POLYMYOSITIS (PM)

Myositis Support & Understanding
Empowering The Myositis Community

What is Polymyositis (PM)?

Polymyositis is one of the Idiopathic Inflammatory Myopathies (IIM), a rare and systemic autoimmune disease. The cause of PM is unclear, and there is no cure. Polymyositis is now considered a rare diagnosis and should be only considered when other Myositis types have been excluded, such as DM, ASyS, IMNM, or IBM.

What are the symptoms of PM?

PM causes muscle inflammation, leading to symmetrical weakness in the muscles closest to the body's core, such as hips, neck, shoulders, upper arms, and thighs. This weakness can develop over days, weeks, or months.

Other symptoms can include:

- Pain throughout the body
- Skin complications like Mechanic's Hands or Hiker's Feet.
- Debilitating fatigue, cognitive impairment, or brain fog
- Joint pain or arthritis
- Damage to other organs of the body, such as the heart and lungs.

Symptoms from this disease complicate activities of daily living (i.e., eating, driving, reaching overhead, and personal hygiene tasks like showering or getting dressed).

PM is diagnosed on a case-by-case basis, as each patient presents differently.

How is PM diagnosed?

Diagnosing PM can be difficult and it can take many months or years. Because the diagnostic process for PM has recently changed, patients previously diagnosed with PM should talk to their doctor to be re-evaluated for other Myositis conditions or Connective Tissue Diseases.

Diagnosis may include exams and several tests:

- First, doctors usually get a patient history and conduct a physical exam.
- Then, they may order blood tests to check for Myositis-Specific Antibodies, muscle enzymes (CK), and other inflammatory, autoimmune, and cancer markers.
- Often, diagnosis is confirmed after an MRI, nerve conduction test, EMG, and muscle biopsy.

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How is PM managed?

There are a variety of medications that can be used to treat PM. Continuing to remain active and using assistive devices can also help manage symptoms. Most people with PM manage with a combination of the following:

- **Medications.** PM treatments often start with topical, oral, and/or IV steroids. Off-label use of other medications may be successful, including antimalarials, immunosuppressive agents, chemotherapy medications, and infusion therapies, like IVIG, and monoclonal antibodies, like rituximab.
- **Amblutory devices.** A cane, walker, rollator, or wheelchair can help improve balance or weakness. These devices can be used for short periods, such as during flares, or for long-term muscle weakness or damage.
- **Movement.** Physical therapy and exercise are usually recommended for all Myositis patients. Talk with your doctor before starting any exercise routine.

What are other complications?

PM can cause other complications:

- There may be a slight increased risk for **cancer**. It is recommended that PM patients keep up with age-appropriate cancer screenings.
- Individuals with PM can develop I**nterstitial Lung Disease (ILD)**. Some people may eventually require supplemental oxygen or a lung transplant.
- **Raynaud's Phenomenon** is a vascular condition that causes numbness, tingling, prickling, painful sensations, and color changes in the skin. Raynaud's can be self-managed or treated with medications.
- **Dysphagia**, or difficulty swallowing, can be caused by muscle weakness in the throat. Dysphagia can lead to choking and aspiration pneumonia.

Where can I find more information?

Myositis Support and Understanding (MSU) offers a comprehensive website with resources on Idiopathic Inflammatory Myopathies (IIM), including subtype information, management strategies, patient support, and educational materials. to **www.understandingmyositis.org** or use this QR code to learn more!