

POLYMYALGIA RHEUMATICA

- Polymyalgia rheumatica (PMR) is an inflammatory disorder that causes muscle pain and stiffness in various parts of the body. It most commonly affects the shoulders, neck, arms and hips. The symptoms often appear suddenly and are worse in the morning.
- Polymyalgia rheumatica typically affects people over age 65. It rarely develops in those under age 50. It's also more likely to occur in women than in men.
- Some people with polymyalgia rheumatica are also diagnosed with a related disorder called temporal arteritis also called giant cell arteritis (GCA). This condition causes inflammation of the blood vessels in the scalp, neck, and arms.

SYMPTOMS:

Pain and stiffness in the neck and shoulders are the most common symptoms of polymyalgia rheumatica. The pain and stiffness may gradually spread to other areas such as the shoulders, hips, and thighs. These symptoms usually affect both sides of the body.

Other common symptoms of polymyalgia rheumatica include:

- fatigue
- malaise
- loss of appetite
- sudden, unintentional weight loss
- anemia
- depression
- low-grade fever
- limited range of motion

The pain and stiffness may become so severe that you have difficulty performing everyday activities such as standing up from the couch, getting dressed, or getting into a car. Sometimes, the symptoms of polymyalgia rheumatica can even make it difficult to fall sleep.

CAUSES:

- The cause of polymyalgia rheumatica isn't known. However, it's believed that certain genes and gene variations may increase the risk for developing it.
- Environmental factors may also play a role in the development of the condition. New cases of polymyalgia rheumatica are often diagnosed in cycles and usually occur seasonally.
- There may be an environmental trigger such as a viral infection that causes the condition.

DIAGNOSIS: The symptoms of polymyalgia rheumatica can be similar to those of other inflammatory conditions like rheumatoid arthritis. To make an accurate diagnosis the doctor will perform a physical exam and run several tests to check for inflammation and blood abnormalities.

- **Physical examination:** your doctor may gently move your neck, arms, and legs to evaluate your range of motion and stiffness.
- **Blood test:** These tests include erythrocyte sedimentation rate (ESR) and C-reactive protein levels. An abnormally high sedimentation rate and elevated C-reactive protein levels suggest inflammation.
- **Ultrasound:** This is done to check for inflammation in your joints and tissues. This can be very helpful in distinguishing polymyalgia rheumatica from other conditions that cause similar symptoms.

Since there's a link between polymyalgia rheumatica and temporal arteritis the doctor may perform a biopsy. This biopsy is a low-risk procedure that involves removal of a small sample of tissue from an artery in your temple.

The signs of temporal arteritis include:

- persistent headaches
- blurred or double vision
- vision loss
- tenderness in the scalp
- jaw pain

TREATMENT:

There's no cure for polymyalgia rheumatic but with the proper treatment symptoms can improve.

Steroid: Steroid treatment is usually very effective to treat polymyalgia rheumatica. Steroids work by reducing inflammation. They can't cure your condition but the symptoms will improve significantly within two weeks once steroid treatment is started. Treatment usually needs to continue for up to two years or occasionally longer to stop the symptoms returning.

The steroid most often prescribed is called prednisolone. Although corticosteroids are effective in treating polymyalgia rheumatica, these drugs do have side effects. Long-term use of these medications increases your risk for:

- high blood pressure
- high cholesterol
- depression
- weight gain
- diabetes
- osteoporosis
- cataracts

To reduce your risk for developing side effects it is recommended to take daily calcium and vitamin D supplement. Supplements are often recommended if you're taking corticosteroids for more than 3 months.

Pain killers: Pain killers such as paracetamol or short courses of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen can help ease pain and stiffness.

DMARDs: Drug called a disease-modifying anti-rheumatic drug (DMARD) may be prescribed alongside steroids. These drugs work by reducing inflammation that is causing symptoms such as pain and stiffness. DMARDs allow a lower dose of steroid to be used.

PHYSIOTHERAPY: Physiotherapy may include:

- Strengthening exercises
- Mobilization to increase ROM
- Hydrotherapy
- Wax therapy
- Heat therapy
- Electrotherapy modalities like TENS, IFT, UST, hydrocollator pack can be used to reduce pain.

Reference:

<https://www.healthline.com/health/polymyalgia-rheumatica>

<https://www.versusarthritis.org/about-arthritis/conditions/polymyalgia-rheumatica-pmr/>