Tower Bridge Hospital London

Tower Bridge Hospital London
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020 7916 0029 · Open 7 days, 9am–7pm
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PATIENT INFORMATION · RHEUMATOLOGY

Polymyalgia rheumatica
and the eye symptoms that must never be ignored

Polymyalgia rheumatica causes severe pain and stiffness in the shoulders, neck and hips, at its worst in the morning. It occurs almost exclusively over 50, it responds to low-dose steroids within days, and it is closely linked to giant cell arteritis — which can cause sudden permanent blindness.

Seek same-day assessment if you develop

- a **new headache**, particularly one-sided around the temple
- **scalp tenderness** — pain combing your hair or on the pillow
- **jaw ache or tiredness when chewing**
- **any change in vision**, blurring, double vision or a curtain across your sight
- **sudden worsening** despite steroid treatment
- **fever, night sweats or weight loss** that is progressing

These are the symptoms of giant cell arteritis, which occurs in a proportion of people with PMR and is a medical emergency — sight lost is not recovered. Treatment is started immediately on suspicion, before any test results. Sudden visual loss requires immediate emergency eye assessment.

The picture

- **Pain and stiffness in the shoulders, upper arms, neck, hips and thighs**, usually on both sides
- **Morning stiffness lasting more than 45 minutes** — often hours
- difficulty getting out of bed, turning over, raising the arms to wash or dress hair, or rising from a chair
- often comes on **over days to a couple of weeks**, which people describe vividly
- fatigue, low-grade fever, loss of appetite, weight loss and low mood
- **almost never under 50**, and commonest over 70

It is stiffness, not weakness

People with PMR often say they feel weak, but formal muscle power is normal — the difficulty is pain and stiffness limiting movement. Genuine muscle weakness points elsewhere, particularly to inflammatory muscle disease or a thyroid problem, and warrants different tests. This distinction is one of the more useful ones an examination provides.

Diagnosis

There is no specific test. Diagnosis rests on the clinical picture in someone over 50, usually with **raised inflammatory markers (CRP and ESR)** — though a small proportion have normal markers. Before starting steroids, blood tests should exclude the conditions that mimic PMR: an underactive thyroid, myeloma, inflammatory arthritis, infection and cancer. **A dramatic response to steroids within a few days supports the diagnosis**, and a poor response should prompt reconsideration rather than a higher dose.

Treatment

Days
to a dramatic response

1–2 years
typical duration of treatment

Slowly
how the dose must come down

- **Low-dose prednisolone**, typically 15mg daily to start. Improvement is usually striking within two to five days.
- **Reduce gradually**, over many months, according to symptoms and inflammatory markers. Reducing too fast is the commonest cause of relapse.
- **Never stop steroids suddenly.** Carry a steroid card, and if you become unwell or need surgery, tell the clinician — you may need a higher dose temporarily.
- **Bone protection** from the outset: calcium, vitamin D, and usually a bisphosphonate, with a DEXA scan.
- Monitoring for steroid side effects: blood pressure, glucose, weight, mood, cataracts and glaucoma.
- **Methotrexate** may be added where the dose cannot be reduced or relapses keep occurring.

Living with it

Do

- Keep moving — gentle daily activity reduces stiffness and protects muscle
- Take steroids in the morning to reduce sleep disturbance
- Weight-bearing exercise and strength work, to offset steroid bone loss
- Watch weight, since steroids increase appetite
- Know the giant cell arteritis symptoms and act on them the same day

Avoid

- Reducing the dose faster than advised because you feel well
- Stopping abruptly for any reason
- Assuming every ache is a relapse — some is steroid withdrawal
- Skipping bone protection
- Ignoring new headache or visual symptoms

Why come to us. PMR is diagnosed on the picture plus bloods, and the difference between weeks of waiting and treatment starting is substantial when someone cannot dress themselves. We can see you within days, take **CRP, ESR, full blood count, thyroid, kidney and liver function, calcium and protein studies in-house** with results the same visit, start treatment, and arrange DEXA and rheumatology through our CQC-registered partners. We will also make sure you know the eye warning signs.

Seen within days, bloods and treatment the same visit

Seven days a week. New headache or visual change needs same-day care.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Blood Tests** · **Musculoskeletal** · **Private GP Services** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CKS and British Society for Rheumatology guidance on polymyalgia rheumatica. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.