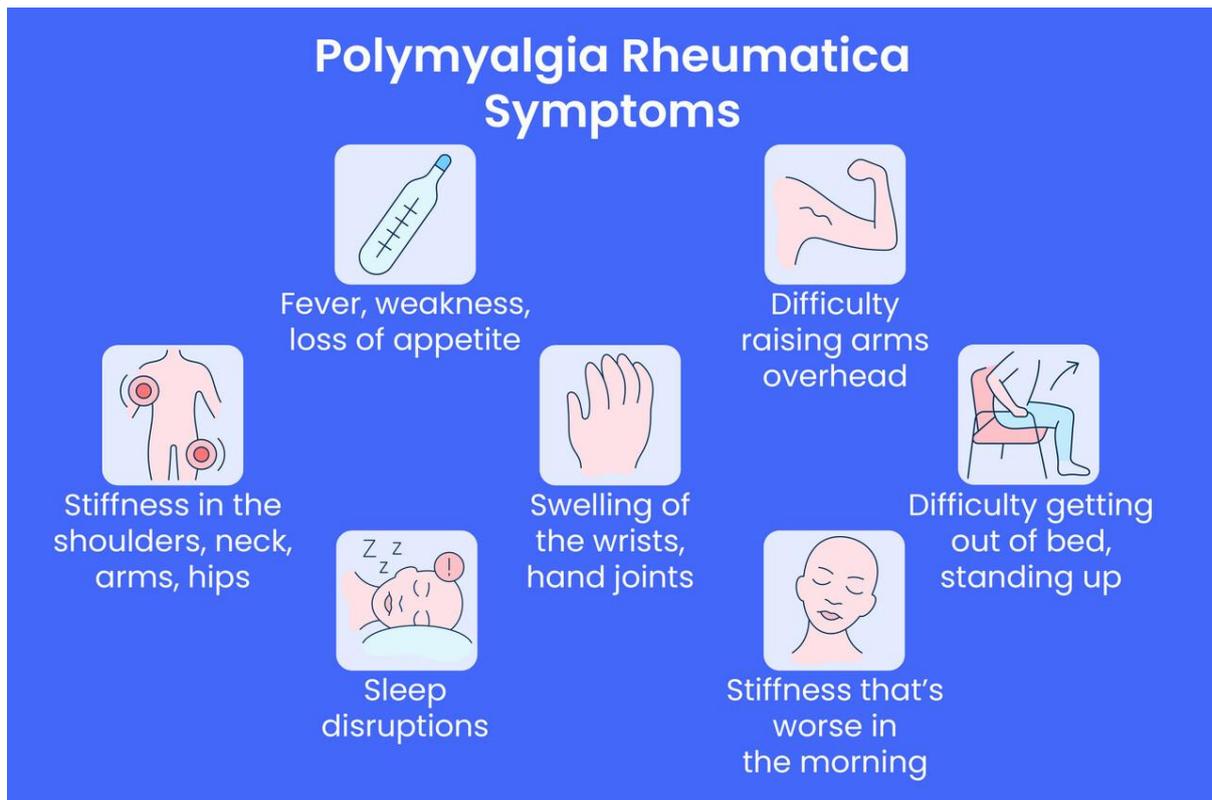


Polymyalgia Rheumatica (PMR)

Polymyalgia Rheumatica Symptoms



- Fever, weakness, loss of appetite
- Difficulty raising arms overhead
- Stiffness in the shoulders, neck, arms, hips
- Swelling of the wrists, hand joints
- Sleep disruptions
- Stiffness that's worse in the morning
- Difficulty getting out of bed, standing up

What is Polymyalgia Rheumatica?

Polymyalgia Rheumatica (PMR) is an **inflammatory condition** that mainly affects adults over the age of 50. It causes pain, stiffness, and reduced movement, particularly around the **shoulders, neck, hips, and thighs**.

PMR is **not a muscle disease**, despite the name. The symptoms are caused by inflammation around the joints and surrounding tissues.

Who is affected?

PMR most commonly affects:

- People aged **50 years and over**
- Older adults (peak age 70–80 years)
- Women more than men

PMR is relatively common and is usually **treatable**.

Common symptoms

Symptoms often develop **suddenly** over days or weeks and may include:

- Pain and stiffness in shoulders, upper arms, neck, hips, or thighs
- Marked **morning stiffness** lasting longer than 45 minutes
- Difficulty lifting arms, getting dressed, or getting out of a chair
- Fatigue or low energy
- Poor sleep due to pain
- Mild fever, weight loss, or loss of appetite (in some people)

Symptoms are often **worse in the morning or after rest**.

What causes PMR?

The exact cause is unknown. PMR is thought to be related to:

- An overactive immune response causing inflammation
- Genetic factors
- Environmental triggers (such as infections)

PMR is **not caused by injury or overuse**.

How is PMR diagnosed?

There is no single test for PMR. Diagnosis is usually based on:

- Your symptoms and medical history
- Blood tests showing raised inflammation markers (ESR and CRP)
- Response to steroid treatment (symptoms often improve quickly)

- Excluding other conditions with similar symptoms
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Treatment options

The main treatment for PMR is **low-dose steroid medication (prednisolone)**.

Steroid treatment

- Usually leads to rapid improvement within days
- Dose is gradually reduced over time
- Treatment may continue for **1–2 years** or longer in some cases

Regular monitoring is important to adjust medication safely.

Other treatments

- Calcium and vitamin D supplements may be prescribed
 - Bone protection medication may be recommended
 - Pain relief may be used short-term if advised by your GP or specialist
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Role of physiotherapy and exercise

Physiotherapy can help with:

- Maintaining joint mobility
- Improving strength and function
- Reducing stiffness safely
- Advice on pacing activities and energy conservation

Gentle, regular exercise is encouraged once pain is controlled.

Important related condition: Giant Cell Arteritis (GCA)

Some people with PMR may also develop **Giant Cell Arteritis**, a serious condition.

Seek **urgent medical help** if you experience:

- New, severe headache
- Scalp tenderness
- Jaw pain when chewing

- Sudden changes in vision or vision loss

This requires **immediate treatment**.

Self-management tips

- Take medication exactly as prescribed
 - Keep active with gentle exercises
 - Pace activities and avoid long periods of rest
 - Maintain a healthy diet and weight
 - Attend regular blood tests and reviews
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When should I seek further help?

Contact your GP or healthcare provider if:

- Symptoms return or worsen
 - You experience side effects from steroids
 - You develop symptoms of Giant Cell Arteritis
 - Daily activities become increasingly difficult
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Outlook

With appropriate treatment, most people with PMR experience **good symptom control** and are able to return to normal daily activities. Regular follow-up is important to manage the condition safely.

If you have concerns or questions, speak to your GP, rheumatologist, or physiotherapist for further advice.