such as a coexisting diagnosis of diabetes or osteoporosis) you may be started on another drug (called a DMARD) to try use less Prednisone over the coming weeks and months. In order to protect you from some of the side effects of using long-term prednisone it is advisable to take additional calcium and vitamin D supplements for the duration of treatment; you may also be prescribed a tablet to protect your stomach especially while on the higher doses of treatment.

Most patients experience symptomatic relief very early on in treatment and within the first few days you should be feeling much better. PMR is regarded as a self-limiting disorder which means most patients will be better and off treatment within one to two years. A small group of patients may relapse on dropping the dose of Prednisone or on stopping treatment and may even progress to develop Rheumatoid Arthritis. This group of patients will most likely also need treatment with a DMARD or may need to remain on a low dose of Prednisone long-term. The usual drug used in these circumstances is Methotrexate (see drug information leaflet); in patients who do not respond adequately to this a Biologic drug (such as Tocilizumab) may be an option.

How can you help stay healthy with Polymyalgia Rheumatica?

Maintain a healthy, balanced diet avoiding refined sugars and carbohydrates as much as possible to try avoid excessive weight gain while taking Prednisone and also avoid developing diabetes which can be a consequence of long-term Prednisone use.

Stop smoking – there is good evidence that smoking is a risk factor for all auto-immune diseases as well as making them harder to treat and obtain and maintain a remission.

Ensure to do some form of exercise or physiotherapy to keep the joints moving at their full range of motion and keep your muscles strong and supple.

Take calcium and vitamin D supplementation while using Prednisone.

Try avoid alcohol and over the counter medications as these may interact with your other medications (especially if you are taking Methotrexate).

Useful resources:

www.uptodate.com

www.rheuminfo.com

www.arthritis.co.za

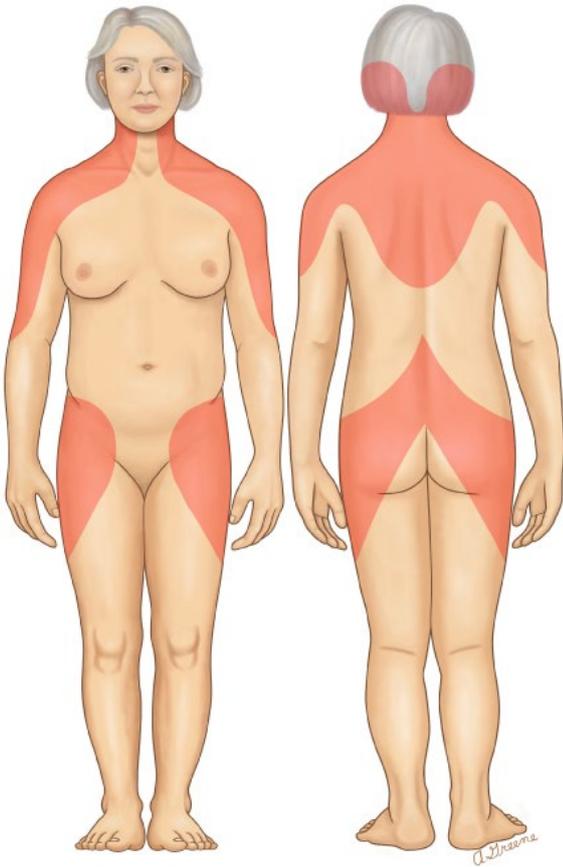


Image showing usual distribution of symptoms in Polymyalgia Rheumatica