

Polymyalgia Rheumatica and Giant Cell Arteritis

What is polymyalgia rheumatica?

Polymyalgia rheumatica (PAW-lee-my-AL-juh roo-MAT-ick-uh), or PMR, is a condition in which the muscles in your neck, shoulders, upper arms, hips, and thighs become swollen and sore. It causes pain and stiffness.

What is giant cell arteritis?

Giant cell arteritis (ar-ter-EYE-tiss), or GCA, is a condition in which one or more of your arteries (the blood vessels that carry blood and oxygen from your heart to the rest of your body) become inflamed on the inside. It makes it harder for blood to flow to some parts of your body. It happens most often to the temporal artery, which supplies blood to your head.

How are these conditions related?

Many people have both of these conditions at the same time. About one in five patients with PMR has or develops GCA. About half of patients with GCA have or develop PMR.

What are the symptoms of PMR?

Symptoms include:

- Pain in the muscles of your neck, shoulders, upper arms, hips, and thighs; the pain is usually worse at night and when you move around a lot

- Having stiff muscles in the morning, even if you've been awake for more than 30 minutes
- Feeling tired

What are the symptoms of GCA?

Symptoms include:

- New, severe headaches that don't go away even if you take over-the-counter medicines
- A painful or tender scalp, usually on the sides of your head (it may hurt to comb your hair)
- Pain in your jaw when you chew (but that goes away when you don't use it)
- Blurry vision, seeing double, or losing vision in one eye from the top to bottom, like someone pulling a shade down over your eye
- Losing weight when you're not trying to, feeling tired, or having a fever you can't explain

What causes these conditions?

No one knows for sure. Your genes, and some things in the environment, like an infection or smoking, may be involved.

Who gets them?

PMR and GCA mainly affect people older than 50. Most people who have them are between



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70 and 80 years old. Women are about twice as likely to get them. The conditions occur most often (but not always) in white people from Northern Europe (or whose families are from Northern Europe).

How is PMR diagnosed?

Your doctor will ask about your symptoms and examine you. Often, he or she will order blood tests to look for swelling and to check your blood count, liver, and kidneys.

How is GCA diagnosed?

GCA can be hard to diagnose. Your doctor will ask about your symptoms and examine you. You may need to have a full eye exam by an eye specialist. Your doctor may also do blood tests to check for swelling, to make sure your organs are healthy, and to be sure you don't have any other diseases. Sometimes, the doctor will remove a small piece of tissue from your temple to look at under a microscope. This is called a biopsy.

How is PMR treated?

PMR is usually treated with medicines called steroids (STAIR-oyds) to calm the swelling. Many patients start on low doses. Your symptoms should improve within a week, but your doctor will examine you to be sure the medicine is working.

Over time, your doctor will give you smaller doses of steroids. This can take one to two years or longer. If you stop taking the steroids too quickly, the disease could come back.

It is important to tell your doctor if you start having symptoms of PMR again. Also, because your doctor will be checking for GCA, call him or her right away if any of the following happens:

- You suddenly get a new headache or your scalp feels tender
- You have changes in your sight
- Your jaw or tongue hurts or feels weak when you chew
- The muscles in your arms or legs hurt when you move, but the pain goes away after you rest
- Your fingers or toes change color when they get cold

How is GCA treated?

GCA requires higher doses of steroids. This will help lower your risk of going blind, having a stroke, or other problems. Your doctor may start you on steroids even before he or she is sure you have GCA. Symptoms improve quickly over a few days, but sometimes, you may need to take steroids for two years or more.

Low-dose aspirin is often used with steroids to reduce problems with your blood vessels. Your doctor will often involve another doctor

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who specializes in muscle and joint pain, called a rheumatologist (ROO-muh-TALL-oh-jist). You may be given other medicines if the steroids don't work.

How can I protect myself while taking steroids?

Your doctor will monitor you to make sure the steroids are working, and that they aren't causing any side effects. You will also need routine eye exams. Be sure to visit your doctor, and get blood tests as needed. You should also get a vaccine to help protect you against certain types of pneumonia (new-MOAN-yuh).

Where can I get more information?

Your doctor

AAFP's Patient Education Resource

<http://familydoctor.org/familydoctor/en/diseases-conditions/giant-cell-arteritis-and-polymyalgia-rheumatica.html>

American College of Rheumatology – Polymyalgia Rheumatica

http://www.rheumatology.org/practice/clinical/patients/diseases_and_conditions/polymyalgiarheumatica.asp

American College of Rheumatology – Giant Cell Arteritis

http://www.rheumatology.org/practice/clinical/patients/diseases_and_conditions/giantcellarteritis.asp

November 2013

Notes:

This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP online at <http://familydoctor.org>.

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