
Polymyalgia Rheumatica Factsheet

Author

Dr Laurence Knott

Peer Reviewer

Dr Neil Basu & Dr David Kluth

Polymyalgia rheumatica (PMR) is a condition which causes inflammation of the large muscles. 'Poly' means many and 'myalgia' means muscle pain. The cause is not known. It causes pain, stiffness and tenderness in the shoulders, upper arms and hips. The treatment – steroids – is usually very effective. Some people with PMR also develop giant cell arteritis (GCA). A separate leaflet about GCA is available.

Who gets PMR?

About 1 in 1,000 people over the age of 50 get PMR. Most people are in their late 60s or early 70s. It is unusual under the age of 50. Women are three times more likely to get PMR than men.

What causes PMR?

The cause of PMR is not known. Studies suggest that some people's genetic make-up makes them more prone to develop the condition and there are reports of it running in families. Factors in the environment are also thought to be involved.

What are the symptoms of PMR?

You are most likely to notice aches and pains, stiffness and tenderness of the large muscles of the shoulders and upper arms. You may get similar symptoms in the neck and hips. This may cause difficulty when you try to turn over in bed, get up from a chair, or raise your arms above your head to comb your hair. The stiffness is usually worse in the morning, so you may have to take your time getting out of bed. It tends to ease off later in the day.

Other notable features you may notice are inflammation and swelling. Your tendons may become tender (tenosynovitis) and you may develop swelling of your hands, wrists, ankles and feet.

You may start to feel tired and depressed, and lose your appetite. Other symptoms may be fever and night sweats.

The symptoms usually come on over a period of days or weeks but sometimes develop more gradually.

How is PMR diagnosed?

The condition may be suspected when the typical symptoms occur. However, because PMR can mimic other diseases, blood tests are done to confirm the diagnosis. The most useful ones are erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). Other blood tests or scans may be recommended to rule out other conditions.

What is the treatment for PMR?

The only treatment commonly used for PMR is a steroid medicine such as prednisolone. This usually starts working in a couple of days. The medicine is so effective that if your symptoms have not improved within a week, the diagnosis may be in doubt. Treatment is usually started at a dose of 15mg a day and gradually lowered over the next few months. Most people can be maintained on a dose of 5-8 mg a day. You may be able to stop the treatment altogether after 2-3 years although some people need to take the treatment for much longer, sometimes for life.

If you are on steroids for a long time you will need to be monitored at regular intervals to make sure you are not developing side effects such as osteoporosis, diabetes, raised blood pressure or raised cholesterol level (hyperlipidaemia).

Are there any complications with PMR?

About 10-20 out of 100 people with PMR develop giant cell arteritis. This condition needs urgent treatment. Warning symptoms include:

- Headache or tenderness on one side of the head.
- A painful jaw when chewing which gets better quickly when you rest the jaw.
- Sudden loss of vision or other problems with your eyesight in one or both eyes.
- Weakness, numbness, deafness or other symptoms which suggest problems with the nervous system.

If you have PMR and develop any of these warning symptoms you should contact your doctor urgently

Does PMR get better?

Most people get better after being on steroids for a year or two. It is not uncommon however for the condition to come back but it usually responds quickly to another course of steroids.

Further reading

Gonzalez-Gay et al Arthritis Rheum. Epidemiology of giant cell arteritis and polymyalgia rheumatica. 2009 Oct 15;61(10):1454-61.

<http://www.ncbi.nlm.nih.gov/pubmed/19790127>

Papadopoulos P et al, Polymyalgia Rheumatica, Medscape, 2012

<http://emedicine.medscape.com/article/330815-overview#aw2aab6b2b3>

Helliwell T et al, Polymyalgia rheumatica: diagnosis, prescribing, and monitoring in general practice. Br J Gen Pract. 2013 May;63(610)

<http://www.ncbi.nlm.nih.gov/pubmed/23643235>