

# POLYMYALGIA RHEUMATICA & GIANT CELL ARTERITIS

NOLENSVILLE FAMILY MEDICINE  
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## BASIC INFORMATION

### DESCRIPTION

Polymyalgia rheumatica (PMR) and giant cell arteritis (GCA) seem to be related inflammatory disorders. They often occur together. In PMR, inflammation affects the whole body. In GCA, certain arteries, such as those in the head and neck, are inflamed. It usually affects white adults over 50, and it affects women more than men.

### FREQUENT SIGNS AND SYMPTOMS

- The symptoms may resemble those of an infection such as influenza. Symptoms can come on suddenly.
- Low fever and weakness.
- Muscle stiffness or aches and pains, especially in the morning. The muscles involved are usually those of the trunk, upper arms, and legs.
- Headache (usually in one temple).
- Pain in the temples or scalp, and sometimes, the jaw and tongue.
- Blurred or double vision; loss of vision in one eye.
- Appetite loss and weight loss.

### CAUSES

Exact cause of the inflammation is unknown. It may involve the immune system, or be due to viral, genetic, or environmental factors.

### RISK INCREASES WITH

White adults over age 50, especially women.

### PREVENTIVE MEASURES

No specific preventive measures.

### EXPECTED OUTCOMES

With treatment, the symptoms can clear up quickly and complications are unlikely. Treatment with drugs needs to continue for months to years depending on each individual patient. An active lifestyle is expected.

### POSSIBLE COMPLICATIONS

- PMR may recur. It can be successfully treated again with drugs. GCA rarely recurs after treatment.
- Without treatment for GCA, there is a risk for loss of vision, stroke, heart failure, chest pain, and aneurysm.
- Adverse effects of steroid treatment (osteoporosis, high blood pressure, cataracts, and others).



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider will do a physical exam and ask questions about your symptoms. There is no specific diagnostic test for either disorder. Medical tests may include blood studies, tests for anemia, CT or MRI, and a biopsy. Biopsy involves the removal of a small amount of tissue or fluid for viewing under a microscope.

- Treatment involves drug therapy and exercise.
- For headache relief, apply heat to the painful side of the head. For muscle stiffness, apply heat directly to the affected area or take warm baths.
- To learn more: Arthritis Foundation, P.O. Box 7669, Atlanta, GA 30357-0669, (800) 283-7800; website: [www.arthritis.org](http://www.arthritis.org).

### MEDICATIONS

- Cortisone drugs in high doses until the acute phase ends. These relieve symptoms by reducing inflammation. Adverse effects may occur. For ongoing treatment with cortisone, the dosage will be reduced as low as possible to keep symptoms under control.
- Methotrexate may be prescribed.
- Nonsteroidal anti-inflammatory drugs may be prescribed for polymyalgia rheumatica. They may not completely control symptoms.

### ACTIVITY

Exercise regularly. Swimming, walking, biking, and stretching exercises will help keep muscles strong, flexible, and functional. Avoid straining the muscles (such as doing heavy lifting). Adequate rest is also important. Don't overdo physical activities.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of polymyalgia rheumatica or giant cell arteritis.
- The following occur during or after treatment:
  - Any changes in vision. Call immediately!
  - Temperature of 101°F (38.3°C).
  - Blood in the urine.
  - Shortness of breath.
  - Chest pain.
  - Bloody bowel movements.
  - Severe abdominal pain.
  - Any illness with fever.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Special notes:

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