

● AIMS

Support

Promote and encourage research into Polymyalgia Rheumatica and Giant Cell Arteritis.

Awareness

Raise awareness within the public domain, medical profession and employment sector.

Develop an information base for the public.

Research

Promote and encourage research into Polymyalgia Rheumatica and Giant Cell Arteritis.

● OBJECTIVES

To advance the education of the public through the collection, assimilation and recording of information and data relating to PMR and GCA by the provision, establishment and maintenance of an educational website, and a network of support groups.

To preserve and protect good health by the promotion of research into PMR and GCA, and the dissemination of the useful results thereof for the benefit of the public.

● CONTACT US

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● SUPPORT GROUPS

Your nearest group is:

● DONATIONS

Donations are always welcome and may be made payable to:

HSBC Bank
PMRGCAuk

Account No: 24221400

Sort Code: 40-47-31

or by cheque to the address above.

Gift Aid information/forms can be obtained via the website or by emailing pmrgca@gmail.com

A large print version is available on request

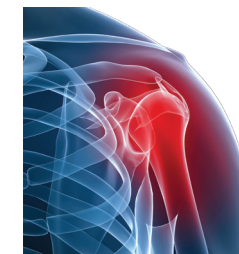


PMRGCAUK

POLYMYALGIA RHEUMATICA & GIANT CELL ARTERITIS UK

Polymyalgia Rheumatica & Giant Cell Arteritis UK (PMRGCAuk) is a registered charity established to meet the needs of people with these debilitating conditions, their friends, families and helping professionals.

PMRGCAuk promotes:



- support
- awareness
- research



Hon. President: Professor Bhaskar Dasgupta

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Polymyalgia Rheumatica (PMR)

Polymyalgia Rheumatica (PMR) causes pain, stiffness and tenderness in the large muscles around the shoulders, hips and back.

- The cause is not known.
- Affects about 4 in 10,000 people over the age of 60 each year, but is rare in people under 60.
- Three times more likely to affect women than men.

What are the symptoms?

- Stiffness, pain, aching, and tenderness in the muscles around the shoulders, pelvis, and neck,
- Worse early in the morning but easing during the day.
- Difficulty getting out of bed, reaching and rising
- Inflammation and swelling in other areas, ie tendons, hands, feet, and joints.
- Tiredness
- Depression
- Night Sweats
- Fever
- Loss of Appetite
- Weight Loss

Symptoms typically develop over a few days or weeks, but in some cases can develop more slowly, and are often passed off as 'aches and pains of getting older'.

What tests are needed?

Symptoms can be similar to other conditions, ie frozen shoulder, arthritis, and other muscle diseases, so blood tests will help make the correct diagnosis and can detect if there is inflammation in your body.

If you have the typical symptoms and blood tests show a high level of inflammation, this usually confirms the diagnosis of PMR.

What is the treatment?

Prednisolone (steroid) is the usual treatment, which reduces inflammation and quickly eases symptoms.

- Starting medium dose of about 15mg per day.
- Gradual reduction to maintenance dose of 5 to 8mg per day (may take several months).
- Treatment may be required for at least two years.

In some cases the condition goes away after 2-3 years, so medication can be stopped (under medical supervision).

Are there any complications?

About 1 in 20 people on treatment for PMR (about 7:20 with untreated PMR) develop giant cell (or temporal) arteritis, a related condition causing inflammation of arteries ([see next section on Giant Cell Arteritis](#)).

Consult a doctor urgently if you have PMR and you develop any of the following symptoms:

- Headache or tenderness on one side of your head.
- Jaw pain when chewing.
- Sudden loss of vision.
- Any other sudden visual problem in one eye.
- Weakness, numbness, deafness or any other nerve-related symptom.

Giant Cell Arteritis (GCA) or Temporal Arteritis

The main early symptoms of Giant Cell Arteritis (GCA) are headache and tenderness over the sides of the forehead. People with GCA need urgent treatment with steroids, which will usually prevent serious complications such as eye problems and blindness.

- Known as 'giant cell' because abnormal large cells develop in the wall of the inflamed arteries.
- Commonly affects arteries around the head and neck.
- Most commonly affects the temporal arteries (the temporal area – to the sides of the forehead), therefore sometimes called 'temporal arteritis'.
- GCA is uncommon, mainly affecting people over the age of 60 (very rare in people under 50).
- Women are more commonly affected than men.
- The cause is not known.

What are the symptoms?

If you have these symptoms contact your doctor immediately:

- Headaches - sudden or gradual on one or both sides, mainly at the temples.
- Tenderness of the scalp area over the temples.

- Blood vessels at the temples may look or feel prominent.
- Pain in the jaw or tongue when chewing or talking.
- Blurred or double vision or temporary sudden loss of vision.

People may also experience:

- Tiredness
- Depression
- Night Sweats and/or fever
- Loss of Appetite
- Weight Loss

Up to 50% of people with GCA also develop PMR ([see previous section on Polymyalgia Rheumatica](#)). Similar medications are used for both conditions.

What tests are needed?

GCA is likely if you have the typical symptoms and blood tests show a high level of inflammation, although some people with GCA and PMR have normal blood tests. Further tests are advised to confirm the diagnosis which may include a small biopsy of the affected artery.

What is the treatment?

Suspected GCA is usually treated immediately with a high dose of Prednisolone (steroid) to reduce the risk of complications and relieve headaches and other symptoms.

- Starting high dose of 40-60mg per day.
- Gradual reduction to maintenance dose of about 10mg per day (may take several months).

In some cases the condition goes away after 2-3 years, so medication may be stopped (under medical supervision). But, for many people, treatment is required for several years, and sometimes for life.

Are there any complications?

Complications are less likely if treatment is started soon after onset of symptoms. Untreated GCA could lead to the following possible complications:

- Blindness in one or both eyes.
- Inflamed artery and blocked blood supply.
- Very Rarely: Stroke or deafness.