Polymyalgia Rheumatica

The cause of PMR is unknown and it typically occurs in an older population

Polymyalgia rheumatica (sometimes referred to as PMR) is a common cause of widespread aching and stiffness in older adults. Because PMR does not often cause swollen joints, it may be hard to recognize. PMR may occur with another health problem, giant cell arteritis.

Fast Facts

- PMR affects only adults over the age of 50.
- Aching and stiffness in PMR affect the upper arms, neck, buttocks and thighs, and are most severe in the morning.
- These symptoms respond quickly and completely to low doses of corticosteroids.

What is polymyalgia rheumatica?

The typical symptoms (what you feel) of PMR are aching and stiffness about the upper arms, neck, lower back and thighs. Symptoms tend to come on quickly, over a few days or weeks, and sometimes even overnight. Both sides of the body are equally affected. Involvement of the upper arms, with trouble raising them above the shoulders, is common. Sometimes, aching occurs at joints such as the hands and wrists.

Achiness is always worse in the morning and improves as the day goes by. Yet inactivity, such as a long car ride or sitting too long in one position, may cause stiffness to return. Stiffness may be so severe that it causes any of these problems:

- Disturbed sleep
- Trouble getting dressed in the morning (for instance, putting on a jacket or bending over to pull on socks and shoes)

- Problems getting up from a sofa or in and out of a car

What causes polymyalgia rheumatica?

The cause of PMR is unknown. PMR does not result from side effects of medications. The abrupt onset of symptoms suggests the possibility of an infection but, so far, none has been found. "Myalgia" comes from the Greek word for "muscle pain." However, specific tests of the muscles, such as a blood test for muscle enzymes or a muscle biopsy (surgical removal of a small piece of muscle for inspection under a microscope), are all normal.

Recent research suggests that inflammation in PMR involves the shoulder and hip joints themselves, and the bursae (or sacs) around these joints. So pains at the upper arms and thighs, in fact, start at the nearby shoulder and hip joints. This is what doctors call "referred pain."

PMR should not be confused with fibromyalgia, a poorly understood health problem that affects mainly younger adults.

Who gets polymyalgia rheumatica?

PMR affects older adults over the age of 50. The average age at onset (start) of symptoms is 70, so people who have PMR may be in their 80s or even older. The disease affects women somewhat more often than men. It is more frequent in whites than nonwhites, but all races can get PMR.

In PMR, the aching is located primarily around the shoulders and hips.

How is polymyalgia rheumatica diagnosed?

In PMR, results of blood tests to detect inflammation are most often abnormally high. One such test is the erythrocyte sedimentation rate, also called "sed rate." Another test is the C-reactive protein, or CRP. Both tests may be very elevated in PMR but, in some patients, these tests may have normal or only slightly high results.

PMR can be hard to diagnose. Your health care providers should rule out other health problems, such as rheumatoid arthritis.

How is polymyalgia rheumatica treated?

If your doctor strongly suspects PMR, you will receive a trial of low-dose corticosteroids. Often, the dose is 10–15 milligrams per day of prednisone (*Deltasone, Orasone*, etc.). If PMR is present, the medicine quickly relieves stiffness. The response to corticosteroids can be dramatic. Sometimes patients are better after only one dose. Improvement can be slower, though. But, if symptoms do not go away after 2 or 3 weeks of treatment, the diagnosis of PMR is not likely, and your doctor will consider other causes of your illness.

Nonsteroidal anti-inflammatory drugs (commonly called "NSAIDs"), such as ibuprofen (*Advil, Motri*n, etc.) and naproxen (*Naprosyn, Aleve*), are not effective in treating PMR.

When your symptoms are under control, your doctor will slowly decrease ("taper") the dose of corticosteroid medicine. The goal is to find the lowest dose that keeps you comfortable. Some people can stop taking corticosteroids within a year. Others, though, will need a small amount of this medicine for 2–3 years, to keep aching and stiffness under control. Symptoms can recur. Because the symptoms of PMR are sensitive to even small changes in the dose of corticosteroids, your doctor should direct the gradual decrease of this medicine.

Living with polymyalgia rheumatica

Once stiffness has gone away, you can resume all normal activities, including exercise.

Even low doses of corticosteroids can cause side effects. These include higher blood sugar, weight gain, sleeplessness, osteoporosis (bone loss), cataracts, thinning of the skin and bruising. Checking for these problems, including bone density testing, is an important part of follow-up visits with your doctor. Older patients may need medicine to prevent osteoporosis.

PMR can occur with a more serious condition, giant cell arteritis. Thus, see your doctor right away if you have PMR and you get symptoms of headache, changes in vision or fever.

Points to remember

- Aching and stiffness develop quickly in PMR, and are most common about the shoulders and upper arms.
- Symptoms are worse in the morning.
- Symptoms respond promptly to low doses of corticosteroids, but may recur as the dose is lowered.

Once stiffness has gone away, you can resume normal activities.

The rheumatologist's role in the treatment of polymyalgia rheumatica

PMR may be hard to diagnose. Because rheumatologists are experts in diseases of the joints, muscles and bones. They can recognize the diagnosis of PMR, and expertly manage its treatment.

To find a rheumatologist

For more information about rheumatologists, click here.

Learn more about rheumatologists and rheumatology health professionals.

For more information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these Web sites, and is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

The Arthritis Foundation
www.arthritis.org

National Library of Medicine
www.nlm.nih.gov/medlineplus/polymyalgiarheumatica.html

National Institute of Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse
www.niams.nih.gov/Health_Info/Polymyalgia

Updated February 2013

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