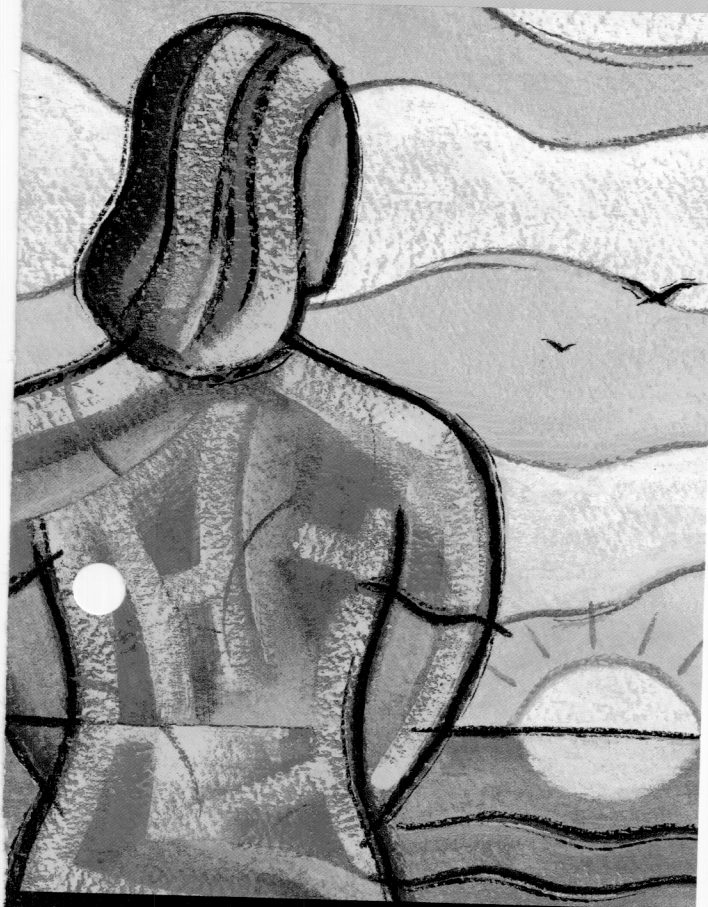


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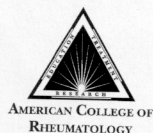
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COVER ART

Mark Stearny

WHAT IS POLYMYALGIA RHEUMATICA?

Polymyalgia rheumatica (PAH-lee-my-AI-jah roo-MA-tih-kah), or PMR, is a disease that causes pain and stiffness in the neck, shoulder and hip areas. The name literally means "pain in many muscles." It almost always occurs in people over 50, although the average age is about 70. PMR occurs twice as often in women as in men.

The pain and stiffness of PMR are caused by inflammation of the joints and surrounding tissues. The shoulders and hips are most often affected, but inflammation may also occur in other parts of the body. The cause of PMR is not yet known, however both genetic and environmental factors are thought to play important roles in the disease.

SYMPTOMS OF PMR

PMR causes stiffness and aching in the neck, shoulder and hip joints. Most people with PMR have symptoms in at least two of these areas.

In many cases, the symptoms start suddenly. People with PMR may be perfectly well one day and then feel the full effects of the disease the next day. Sometimes the symptoms occur more slowly.

Stiffness is a main symptom of PMR, and it is usually worse in the morning. When stiffness is severe, you may have difficulty getting out of bed. Pain may wake you at night, and turning over in bed may be difficult. The stiffness may be worse during periods of inactivity, such as after a long car ride.

PMR may also cause other symptoms such as fatigue, weight loss and a slight fever. Joints in other areas of the body may ache, and the hair

and knee joints may swell. Numbness and tingling in the fingers (carpal tunnel syndrome) may also occur. Some people with PMR may experience emotional difficulties as they learn to cope.

Most people with this disease have been in very good health before their first symptoms appear. These symptoms can seem overwhelming because of how they can affect your everyday life.

People with PMR sometimes have another type of arthritis such as osteoarthritis, but there is no relationship between the conditions. PMR is associated with a condition called giant cell arteritis, which is described on page 9.

SYMPTOMS OF PMR *

- Pain and stiffness
- Fatigue
- Weight loss
- Fever
- Numbness or tingling in the fingers
- General malaise

PMR DIAGNOSIS

Your doctor will consider your symptoms along with results of your physical examination and some laboratory tests before making a diagnosis. To determine if you have PMR, your doctor will ask about your symptoms and recent changes in your health; conduct a physical examination; and perform certain blood tests.

Blood tests help check for diseases that cause symptoms similar to PMR. A blood test called the erythrocyte sedimentation rate (or sed rate) measures inflammation in the body. In most people with PMR, the sed rate is higher than

normal. However, other diseases (such as infections or other forms of arthritis) can cause a higher-than-normal sed rate, so a diagnosis cannot be made by this test alone. As inflammation responds to medication, the sed rate usually decreases.

Additional testing will depend on your symptoms as well as what your doctor finds by examining you. While diagnosing PMR and determining whether you have giant cell arteritis, a biopsy of a blood vessel in your scalp may be necessary. To do the biopsy, a doctor removes a small piece of the artery to examine under a microscope.

PMR TREATMENT

PMR treatment focuses on reducing pain and inflammation, and easing stiffness, achiness, fatigue and fever. Regular exercise is important to maintain joint flexibility, muscle strength and function.

Medications

The group of medicines used most often to treat PMR is glucocorticoids, which are cortisone-like drugs. Nonsteroidal anti-inflammatory drugs (NSAIDs) may be prescribed at first or in addition to the glucocorticoids.

You'll need to see your doctor regularly once you start taking medication. Tell your doctor how the medicine affects your symptoms, and report any side effects, such as weight gain or depression. Your doctor may use various tests like the sed rate to adjust your medication. Even though you may feel well, be sure to see your doctor regularly so you can be monitored for any signs of a relapse or side effects.

GLUCOCORTICOIDS

Glucocorticoids are strong drugs that help reduce inflammation and relieve stiffness and pain. Most people with PMR feel better within a few days of taking their first dose. Prednisone is the most common glucocorticoid used to treat PMR.

If your doctor prescribes a glucocorticoid, follow the instructions carefully. In some patients, low doses of prednisone (10 - 15 mg per day) are enough to control PMR. Your doctor may either have you take the entire dose in the morning or have you divide the dose throughout the day. It is important to keep taking the medicine even though you are feeling better. PMR can return and other problems may occur if you stop taking this medicine too quickly.

You may need to take prednisone for as little as six months or for as long as two years. In rare cases, patients may need to take low doses for several years. Your doctor will gradually decrease the dosage as your symptoms improve. Follow your doctor's instructions. Do not try to cut back the dose on your own or suddenly stop taking your medication.

Side effects are usually minimal. Over a long period of time, these may include:

- weight gain
- thinning of the bones (osteoporosis)
- depression and mood swings
- cataracts
- glaucoma
- worsening of diabetes or onset of diabetes in someone who has never had it
- thinning of the skin and easy bruising

- rounding of the face
- difficulty sleeping
- high blood pressure

Glucocorticoids affect each person differently. The side effects of these medications are directly related to the dose you take. You will not need to take large doses unless you also have giant cell arteritis (see page 9). Serious side effects are much less common with the low doses usually used to treat PMR.

Let your doctor know if you experience any side effects. If they do occur, most of these side effects will go away when the medication is stopped or decreased. Your doctor can provide tips about nutrition to ease some side effects.

Special Instructions for Glucocorticoids

Your body naturally produces small amounts of hormones that are forms of glucocorticoids. They help your body perform many daily functions, such as maintaining blood pressure and electrolyte balance. When you take glucocorticoid drugs for more than a few days, your body may stop producing some of these hormones. This is not permanent. Your body gradually will start making the hormones again as the dose of your medication is lowered.

Taking glucocorticoids may put you at risk for osteoporosis. Bone density tests (which show if the drugs are weakening your bones) should be administered when you begin taking glucocorticoids and each year of treatment to follow. Most doctors recommend or prescribe calcium and vitamin D supplements, hormone replacement and/or bone-preserving medications to help prevent or slow osteoporosis.

Remember:

- Tell all of your health-care providers that you are taking this medicine. Dosage may need to be increased for short periods of time if your body is under a lot of stress – for example, if you are undergoing surgery or experiencing a serious illness. Even after you have been off the medication for as long as one year you should tell your doctor that you used to take it.
- Do not stop this medication without consulting your doctor.
- Do not try to decrease this medication on your own. Work with your doctor to gradually wean you off of this medicine.
- Wear medical identification to let people know that you take glucocorticoids in case a medical emergency occurs.
- If you become ill and vomiting prevents you from taking this medication, let your doctor know immediately. You may need to increase your usual dose for several days during your illness.
- Talk to your doctor about ways to prevent osteoporosis, as well as ways to ease other side effects.

BE AWARE *

If you suddenly stop taking glucocorticoids, your body may not make enough hormones on its own, which could make you seriously ill. Your doctor can work with you to slowly taper the dose so you don't become sick.

Once your condition has responded to glucocorticoids, your doctor will slowly reduce the

dose to the lowest level necessary to control symptoms and prevent a relapse. This adjustment process requires honest communication with your doctor about your treatment and its effects. Effective treatment allows most people with PMR to lead active and productive lives.

NSAIDS

A group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs) may be used alone or with glucocorticoids to treat PMR. NSAIDs are not as strong as glucocorticoids, but they do help relieve pain and inflammation. If you have a very mild case of PMR, you may only need to take NSAIDs. Aspirin and ibuprofen are two examples of NSAIDs that are available over the counter. Many NSAIDs require a prescription. Your doctor can recommend which type will work best for you.

Special Instructions for NSAIDs

NSAIDs have potential side effects, so be sure to follow your doctor's instructions. Guidelines for taking NSAIDs include:

- Always take NSAIDs with food, because they can upset your stomach and cause ulcers and bleeding. Your doctor may prescribe medication to protect your stomach if you experience gastrointestinal problems.
- Call your doctor if an NSAID causes indigestion (upset stomach).
- Do not take more of an NSAID than your doctor prescribes.
- Do not take over-the-counter medications that contain aspirin, ibuprofen or naproxyn in addition to prescribed NSAIDs.

Exercise and Rest

Both exercise and rest play an important role in your treatment. Exercise helps you maintain or regain your energy and muscle strength. Exercise also helps you fight the weight gain and osteoporosis that may result from taking glucocorticoids.

Take care not to overdo it during exercise. If you are overactive, your symptoms may worsen. Good forms of exercise include walking, riding a stationary bicycle and exercising in a pool. Ask your doctor or physical therapist for specific suggestions about the type of exercise that would be best for you.

You also need enough rest to give your body time to recover from exercise and other activities. Make sure you get adequate sleep each night and that you take time to rest during the day if you need to.

WHAT IS GIANT CELL ARTERITIS?

Giant cell arteritis (AR-te-RY-tis), also called GCA or temporal arteritis, is a condition in which certain arteries (blood vessels) in the body become inflamed. It often occurs with PMR. About 10 percent to 15 percent of people with PMR may also have GCA, and almost 50 percent of patients with GCA also have PMR.

GCA SYMPTOMS

Giant cell arteritis usually affects arteries near the temples on the upper front sides of the head. It also involves other arteries in the head, neck, arms and occasionally affects other large arteries in the body. Inflammation causes the artery to narrow or become blocked, allowing little blood to pass through. Symptoms of GCA that indicate inflammation or blockage of arteries include:

- tenderness of the scalp or temples
- blurry or double vision, loss of vision (Vision loss may be intermittent or seem like having a curtain pulled partly over your eye.)
- severe headaches
- jaw pain when eating or talking
- persistent sore throat or difficulty swallowing
- cough

Giant cell arteritis may be difficult to diagnose in some people who never have headaches or scalp tenderness. Instead, these people may have more vague symptoms such as fever, fatigue, weight loss and anemia.

Vision loss can be temporary or permanent. Early diagnosis and treatment with glucocorticoids has helped reduce the frequency of permanent blindness due to GCA.

VISION PROBLEMS

Important: If you have PMR and begin having vision problems, call your doctor immediately. Also tell your doctor if you develop any of the other symptoms of GCA. Diagnosing and treating giant cell arteritis early can help prevent serious problems such as blindness.

GCA DIAGNOSIS

To find out if you have GCA, your doctor will remove a piece of the temporal artery above and in front of your ear. The artery will be taken from the temple through a small incision. You will not need to be put to sleep for this, but you will receive medicine to numb the area. The piece of the artery will be examined under a microscope. If you have GCA, inflammation is seen in the wall of the artery. In rare cases, the

disease cannot be detected in the biopsy. The doctor will make the final diagnosis based on other signs and symptoms.

If you have GCA, you will also likely have a higher than normal sed rate, which indicates inflammation in the body. Other tests may show anemia, a high platelet count and abnormal liver test results.

GCA TREATMENT

Glucocorticoid drugs (see page 5) are used to treat GCA. Higher doses (usually 40 - 60 mg per day taken once or twice per day) are required to treat GCA than to treat PMR. The high dose will put you at greater risk for developing side effects. Taking calcium and vitamin D supplements is important for preventing osteoporosis that can result from glucocorticoids.

Expect to stay on this treatment for many months to several years, but your doctor will likely lower the dose over time once your symptoms are under control.

OUTLOOK

Both PMR and giant cell arteritis may last one to two years, but this varies from person to person. These diseases rarely recur if you have been doing well for some time.

Research is now directed at finding more focused treatments to control inflammation with lower doses of glucocorticoids. Current treatment allows most people with these diseases to lead active and productive lives. Most people are able to take lower doses of medication after they have been treated for a while. Many people eventually are able to stop taking the medication after one or two years, but the threat of relapse requires close communication between you and your doctor.

THE ARTHRITIS FOUNDATION

The Arthritis Foundation is the only nationwide, nonprofit health organization help people take greater control of arthritis by leading efforts to prevent, control and cure arthritis and related diseases – the nation's number one cause of disability.

Volunteers in chapters nationwide help to support research, professional and community education programs, services for people with arthritis, government advocacy and fund-raising activities.

As a not-for-profit organization, the Arthritis Foundation relies on your contributions to fund research and provide service and programs. You can become a member of the Arthritis Foundation and make a difference in other people's lives. Please contact your local chapter or call 800/933-0032. You will receive materials about the benefits of Arthritis Foundation membership, including the award-winning bimonthly magazine *Arthritis Today*.

The Arthritis Foundation gratefully acknowledges Stephen A. Paget, MD, Hospital for Special Surgery, New York; Laura Robbins, DSW, Hospital for Special Surgery, New York; and Cornelia M. Weyand, MD, Mayo Clinic – Rochester, for their assistance with this booklet.

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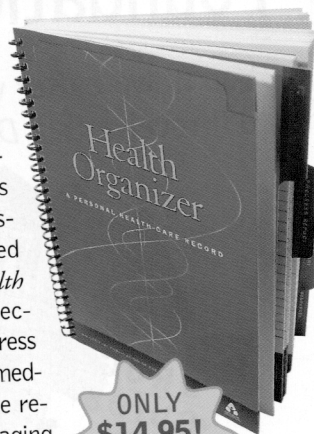
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