Medicine for Managers

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Polymyalgia Rheumatica

I was talking to a nice lady whose Mum, Alma, suffers from Polymyalgia and copes uncomplainingly with the symptoms which are present every day. Probably referred to by previous generations as rheumatism or lumbago or one of several other names, it was in fact first identified as recently as 1966 following a patient study at Mount Sinai Hospital in New York.

The name polymyalgia is derived from three words; **poly** – *many,* **my** – *muscle*, **algia** – *pain*. The disorder is characterised by chronic long-lasting pain and muscle stiffness most notable in the morning and lasting for at least forty-five minutes. The pain and stiffness characteristically affect the shoulders, the neck and the hips on both sides. These features may also be accompanied by feelings of unwellness, severe tiredness, depression and sometimes loss of appetite and weight loss. There may also commonly be a low grade fever.

It is estimated that about one person in 1,000 develops the symptoms every year. It is a disorder of older age and it is rare under the age of fifty, peak incidence occurring between sixty and seventy. The incidence is twice in women what it is in men and is more common in Caucasians, particularly in Northern Europe. It is sometimes quite difficult to diagnose and it is recognised partly by positive findings and partly by excluding other causes. The typical pain and stiffness as described above gives a good indication and other features are the absence of any swelling in the small joints of the hands and feet and no evidence of rheumatoid arthritis. Blood tests may be helpful and a raised *erythrocyte sedimentation rate* (ESR) or *C-reactive protein* (CRP), which are both markers of inflammation, will add weight to the diagnosis as will a negative *Rheumatoid factor*.

The cause of PMR is not really understood. The symptoms are associated with the body's inflammatory response and involves inflammatory cells and proteins which are normally part of the body's disease-fighting immune system. People with the HLA-DR4 gene appear to be more susceptible. The acquisition of particular infections, particularly viral, may be a precipitant for the disease.

About one in six people develop a complication of polymyalgia rheumatic known as ***giant cell arteritis*** (or ***temporal arteritis***). As the word **arteritis** suggests it is an inflammation (*-itis*) in one or more arteries in the head and neck. The result may be severe headaches with scalp tenderness, pain or cramp-like symptoms in the jaw muscles when chewing or a visual disturbance such as loss of vision, blurred vision or double vision.

There are a variety of ways in which polymyalgia can be treated. In some cases, analgesics and regular exercise are sufficient to enable the patient to manage the symptoms. Such pain relief may be in the form of simple paracetamol, codeine or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. Amitriptyline may also relieve symptoms and it may be appropriate to use an antidepressant in those patients for whom the chronic pain is unremitting and in whom depression is a significant factor.

In other cases, the symptoms are worse and more powerful medication is required. Polymyalgia responds to steroid therapy. The drug prednisolone is the most commonly used steroid and it works by suppressing the body's inflammatory response thereby controlling the symptoms. Typically, the drug is used initially at high dosage of 40 mg daily or more and, as the symptoms come under control, the dose is progressively reduced until the lowest dose, consistent with managing the symptoms, is identified. It may take several months to reach a stable dosage. It is normally recommended that the dose is continued for about two years before stopping it. The polymyalgia symptoms may have resolved although, in a proportion of people, they do return.

Though steroids are effective and often produce a dramatic improvement, they are not without side effects, some potentially serious. Reducing the inflammatory response in polymyalgia is good but the drug reduces the inflammatory response generally which may mask inflammation in other circumstances. It also suppresses the immune response associated with fighting off infections, which can result in more serious illnesses, particularly viral. Other effects are raised blood pressure, weight gain through increased appetite, loss of calcium causing weakening of bones (osteoporosis) and gastric ulcers. About 5-10% of patients taking steroids also develop disturbances in their mental state resulting in depression, anxiety, confusion and delusions and hallucinations. If any of the symptoms or complications occur whilst taking steroids the patient should contact their GP with dispatch.

Further information is available at Arthritis Research UK which is based in Chesterfield, Derbyshire.
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Some patients are treated with the anti-mitotic and immunosuppressant drug methotrexate. It is used in some people who do not respond to other treatments but its mode of action is not really understood and it is not always successful.

A referral for physiotherapy is often useful. Exercises for affected areas are often helpful in relieving the symptoms and improving function.

PMR is wearing and depressing. I end with the quote from Marie Eschenbach who said "We don't believe in love and rheumatism until after the first attack". How true!

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