

# POLYMYALGIA RHEUMATICA : ARE WE MISSING THEM ?

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## SUMMARY

*We present four cases of polymyalgia rheumatica who recently came under our care. The dramatic response of this disorder to low dose corticosteroids is well illustrated by our patients. The pertinent features of diagnostic value in this condition are highlighted.*

## INTRODUCTION

The syndrome of polymyalgia rheumatica has generally been considered to be rare in non-Caucasians.<sup>2,3</sup>

We present four patients with this disorder who came under our care in a general medical unit within a year illustrating the fact that it may not be that uncommon.

## CASE 1

Encik Y.L. is a 62-year old Malay male who was admitted for "cramplike muscle pain" about the shoulders and thighs for two weeks. He had difficulty in dressing, combing his hair and could not get up from the squatting position. He did not have headaches or visual symptoms. There was tenderness over the shoulders, hips and thighs, with pain on movements. The joints were normal. There was no tenderness over the temporal regions.

Initial ESR was 91 mm/first hour. Screening for multiple myeloma including full blood picture,

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protein electrophoresis and x-rays was negative. Routine investigations including haemoglobin, blood urea, serum electrolytes, blood sugar, chest x-rays, and electrocardiogram were within normal limits.

He improved within 24 hours of starting prednisolone 10 mg. b.d. and was able to get out of bed without assistance after two days. On the tenth day, he felt normal and ESR had decreased to 26mm/the first hour. Prednisolone was gradually reduced over six months and he remained asymptomatic.

## CASE 2

Encik O.N., a 53-year old Malay male had a month of progressive stiffness and pain around the shoulders and hips with symptoms worse in the morning. He had marked proximal muscle wasting and stiffness with pain on movements of the limbs, but no limitation of passive movements of the shoulders and hips.

Initial ESR was 107 mm/first hour. Rheumatoid factor was weakly positive at 20 iu/ml. The screening tests for multiple myeloma and ANF were negative. Creatinine phosphokinase was normal.

He improved within two days of starting Prednisolone five mg. t.d.s. and was fully ambulant after 10 days. ESR decreased to 78 mm/first hour after two weeks and was normal after two months. Prednisolone was gradually reduced over six months and he remained symptom free.

## CASE 3

Mr. H.K.L., a 74-year old Chinese male was bedridden for two weeks with pain about the

neck, shoulders and hips. There was marked proximal stiffness but joints were normal. ESR was 80 mm/first hour.

Madopar (Levodopa with Benserazide) given for the initial impression of Parkinsonism did not cause improvement over two weeks. Prednisolone 10 mg. b.d. caused dramatic improvement. He walked freely and ESR decreased to 38 mm/first hour after two weeks. He remained well on five mg. prednisolone daily after six months.

#### CASE 4

M.S., a 66-year old Chinese female had three months of progressively worsening pain in the shoulders and hips, with proximal muscle stiffness and normal joints on examination. Initial ESR was 123 mm/first hour. Screening for multiple myeloma and hypothyroidism was negative.

She improved within two days with prednisolone 10 mg. b.d. ESR decreased to 77 mm/first hour and 12 mm/first hour within a week and a month respectively. She requires five mg. prednisolone to be symptom free.

#### DISCUSSION

Polymyalgia rheumatica (PMR) is a clinical syndrome of unknown aetiology. It had earlier been considered as some form of rheumatoid arthritis or gout occurring in old age. Stuart Barber described it in 1957 as a separate clinical entity as "myalgia syndrome with constitutional effects: PMR."<sup>1</sup> He had followed 12 patients with this syndrome for about 10 years and found that none developed rheumatoid arthritis. Thus Barber's description of P.M.R. as a separate clinical entity had great therapeutic and prognostic implications.

The syndrome of PMR is characterised by "aching and morning stiffness in the proximal muscles, associated with an elevated erythrocyte sedimentation rate (ESR), lasting more than four weeks and responsive to low-dose corticosteroid therapy."<sup>2</sup> It is primarily a disease of the elderly. There are no specific diagnostic tests for PMR. Thus it is diagnosis of exclusion. One needs

to exclude a number of rheumatic, endocrine, infective and malignant conditions before arriving at the diagnosis of PMR.

In cases 1 and 4, multiple myeloma was initially thought to be the most probable diagnosis, and excluded. In case 2, rheumatoid arthritis was the initial clinical impression. However, this patient's joints were found to be normal. Moreover, the dramatic response of this patient's symptoms to corticosteroids supported by the rapid decrease of his ESR to within normal limits makes PMR the more likely possibility.

Our case 3 illustrates the difficulty some elderly patients face in communicating their symptoms. The diagnosis of PMR which relies largely on symptoms was delayed in the patient. It was initially felt parkinsonism could account for his stiffness, aches and pains and immobility. It was only when he failed to respond to specific therapy and his ESR was found to be 80 mm/first hour was the possibility of PMR entertained. This was subsequently proven by his response to steroids.

Based on the experience from a larger series of patients with PMR, it has now become possible to define seven best discriminants of this syndrome (Table 1).<sup>3</sup> It has been suggested that the presence of three or more of these features makes the diagnosis of PMR probable and a subsequent prompt response to steroids substantiates the diagnosis.<sup>3</sup>

It is interesting to note that all our patients had at least four or more of these features, making PMR the most probably diagnosis. Their prompt response to corticosteroids finally appears to satisfy the criteria for a definite diagnosis of this syndrome.

TABLE I

Seven best discriminants for PMR.

- 1) Bilateral should pains or stiffness
- 2) Onset of illness of less than two weeks duration
- 3) Initial sedimentation rate of more than 40 mm/hour
- 4) Duration of morning stiffness of more than one hour
- 5) Age 65 or more
- 6) Depression and/or weight loss
- 7) Bilateral arm tenderness to pressure.

These patients need to be reviewed periodically for the development of features which might point to an alternative diagnosis particularly rheumatoid arteritis, myelomatosis and occult malignancies.

One also needs to constantly watch these patients for the onset of temporal arteritis. The syndrome of PMR and temporal arteritis tend to overlap. PMR may precede or follow temporal arteritis. In one series of 85 patients of PMR it was shown that one third had developed temporal arteritis within one year of the onset of polymyalgia symptoms.<sup>2</sup> Therefore patients with PMR should be educated on the warning symptoms of temporal arteritis and to seek prompt medical treatment to prevent blindness. None of our patients have so far reported symptoms of temporal arteritis.

#### ACKNOWLEDGEMENTS

The authors wish to thank the Director General

of Health Malaysia for permission to publish this paper and Mrs. Magdelene Hendroff for secretarial assistance. We are also indebted to Mr. Thomas Varghese, Consultant Orthopedic Surgeon, General Hospital, Malacca for his expert comments.

#### REFERENCES

- <sup>1</sup> Hart F.D., In Hart, F.D., (ed.) Practical Problems In Rheumatology, Singapore: PG Publishing Ltd., 1984 : 98-102.
- <sup>2</sup> Allen, N.B., Studenski, S.A., Polymyalgia Rheumatica And Temporal Arteritis. Med. Clin. of N. Amer. 1986 : 70 : 369-381.
- <sup>3</sup> Sewell, J.R., Polymyalgia rheumatica. Br. J. of Hosp. Med. 1986: 35 : 299-302.

\*Paper presented at the Quarterly Scientific Meeting of The Academy of Medicine of Malaysia in Penang on March 1, 1987.