



# Polymyalgia rheumatica

## Your questions answered

### Q. What is polymyalgia rheumatica (PMR)?

A. Polymyalgia rheumatica is an inflammatory condition that causes pain and stiffness in older adults. Symptoms include moderate-to-severe muscle pain and stiffness, mainly around the shoulders, neck, and hips.

The good news is polymyalgia rheumatica can be effectively treated with medicine and self-care.

*Note: Polymyalgia rheumatica should not be confused with [fibromyalgia](#), which also causes pain and muscle stiffness but doesn't cause inflammation.*

### Q. What causes polymyalgia rheumatica?

A. No one knows what causes polymyalgia rheumatica.

Polymyalgia rheumatica produces inflammation in the larger joints of the body (e.g. shoulders and hips) and in the tissues around these joints, but the cause of this inflammation is unknown. Your genetics and environmental factors (e.g. infections) may play a role.

You're more likely to develop polymyalgia rheumatica if you're over 50. This risk increases as people get older. Women develop polymyalgia rheumatica more often than men, and it mostly affects people of Northern European ancestry (Caucasian or white people).

### Q. What are the symptoms of polymyalgia rheumatica?

A. The signs or symptoms of polymyalgia rheumatica usually develop over a short period (days/weeks) and may include:

- muscle pain and stiffness in the morning for longer than 45 minutes, particularly in your neck, shoulders, hips, thighs and upper arms
- extreme tiredness (fatigue)
- increased pain and stiffness after you've been inactive or resting
- difficulty sleeping (due to pain)
- difficulty raising arms above shoulder height
- weight loss
- slight fever.

Not everyone will experience all of these symptoms. Each person with polymyalgia rheumatica will have their own unique set of symptoms.

Symptoms can sometimes worsen, especially when you feel stressed, upset, overdo things, or don't get enough sleep. This is called a flare or flare-up.

## **Q. How do I know if I may have polymyalgia rheumatica?**

**A.** No one test can diagnose polymyalgia rheumatica, so your doctor will make a diagnosis based on several factors.

However, if you're over 50 and have persistent morning pain and stiffness around your shoulders, neck, hips, or thighs that lasts more than 45 minutes, this is a good indicator that you may have polymyalgia rheumatica.

Your doctor will ask you about your symptoms, discuss your medical history, and do a physical examination. They may also order blood tests to check for inflammation, and tests or scans to rule out other potential causes of your symptoms, such as [rheumatoid arthritis](#), [lupus](#), or infections.

## **Q. How is polymyalgia rheumatica treated?**

**A.** While there's no cure for polymyalgia rheumatica, it can be effectively managed.

The first step is controlling the pain and inflammation with a corticosteroid (or steroid) medicine. This is the most effective treatment for polymyalgia rheumatica. Corticosteroids are powerful medicines that rapidly reduce inflammation. Most people notice improvements in their pain and stiffness within a few days of beginning treatment.

After several weeks to a month of treatment, your doctor may gradually reduce the dosage of your medicine. This is called tapering. They'll only begin tapering your medicine if your symptoms are under control.

Tapering is a gradual, balancing act as your doctor aims to relieve your symptoms while slowly reducing your dose without symptoms returning. If they return, the dosage will be increased for a period; tapering will begin again when symptoms are controlled.

Most people will continue treatment for one to two years; however, some may require longer.

The long-term use of oral corticosteroids can cause unwanted side effects, including weight gain, loss of bone density and high blood pressure. You'll see your doctor regularly while taking them so you can be monitored for these side effects.

Before you begin taking corticosteroids, your doctor will refer you for a bone scan. This scan will measure the [density of your bones](#). The best scan for assessing your bone density is a dual-energy x-ray absorptiometry – often referred to as a DEXA or DXA scan.

Your doctor may also recommend or prescribe calcium and vitamin D supplements while taking corticosteroids to help prevent bone loss.

In some cases, steroids alone aren't effective at controlling pain and inflammation. Your doctor may then refer you to a [rheumatologist](#). Rheumatologists are doctors who specialise in diagnosing and treating problems with joints, muscles, bones and the immune system.

Your rheumatologist may decide to prescribe a [disease-modifying anti-rheumatic drug](#) (DMARD) as well as a corticosteroid.

They might do this if you:

- haven't seen any improvement in your symptoms
- have issues when reducing the steroid doses
- have frequent flares.

Taking a DMARD could mean you can take a lower dose of corticosteroid.

You'll also need regular blood tests to monitor the effects of the DMARD on your condition and to watch for possible side effects.

### **Q. What can I do to control my symptoms?**

**A.** As well as taking your medicines as prescribed, there are other things you can do to reduce the impact of your symptoms.

**Learn about your condition.** Understanding polymyalgia rheumatica and how it affects you means you can make informed decisions about your healthcare and actively manage it.

**Exercise regularly.** Low-impact exercise such as swimming or walking can help reduce muscle pain and stiffness. [Regular exercise](#) will also improve your sleep and mood, help you manage your weight and improve overall health and fitness. When starting an exercise program, you should try to [incorporate exercises](#) that improve flexibility, muscle strength, balance, and overall fitness and endurance. Start exercising slowly and gradually increase the time and intensity of your exercise sessions over weeks and months. And choose exercises you enjoy doing. This will make it easier to be consistent. A physiotherapist or exercise physiologist can help you work out an exercise program that's right for you.

**Learn ways to manage your pain.** Pain is one of the main symptoms of polymyalgia rheumatica, so it's crucial to learn how to manage it effectively. Read our [A-Z guide for managing pain](#) for more information.

**Talk with your doctor about calcium and vitamin D.** They're essential for good bone health and may reduce bone loss associated with long-term use of corticosteroids.

**Pace yourself.** [Pacing](#) is an effective strategy to help you do the things you want to do by finding the right balance between rest and activity (both physical and mental). This will help reduce your risk of flares and fatigue.

**Improve sleep quality.** Not getting enough [quality sleep](#) can worsen your symptoms; however, getting a good night's sleep when you have polymyalgia rheumatica can be challenging. If you're having problems sleeping, talk with your doctor about ways you can address this.

**Manage stress.** Stress can also aggravate your symptoms, so learning to deal with stress is extremely helpful. Things you can do to manage stress include planning your day and setting priorities, using [relaxation techniques](#) such as going for a walk, [getting a massage](#) or [listening to music](#), and, where possible, avoiding people and situations that cause you stress.

**Quit smoking.** Smoking cigarettes is not only bad for your general health but also negatively affects your bone health and increases inflammation.

**Eat a healthy, balanced diet** to help provide you with better energy levels, help maintain your weight, and give you a greater sense of wellbeing. Try to include [calcium-rich foods](#) such as dairy, sardines, salmon, tofu and green leafy vegetables. If you need help including these foods into your diet, speak with a dietitian for advice.

### **Q. Are there any complications I should be aware of?**

**A.** About 1 in 5 people with polymyalgia rheumatica develop a serious condition called [giant cell arteritis](#) (also known as temporal arteritis). Giant cell arteritis involves inflammation of your skull's blood vessels (arteries).



Symptoms include:

- bad headaches
- scalp tenderness
- blurred or double vision
- pain in the side of your jaw or face when chewing or talking
- temples are tender to touch.

Giant cell arteritis can cause damage to the arteries of the eye, which can lead to blindness if not treated quickly. Seek urgent medical attention if you experience any of the above symptoms.

#### **Q. Where can I get more help?**

**A.** Many people and support organisations can help you manage your polymyalgia rheumatica. They include:

- your doctor
- your rheumatologist
- [dietitian](#)
- [physiotherapist](#)
- [exercise physiologist](#)
- Musculoskeletal Australia | [msk.org.au](http://msk.org.au) | National Arthritis and Back Pain+ Help Line: 1800 263 265

#### **Q. How can Musculoskeletal Australia help?**

**A.** Our nurses are available for you to speak with about polymyalgia rheumatica, pain or any other musculoskeletal issues you have. You can contact them on weekdays between 9am-5pm. Phone 1800 263 265 or email [helpline@msk.org.au](mailto:helpline@msk.org.au). We also have a range of services – including free webinars – you can access on our [website](#).

#### **More to explore**

- Patient education: Polymyalgia rheumatica and giant cell arteritis (Beyond the Basics)  
Up-to-Date <https://www.uptodate.com/contents/polymyalgia-rheumatica-and-giant-cell-arteritis-beyond-the-basics>
- Polymyalgia rheumatica  
American College of Rheumatology <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Polymyalgia-Rheumatica>
- Polymyalgia rheumatica  
Arthritis Foundation <https://www.arthritis.org/diseases/polymyalgia-rheumatica>
- Polymyalgia rheumatic (PMR)  
Versus Arthritis UK <https://www.versusarthritis.org/about-arthritis/conditions/polymyalgia-rheumatica-pmr>

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Updated March 2023

