POLYMYALGIA RHEUMATICA (PMR)

Clinical Features, Investigations & Treatment

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Introduction

- Not a true vasculitis
- Pathogenesis - unknown
- PMR and Giant cell arteritis (GCA) share same demographic characteristics
- GCA is associated with PMR in 50% of cases

Clinical Features

- **Age at onset** > 50 years
- **Subacute** onset i.e. < 2 weeks
- Ache, Tenderness, and morning stiffness - Shoulders, Hips, and Proximal limb muscles
- **Constitutional symptoms -** Fatigue, Fever, Weight loss, Anorexia, Depression
- Mild polyarthritis, Tenosynovitis, and Carpal tunnel syndrome - 10% cases

Clinical Pearl

Weakness and wasting of muscles is not a feature of this disease

Investigations

- CRP – Raised
- ESR - > 40
- Alkaline Phosphatase - Raised in 30%

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Creatinine kinase levels are normal &

this helps in distinguishing this condition from myositis and myopathies

Differential Diagnosis

- Recent-onset RA
- Polymyositis
- Hypothyroidism
- Primary muscle disease
- Occult malignancy or infection
- Osteoarthritis
- Neck lesions
- Spinal stenosis

Treatment

Corticosteroids – Mainstay of treatment

- Prednisolone 15 mg daily PO
- Dramatic response in a week

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If improvement with corticosteroids does not occur, review your diagnosis

Supportive treatment with Steroids

- PPI
- Bisphosphonates
- Cholecalceferol and Calcium

- **Methotrexate –** Relapse cases or in prolonged steroid therapy
- NSAIDs – Ineffective
- Patient shall report symptoms of GCA

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