Polymyalgia Rheumatica & You

What is it?

Polymyalgia rheumatica (PMR) is an inflammatory condition that causes pain and stiffness in the shoulders and the hips. It can be mistaken for rheumatoid arthritis (RA). The difference is that PMR only affects the joints surrounding the shoulders and hips whereas RA can affect other joints.

The good news is that PMR is a self-limited disease in about half of cases. That means it goes away by itself after a few months to a couple of years. But in other people, PMR is more chronic (long-term) and can linger for much longer.

The exact cause of PMR is not known at this time. It occurs more often in women than men and usually in people who are in their 50s or older.

What is it going to do to me?

PMR tends to come on suddenly, sometimes overnight. One day you feel fine, and over a few days you develop intense pain and stiffness in the shoulders and hips. This tends to be worse in the morning or after a period of rest. In some people, pain and stiffness gets better once the joints get “worked out.” In other people, it can last all day.

Most people who develop PMR also suffer from significant fatigue.

PMR can also occur with a condition called temporal arteritis. This means inflammation of the arteries along one or both sides of the head (along the temples). This can lead to headaches or pain along the temples. In the worse cases, the arteries leading to the eyes can be affected. This can cause blurry vision or vision loss.

What can I do about it?

The first thing is don’t panic. Take a deep breath. Although you might have been diagnosed with PMR, you are not alone. Luckily, there are effective treatments available. They can make living with the condition much more comfortable.

PMR can be fully and effectively treated with the right therapy. Prednisone is the main medication used to treat PMR. It works by fighting the inflammation caused by PMR. Once the symptoms of PMR are under control, the dose of prednisone is gradually reduced. People with PMR usually have to continue taking a low dose of prednisone for at least 1 year to prevent the inflammation from returning.

Other medications may also be recommended instead of or in addition to prednisone. These include Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) for inflammation and pain. Non-prescription analgesics like acetaminophen (Tylenol) can also help relieve pain. Disease-Modifying Anti-Rheumatic Drugs (DMARDs) such as methotrexate or hydroxychloroquine (Plaquenil) can help reduce the dose of prednisone that’s needed.

Physical therapy and exercise are important. They can improve pain and stiffness, reduce fatigue, and help protect the joints. They should be done daily to derive the maximum benefit.

Here are some other recommendations on what you should do:

- Learn as much as you can about the disease
- Attend your medical appointments regularly
- Learn about joint protection from a physiotherapist or occupational therapist
- Learn about the medications used to treat PMR

Visit RheumInfo.com

RheumInfo.com is a free educational website where you can learn more about PMR and treatments for the disease. The website is operated by Dr. Andy Thompson, a rheumatologist.

The word inflammation comes from the Latin word inflammare which means to light on fire. You can think of PMR like a fire in the joints of your shoulders and hips, and in some cases the temporal arteries. Putting out the fire of PMR early is important. You want to get that fire out as quickly as possible so it doesn’t cause damage. Once the damage from PMR is done it cannot be reversed.

Treating PMR aggressively is also essential. Using the same fire analogy, we’ve called in the fire department. Now we need to make sure we have the right tools to put out the fire. We don’t want a bucket and water. We want a fire truck with a big hose. The faster we can get that fire out the less damage is done and the better things will be in the long run.

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