

POLYMYALGIA RHEUMATICA

DR SARA CARTY

CONSULTANT RHEUMATOLOGIST

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WHAT IS IT?

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- Polymyalgia rheumatica (PMR)
 - is a relatively common condition that causes stiffness and pain in muscles. The word 'poly' means many and the word 'myalgia' means muscle pain.
 - It can start at any age from 50 but mainly affects people over the age of 70.
 - More women are affected than men (2/3)

AETIOLOGY

- Polymyalgia rheumatica causes pain and stiffness in the shoulders, neck, hips and thighs.
- It often comes on quickly, usually over a week or two.
- It is sometimes triggered after a viral illness or immunisation illness.
- The stiffness may be so severe that dressing, reaching, washing, climbing stairs or even getting out of bed may be difficult
- 6/100,000 over the age of 50

PATHOPHYSIOLOGY

- Immune-mediated, possibly autoimmune
- Linked to genetic predisposition and neurohormonal changes in older adults
- Affects peri-articular structures (tendons, bursa, synovium).

HOW IS POLYMYALGIA RHEUMATICA DIAGNOSED?

- New shoulder, neck, hip or thigh pain on both sides of the body, which has been present for at least two weeks
- Pain and stiff muscles in the shoulders, hips or thighs in the mornings that lasts at least 45 minutes
- High levels of inflammation measured by blood tests
- No evidence of rheumatoid arthritis, such as swollen joints, or positive blood tests

OTHER SYMPTOMS

- Mild fever (called a low-grade fever)
- Weight loss and loss of appetite
- Feeling physically weak and generally unwell
- Night sweats
- Pain in the wrists and hands
- Swelling of the hands and feet.

PROBABLY NOT POLYMYALGIA

- Significant muscle weakness or wasting (think about myositis)
- Lymphadenopathy
- Synovitis of small joints

DIFFERENTIAL DIAGNOSIS

- Rheumatoid arthritis,
- Myositis
- Fibromyalgia
- Infective endocarditis,
- Multiple myeloma,
- Osteoarthritis,
- Hypothyroidism
- GCA
- Others

TREATMENTS

- Initial dose of steroids and a schedule for when this dose will ideally be reduced and by how much
- Access to education focusing on the impact of the condition.(versus arthritis leaflets are good)

WHAT DOSE AND HOW LONG

- Usually 10-15Mg prednisolone is sufficient as an initial dose
- Expect significant improvement within 24-48 Hours
- Symptoms may almost disappear after four weeks of steroid treatment.
- However, treatment usually needs to continue for up to two years, or occasionally longer, to stop the symptoms returning

ADJUNCTIVE TREATMENT

- Bone protection-calcium and vitamin D, usually a bisphosphonate
- Stomach protection- usually PPI

COMPLICATIONS

- Relapsing/remitting course,
- Glucocorticoid-related complications,
- Cardiovascular mortality (equivalent to general population if systemic inflammation controlled),
- GCA complications (blindness, stroke, aortic aneurysm).

WHEN TO REFER TO RHEUMATOLOGY

- Most PMR can be managed in the community and imaging is rarely needed but-
- Diagnostic uncertainty
- Difficulty reducing steroids in a timely fashion (NB if normal inflammatory markers may well be OA causing pain)
- Difficulty tolerating steroids
- Onset of GCA symptoms

WHAT WOULD WE DO IN RHEUMATOLOGY

- Investigations-might consider PET scan (rarely)
- Inject painful shoulders
- Use of steroid sparing agents if clinically required
- Investigation and management of GCA

ANY
QUESTIONS?

