CONDITION

Polymyalgia rheumatica

Polymyalgia rheumatica is an inflammatory condition that causes pain and stiffness around the shoulders and hips.

WHAT IT IS
Inflammatory condition causing shoulder and hip pain and stiffness

BODY SYSTEM
Immune system, joints, and surrounding tissues

MAIN SYMPTOMS
Shoulder pain, hip pain, morning stiffness, fatigue

WHAT CAUSES IT
Unknown, involving immune system inflammation

HOW IT IS DIAGNOSED
Clinical assessment, inflammation tests, sometimes ultrasound

MAIN TREATMENT
Corticosteroid medicines with gradual dose reduction

CAN IT BE CURED?
Sometimes - inflammation can settle permanently

IS IT AN EMERGENCY?
Sometimes - new headache or vision changes may signal arteritis

LONG-TERM OUTLOOK
Usually improves with treatment, but relapses can occur

Overview

Polymyalgia rheumatica, often shortened to PMR, is an inflammatory condition that causes aching and stiffness around the shoulders, neck, and hips. It almost always develops after age 50 and becomes more common with increasing age.

Despite its name, PMR does not usually damage the muscles. The inflammation mainly affects structures around the joints, such as fluid-filled cushions called bursae. Pain can still make the muscles feel weak or difficult to use.

Symptoms may begin over a few days or weeks. Everyday tasks such as getting dressed, washing your hair, turning in bed, or standing from a chair can become difficult.

PMR matters because it can greatly affect movement, sleep, and independence. It is also

linked with giant cell arteritis, or GCA. GCA is inflammation of certain arteries, usually around the head. It needs urgent treatment because it can affect eyesight.

Symptoms

The main symptom is aching and stiffness on both sides of the body, especially around the shoulders. The hips, upper arms, thighs, and neck may also be affected.

Typical features include:

Some people have a mild fever or lose weight without trying. There may also be swelling or stiffness in the wrists, hands, or knees.

PMR usually limits movement because moving hurts. Severe, measurable muscle weakness is not typical. If weakness is the main problem, another condition may need to be considered.

A new headache, scalp tenderness, jaw pain while chewing, or changes in vision are not ordinary PMR symptoms. They may point to GCA and need urgent medical assessment.

- Stiffness that is worst after waking or resting
- Morning stiffness lasting longer than about 45 minutes
- Difficulty raising the arms above shoulder height
- Pain when turning in bed or getting out of a chair
- Tiredness, reduced appetite, or a general unwell feeling

Causes and risk factors

The exact cause of PMR is unknown. The immune system appears to become overactive and cause inflammation in tissues around certain joints.

Genes may affect susceptibility, but PMR is not inherited in a simple or predictable way. Having a relative with PMR does not mean that you will develop it.

The clearest risk factor is age. PMR is very unusual before age 50 and mainly affects older adults. It occurs more often in women than men and is more frequently recognised in people of northern European ancestry. However, it can affect people from any background.

PMR and GCA are closely related inflammatory conditions. A person may develop them at the same time or develop GCA before or after PMR treatment begins.

Diagnosis

There is no single test that proves someone has PMR. Diagnosis is based on the pattern of symptoms, an examination, blood test results, and ruling out other possible causes.

Blood tests usually include C-reactive protein, or CRP, and erythrocyte sedimentation rate, or ESR. These measure inflammation in the body. Results are often raised in PMR, although they do not show what is causing the inflammation.

Other blood tests may check blood cell counts, liver and kidney function, thyroid function, and muscle enzymes. They help look for conditions that can resemble PMR, such as rheumatoid arthritis, thyroid disease, infection, or inflammatory muscle disease.

Ultrasound may show inflammation around the shoulders or hips. In less straightforward cases, MRI or PET imaging may be considered. These scans are not required for everyone.

Symptoms often improve quickly after corticosteroid treatment begins. This supports the diagnosis, but improvement with treatment does not confirm PMR by itself. If symptoms do not improve as expected, the diagnosis and other possible causes should be reviewed.

Treatment and management

The main treatment is a corticosteroid medicine, usually prednisolone or prednisone. These medicines reduce immune system inflammation. Many people notice a clear improvement within several days, although recovery is not identical for everyone.

Treatment usually continues for many months. The dose is gradually reduced once symptoms and inflammation tests have improved. This slow reduction is called tapering. Reducing too quickly can allow symptoms to return.

Do not stop a corticosteroid like prednisone or hydrocortisone suddenly unless a healthcare professional specifically tells you to. Long-term use can reduce the body's ability to make its own natural steroid hormones, so abrupt withdrawal may cause serious illness.

Follow-up appointments are used to check symptoms, blood tests, and medicine side effects. Relapses may require the treatment plan to be adjusted. If repeated relapses occur or steroid side effects are a concern, a specialist may consider an additional immune-modifying medicine such as methotrexate. Targeted biological medicines may be options in selected cases.

Long-term corticosteroid treatment can increase the risk of bone thinning, infection, high blood pressure, raised blood sugar, cataracts, glaucoma, sleep problems, and mood changes. Monitoring is tailored to your health and expected length of treatment. Measures to protect bone health may include weight-bearing activity, adequate calcium and vitamin D, and

bone-protective medicine when appropriate.

Gentle activity can help maintain movement and muscle strength. A physiotherapist may help if pain has caused reduced fitness, balance problems, or difficulty with daily activities.

Ordinary anti-inflammatory painkillers like ibuprofen or naproxen do not control PMR inflammation as reliably as corticosteroids. They may also cause stomach, kidney, or cardiovascular side effects, especially in older adults.

Complications

PMR itself does not usually cause permanent muscle damage. Its main effects come from pain, stiffness, reduced activity, relapses, and the possible side effects of treatment.

The most important related condition is GCA. This can reduce blood flow through inflamed arteries and, without prompt treatment, may cause permanent sight loss or occasionally a stroke.

Possible warning symptoms include:

Long-term corticosteroid complications are another concern. Regular monitoring helps identify problems such as osteoporosis, diabetes, eye disease, or high blood pressure before they become more serious.

- A new or unusual headache
- Tenderness of the scalp, especially when brushing hair
- Jaw or tongue pain when chewing or talking
- Blurred vision, double vision, or temporary loss of vision
- Sudden permanent loss of vision

Prevention

There is no known way to prevent PMR because its underlying cause is not understood. It is not caused by something you ate, ordinary exercise, or a personal failure to look after your health.

Some treatment complications can be reduced. Keeping active within your limits, not smoking, limiting alcohol, and getting enough calcium and vitamin D can support bone health. Your individual fracture risk may need assessment if you are taking corticosteroids for a prolonged period.

Taking medicine as agreed and attending follow-up appointments can reduce the risk of an uncontrolled relapse. It also allows side effects to be identified early.

Living with it and what to expect

Many people improve substantially after starting treatment and return to most of their usual activities. Improvement may be rapid, but rebuilding strength and confidence can take longer if symptoms previously limited movement.

Treatment often lasts around one to two years, although some people need it for longer. A relapse can happen while the dose is being reduced or after treatment has stopped. This does not necessarily mean that the condition will remain active permanently.

Relapse symptoms often resemble the original illness, with renewed shoulder or hip stiffness and difficulty moving after rest. Blood inflammation tests can help with assessment, but symptoms and test results do not always change together.

Pacing can be useful during recovery. Alternate demanding tasks with rest rather than doing everything on a good day. Gentle walking, stretching, and strengthening may help preserve mobility. Activity should be increased gradually rather than pushed through severe pain.

PMR does not usually shorten life by itself. The long-term outlook is generally good when inflammation is controlled and treatment risks are monitored. Some people eventually stop treatment without further symptoms, while others experience repeated flares or need prolonged low-dose treatment.

Continue to watch for GCA symptoms even if PMR is improving. GCA can develop at a different stage of the illness.

When to get medical help

Arrange a routine medical appointment if you develop persistent pain and morning stiffness in both shoulders or hips, particularly if you are over 50. Similar symptoms can have several causes, so an assessment is needed rather than self-diagnosis.

During treatment, contact your usual healthcare service if symptoms return, become harder to control, or do not improve as expected. Also report possible steroid side effects such as unusual thirst, frequent urination, repeated infections, major mood changes, or new vision difficulties.

Seek urgent same-day medical help if you have a new headache, scalp tenderness, jaw pain

when chewing, or temporary visual disturbance. These symptoms may indicate GCA and should not wait for a routine appointment.

Call emergency services for sudden loss of vision, new facial drooping, arm weakness, difficulty speaking, or other possible stroke symptoms. Do not drive yourself for emergency assessment.

Common questions

Is polymyalgia rheumatica an autoimmune condition?

It is considered an immune-mediated inflammatory condition. This means the immune system contributes to inflammation, although the exact trigger is not known. It is not caused by an infection that can spread to other people.

How long does polymyalgia rheumatica last?

Many people need treatment for about one to two years, but some recover sooner or require treatment for longer. Relapses can extend the course. It is not possible to predict an exact duration from the first symptoms.

Can PMR go away without steroids?

Symptoms may fluctuate, but untreated inflammation can remain painful and disabling. Corticosteroids are the main treatment because they usually control the inflammation effectively. Avoid starting, changing, or stopping steroid treatment without medical guidance.

Does PMR cause permanent weakness?

PMR usually restricts movement because of pain and stiffness rather than direct muscle injury. Reduced activity can lead to loss of strength over time, but this often improves as inflammation settles and activity increases. Marked or worsening muscle weakness needs further assessment.

Is there a special diet for PMR?

No diet has been shown to cure PMR. A balanced diet can support general and bone health during treatment. If corticosteroids raise your blood sugar, blood pressure, or weight, you may be offered more specific nutrition advice.

Can polymyalgia rheumatica come back?

Yes. Symptoms can return during dose reduction or after treatment ends. A suspected relapse should be reviewed because other conditions and steroid withdrawal effects can cause similar symptoms. Do not increase the dose on your own unless you have been given a specific plan.

Sources

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