

What Are Polymyalgia Rheumatica and Giant Cell Arteritis?

Fast Facts: An Easy-to-Read Series of Publications for the Public

Polymyalgia rheumatica causes muscle pain and stiffness in the neck, shoulder, and hip. The pain and stiffness usually occur in the morning or when you haven't been moving for a while. It typically lasts longer than 30 minutes. For most people, the condition develops gradually. But for some people it can develop quickly—even overnight. In addition to stiffness, you may have a fever, weakness, and weight loss.

The cause of polymyalgia rheumatica is not known. It is linked to immune system problems, genes, and an event, like an infection, that triggers symptoms. It is rare in people under age 50. Since it becomes more common the older you get, it may be linked to the aging process.

Polymyalgia rheumatica usually goes away within 1 year, but it could last several years. The symptoms can be quickly controlled with corticosteroid medicine. The doctor will carefully determine when to gradually reduce your corticosteroid dose and end it based on your tests and symptoms. Sometimes after stopping corticosteroid medication, symptoms will come back. Then you will need to start it again.

It's important to follow the doctor's instructions carefully whenever you take a corticosteroid, keeping in mind that there can be complications if you stop it abruptly. Also, it is best to keep your doctor informed about how the corticosteroid affects you throughout your course of treatment.

What Is Giant Cell Arteritis?

Giant cell arteritis causes inflamed arteries of the scalp, neck, and arms. "Inflamed" means redness or heat, swelling, and pain. The arteries most affected are those in the temples on either side of the head.

These arteries narrow, so not enough blood can pass through. It is important that you get treatment right away. Otherwise, the arteries could be permanently damaged. There is also a risk of blindness or stroke.

Early symptoms of giant cell arteritis feel like the flu. They include fatigue, loss of appetite, and fever. Other symptoms can include headaches, pain and tenderness over the temples, double vision, and visual loss. Dizziness or problems with coordination and balance could also occur. Your jaw and tongue might hurt, especially when eating. Opening your mouth wide may be painful. In rare cases, sores appear on the scalp.

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How Are These Two Disorders Related?

Polymyalgia rheumatica and giant cell arteritis often occur together. Researchers aren't sure why. But when one illness is diagnosed, the doctor should also look for signs of the other. Early detection and proper treatment can prevent serious complications. You should learn about and watch for symptoms. Be sure to report them to your doctor right away.

Are You at Risk?

Both conditions mainly affect people over 50. Women who are white and over age 50 are at highest risk. But men with giant cell arteritis are more likely to develop blindness. The likelihood of getting these conditions peaks between age 70 and 80.

How Are These Conditions Diagnosed?

There is no single test to tell if you have polymyalgia rheumatica. The doctor usually bases the diagnosis on:

- Medical history
- Symptoms
- Physical exam
- Blood tests.

To find out if you have giant cell arteritis, the doctor will see if the artery in your temple is inflamed. He or she will check the artery for a reduced pulse. If the doctor suspects giant cell arteritis, he or she will order a biopsy. A small part of the artery is taken out and looked at under a microscope.

What Treatments Are Available?

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen, may be used to treat polymyalgia rheumatica. But for most patients, NSAIDs alone are not enough. The best treatment for both disorders is a corticosteroid medicine, usually prednisone.

Since giant cell arteritis carries a risk of blindness, prednisone may be started right away, maybe even before the diagnosis is confirmed with a biopsy. When blood tests are normal again, there is much less risk of blindness. Then, the doctor can gradually reduce the medicine.

Symptoms for both conditions usually disappear quickly with treatment. However, as the doctor reduces the levels of the medicine, symptoms may come back. The doctor will adjust the dose to control the symptoms. After a while, symptoms usually clear up completely, and the doctor can stop the prednisone altogether.

What Are Some Highlights of Research Being Done on These Conditions?

Scientists are working to:

- Understand the causes of these two conditions. They are looking at the role of genes, the immune system, and the environment.
- Understand why some people with the conditions have problems like jaw pain or blindness, and others do not.
- Find new treatments, including evaluating supplements like fish oil and vitamin D.
- Determine if infectious agents might play a role in these diseases.

For More Information About Polymyalgia Rheumatica, Giant Cell Arteritis, and Other Related Conditions:

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The information in this fact sheet was summarized in easy-to-read format from information in a more detailed NIAMS publication. To order the Polymyalgia Rheumatica and Giant Cell Arteritis Q&A full-text version, please contact the NIAMS using the contact information above. To view the complete text or to order online, visit www.niams.nih.gov.

For Your Information

This publication may contain information about medications used to treat the health condition discussed here. When this publication was printed, we included the most up-to-date (accurate) information available. Occasionally, new information on medication is released.

For updates and for any questions about any medications you are taking, please contact the U.S. Food and Drug Administration (FDA) toll free at 888–INFO–FDA (888–463–6332) or visit its website at www.fda.gov. For additional information on specific medications, visit Drugs@FDA at www.accessdata.fda.gov/scripts/cder/drugsatfda. Drugs@FDA is a searchable catalog of FDA-approved drug products.