FACT SHEET

Information for Newly Diagnosed Patients with PMR

This document was developed for a CDC-sponsored project, Building Capacity for Polymyalgia Rheumatica Education and Awareness, (CDC-RFA-DP23-0067).

WHAT TO KNOW

Polymyalgia Rheumatica (PMR) is a chronic inflammatory condition primarily affecting individuals over 50, with an average age of onset around 70. PMR is characterized by muscle pain and stiffness, especially in the shoulders and hips. Early diagnosis and appropriate management are crucial to prevent significant disability and enhance quality of life.

WHAT ARE THE SYMPTOMS?

Muscle Pain and Stiffness: Typically in the shoulders, neck, hips, and upper arms.

Morning Stiffness: Symptoms are most severe in the morning, or after periods of inactivity, but improve with movement.

Systemic Symptoms: Some patients experience fever, fatigue, or unintended weight loss.

HOW IS IT DIAGNOSISED?

Your doctor will review your medical history and do a physical examination to assess for pain in your shoulders, neck, and hips. Your doctor may also perform:

Blood Tests to look for elevated Erythrocyte Sedimentation Rate (ESR) and C-reactive Sediment (CRP) levels. Your doctor may check for rheumatoid factor and anti-CCP antibodies to rule out rheumatoid arthritis (RA).

Imaging Tests: An ultrasound is a helpful tool that can indicate if there's any inflammation in the joints and soft tissues. Some people may opt for an MRI or a PET scan to explore other potential causes of joint pain.

WHEN TO CALL THE DOCTOR

Contact your doctor immediately if you experience:

- New headaches or jaw pain
- Blurred or double vision
- Symptoms that worsen or do not improve with treatment
- Side effects from medications

These could also be signs of an associated condition, ***Giant Cell Arteritis (GCA)***

WHAT TO KNOW

HOW IS PMR TREATED?

Glucocorticoids (e.g., prednisone): These are the most frequently used treatment and typically provide relief within a few days. They must be taken as prescribed and tapered off gradually under your doctor's supervision.

Additional Medications: Some people may need biologics such as tocilizumab or sarilumab to reduce reliance on steroids, or DMARDs such as methotrexate.

ARE THERE RISKS TO TREATMENT?

Long-term use of glucocorticoids can lead to:

- Bone loss (osteoporosis)
- Weight gain
- Increased risk of infections
- High blood sugar or diabetes
- Increased risk of infections with DMARDs and biologics

Your doctor may recommend calcium and vitamin D supplements and bone density monitoring to help protect your bones.

Always speak to your doctor about any concerns you may have about treatment plans including side effects.

HOW CAN I MANAGE PMR EVERYDAY?

Stay Active: Movement may help reduce stiffness and maintain your independence. Listen to your body and rest when needed.

Stay Informed: Learn about your condition so you can be an active participant in your care.

Build a Support Network: Connect with others who have PMR for emotional support and practical tips.

WHAT TO EXPECT

TREATMENT DURATION

Most people with PMR need treatment for a year or more. Some may experience relapses, which your doctor can help manage.

FOLLOW-UP VISITS

Frequency: Initially, you may need frequent follow-ups to monitor your symptoms and adjust medication. Over time, these visits may become less frequent but should still occur regularly.

Tests: Blood tests will check for inflammation and side effects of medications.

PROGNOSIS

Many people feel significantly better within a few days of starting treatment. While relapses can happen, PMR is highly manageable with the right care.

LIFESTYLE CHANGES

Diet: Focus on foods rich in calcium and vitamin D. Options include dairy products, canned fatty fish (such as salmon and sardines), and dairy. Leafy greens and nuts also provide calcium.

Exercise: Gentle weight-bearing and strength-training exercises can improve mobility, reduce stiffness, and maintain bone health. Physical therapy may also be helpful.

Quitting Smoking: Smoking increases the risk of GCA and other complications.