
Polymyalgia rheumatica

Summary

- Polymyalgia rheumatica is a common condition that causes pain and stiffness in older adults.
 - Symptoms include severe muscle aches and stiffness, unexplained weight loss and fatigue.
 - Some people with polymyalgia rheumatica develop giant cell arteritis (inflammation of the arteries).
 - Polymyalgia rheumatica can be treated effectively with medication and lifestyle changes.
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Polymyalgia rheumatica is a condition causing pain and stiffness in older adults. Typical symptoms include moderate-to-severe muscle pain and stiffness, particularly affecting the neck, shoulders and thighs. The onset is usually sudden. People aged 50 years and over are most commonly affected by polymyalgia rheumatica, and it becomes more common as people get older. It's a common condition and very treatable. Polymyalgia rheumatica should not be confused with fibromyalgia – a condition that causes pain and muscle stiffness, but does not cause inflammation.

Symptoms of polymyalgia rheumatica

Symptoms of polymyalgia rheumatica can include:

- muscle pain and stiffness, particularly in the neck, shoulders, hips and upper arms
- stiffness that worsens after resting – for example, symptoms may be most severe when getting up in the morning
- fatigue (or tiredness)
- difficulty sleeping
- difficulty raising arms above shoulder height
- unexplained weight loss.

Cause of polymyalgia rheumatica

Polymyalgia rheumatica produces inflammation and swelling in the larger joints of the body, such as the shoulders and hips, and in the tissues around these joints. The inflammation is due to the immune system attacking the membranes lining the joint (synovium), but the reason for this is unknown. Genetics and environmental factors (such as infections) are believed to play a role.

Risk factors for polymyalgia rheumatica

Risk factors for polymyalgia rheumatica include:

- advancing age – the condition is more common in people aged 50 years and over. Polymyalgia rheumatica becomes more common as people age
- gender – women are more likely to develop the condition than men
- race – Caucasian (white) people are most susceptible.

Polymyalgia rheumatica and giant cell arteritis

Some people with polymyalgia rheumatica experience giant cell arteritis (also known as temporal arteritis). Giant cell arteritis involves painful inflammation of the blood vessels (arteries) of the skull. The temples are tender to touch and chewing may cause some pain in the side of your face.

Giant cell arteritis can cause damage to the arteries of the eye, which can lead to blindness. This damage can be prevented if giant cell arteritis is treated promptly.

See your doctor immediately if you experience headaches, blurred or double vision, if your temples are tender to touch and if chewing causes pain in the side of your face.

Diagnosing polymyalgia rheumatica

No single test can diagnose polymyalgia rheumatica, so your doctor will make a diagnosis based on several factors. These include your medical history, a physical examination, tests that measure the levels of inflammation markers in the blood, and tests to rule out other possible causes.

Tests to confirm or exclude polymyalgia rheumatica may include:

- blood tests to check for inflammation in the body by measuring the erythrocyte sedimentation rate (ESR) or the level of C-reactive protein (CRP)
- blood tests to rule out other conditions
- tests to check for giant cell arteritis – for example, biopsy of the temple arteries.

Treating polymyalgia rheumatica

Polymyalgia rheumatica can be treated with corticosteroids, pain-relieving medications, and non-steroidal anti-inflammatory drugs (NSAIDs).

Corticosteroids

Most people with polymyalgia rheumatica will be treated with oral corticosteroid medication. The amount prescribed will depend on your specific situation. A higher dose will be prescribed in more severe conditions and when giant cell arteritis is present.

The aim of treatment for polymyalgia rheumatica is to relieve the symptoms and slowly reduce the medication dose to the lowest possible amount without the return of symptoms.

Long-term use of oral corticosteroids can cause unwanted side effects, so it's important you see your doctor regularly while taking these medications. If you have any concerns about the side effects of corticosteroids, you should discuss them with your doctor.

Other medications

You may also need to take other medications from time to time to help manage your pain. Pain-relieving medications (analgesics) and non-steroidal anti-inflammatory drugs (NSAIDs) can provide temporary relief of pain and stiffness.

Creams, gels and rubs can also be used. There is a large range available – from medicated gels to soothing liniments and heat rubs. Applying these to sore muscles or joints can provide temporary pain relief.

Self-management of polymyalgia rheumatica

You can do many things to help yourself if you have polymyalgia rheumatica, including:

- learn more about polymyalgia rheumatica – knowing as much as possible about your condition means that you can make informed decisions about your healthcare and play an active role in the management of your condition
- get active – low-impact activities such as swimming or walking can help reduce muscle pain and stiffness. A physiotherapist or exercise physiologist can help design an individual program for you
- enjoy a healthy, well-balanced diet – this can help you reach and maintain a healthy weight and reduce your risk of other health problems
- pace yourself – plan and organise your activities so you make the most of your energy
- learn new ways to manage pain – there are many things you can do to manage pain – and different strategies will work for different situations. For example, heat packs can help ease muscle pain, cold packs can help with inflammation, gentle exercise can help relieve muscle tension. Try different techniques until you find what works best for you
- stay at work – it's good for your health and wellbeing. Talk to your doctor or allied healthcare professional

about ways to help you to get back to or to stay at work

- join a peer support group – dealing with a chronic condition can be isolating. Being able to speak with others who understand your condition can be a great relief.

Where to get help

- Your doctor
- Rheumatologist
- Optometrist
- **Musculoskeletal Australia**. National Help Line Tel. **(03) 8531 8000** or **1800 263 265**

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