MYOSITIS in Focus

Polymyositis (PM) In Focus

- Polymyositis (PM), one of the Idiopathic Inflammatory Myopathies (IIM), is a rare, systemic autoimmune muscle disease that typically occurs in adults over age 20, with many 45-60 years old. The cause of PM is unclear and there is no cure.
- PM affects twice as many women as men and is more common in African Americans, who are, according to some studies, estimated to be affected at five-times the rate of the Caucasian population in the U.S.
- PM causes symmetrical weakness in muscles closest to the body's core (proximal) such as hips, neck, shoulders, upper arms, and thighs and can develop over days, weeks, or months. Muscle weakness can cause difficulty getting out of a chair, raising arms over the head, combing hair, lifting, brushing teeth, walking, and other activities.
- Risk of an associated cancer is possible with PM, although less than with Dermatomyositis (DM), similar to PM with patterns of muscle weakness, and the risk is highest for an estimated three years pre-and-post disease onset. PM and DM are very different diseases. ***See Dermatomyositis for more***
- PM can be present as a part of Antisynthetase Syndrome and Mixed Connective Tissue Disease.
- Other symptoms of PM may include debilitating fatigue, joint pain, weight loss, low-grade fever, trouble swallowing (which can cause choking and aspiration), mechanic's hands (roughening and cracking of the skin of the tips and sides of the fingers), Raynaud's phenomenon, and muscle pain, and may also affect other organs of the body.
- Diagnosing PM can be difficult and can often take months or years. Patient history, physical exam, Myositis-Specific antibodies (MSA), Myositis-Associated antibodies (MAA), other blood tests (muscle enzymes, inflammatory, autoimmune, and cancer markers, and other antibodies), MRI, EMG, nerve conduction studies, cancer screenings, and a muscle biopsy can assist in making a diagnosis. Some lack typical findings of PM, making it more difficult for the diagnosis to come into focus.
- The only approved treatments for PM are steroids, which are not recommended for long-term use. Off-label use of other medications may be used successfully to treat PM including immunosuppressive agents, chemotherapy medications, and infusion therapies such as immunoglobulin (Ig) and monoclonal antibodies (rituximab). These medications present patients with risks of harsh side effects and a weakened immune system.
- PM patients with lung involvement such as Interstitial Lung Disease may require oxygen.
- Physical therapy and exercise are recommended for PM patients and all myositis patients.
- PM patients may require the use of assistive devices for mobility such as a cane, walker, rollator, or wheelchair, either for short periods like during flares or for long-term muscle weakness and damage.

Patients with PM may look healthy (invisible illness) and appear able-bodied, while struggling internally. Others may use oxygen and require assistive devices for mobility. Each patient is very different.

With all the difficulties in the diagnostic process and living with this disease, the journey takes a toll on patients and families alike. Look closer and put #MyositisInFocus and learn more about Polymyositis at www.UnderstandingMyositis.org/pm