

Polymyalgia Rheumatica (PMR)

You have been diagnosed with polymyalgia rheumatica (also known as PMR). This is a condition that causes pain, stiffness and inflammation of the muscles, particularly around the upper arms, neck and hips. PMR is treated with a gradually decreasing dose of steroid tablets (prednisolone) and usually you will need treatment for between one and two years depending on your response to the medication. You will also need blood tests every few months to monitor your condition. If during your treatment your symptoms start to get worse again (this sometimes happens as the medication is decreased) please let your doctor know.

Important information:

Up to 1 in 5 people who have PMR develop a more serious condition called temporal arteritis (also known as giant cell arteritis). In this condition the arteries in the head and neck become inflamed. Symptoms of temporal arteritis include:

- a severe headache (your scalp may also feel sore or tender)
- pain in the jaw muscles when eating
- problems with sight such as double vision or loss of vision.

If you develop any of these symptoms contact a GP or 111 immediately. Unlike PMR, temporal arteritis requires immediate medical attention, as it can cause permanent sight loss if not treated promptly.

Treatment:

PMR is treated with a gradually decreasing dose of steroid tablets (prednisolone). Do not stop this medication suddenly as you can become very unwell. It is important that any doctor looking after you knows that you are taking steroids and carrying a steroid card can be an easy way of alerting your medical team. <https://www.pituitary.org.uk/media/609319/NHS-Steroid-Card-Jul-2020.pdf>

To protect you from the side effects of steroids your doctor will also consider prescribing some other medication:

Stomach protection (commonly omeprazole or lansoprazole) – this helps to protect the lining of your stomach that can be irritated when taking steroids. Try to avoid other medications that can irritate your stomach when on steroids such as anti-inflammatories such as ibuprofen and naproxen.

Bone strengthening medication (commonly called alendronate or alendronic acid) – this helps to protect your bone strength when taking steroids. It is a weekly medication and it is important that you follow the instructions so that you take it correctly. Please also advise your dentist that you have started this medication.

Vitamin D +/- calcium supplements – these also help to maintain strong bones. If you have a diet with enough calcium you may just have a vitamin D supplement.

Steroid and blood test plan

Treatment start date:

Steroid dose (prednisolone)	Date/duration
15mg (3 x 5mg)	3 weeks
12.5mg (2 x 5mg; 1 x 2.5mg)	3 weeks Book blood test and then GP telephone call in the third week of treatment*
10mg (2 x 10mg)	4 weeks
9mg (1 x 5mg; 4 x 1mg)	4 weeks Book blood test and then GP telephone call after the third week of treatment*
8mg (1 x 5mg; 3 x 1mg)	4 weeks
7mg (1 x 5mg; 2 x 1mg)	4 weeks
6mg (1 x 5mg; 1 x 1mg)	4 weeks Book blood test and then GP telephone call in the third week of treatment*
5mg (1 x 5mg)	4 weeks
4mg (4 x 1mg)	4 weeks
3mg (3 x 1mg)	4 weeks Book blood test and then GP telephone call in the third week of treatment*
2mg (2 x 1mg)	4 weeks
1mg (1 x 1mg)	4 weeks then stop all treatment

*If you would prefer, your GP can text you to confirm that your blood test results are acceptable and that you can continue to decrease your medication as planned. Please let your GP know if this is your preference.

More information is available at:

<https://www.nhs.uk/conditions/Polymyalgia-rheumatica/>

<http://www.pmrqa.co.uk/content/polymyalgia-rheumatica>

Please let us know if you have any further questions and book a telephone consultation with your GP if you are worried about any of your symptoms.