



Gene Smith

Solving Polymyalgia Rheumatica

A little-known condition, PMR can be devastating if undiagnosed. Fortunately, there is an effective treatment.

“Low-dose steroids offer excellent results in the treatment of a chronic, potentially crippling illness that affects seven hundred out of every hundred-thousand people age fifty and older,” says Robert D. Mehrberg, MD, of Southwest Florida Rehab & Pain Management Associates.

Dr. Mehrberg notes that many patients who suffer from polymyalgia rheumatica (PMR) commonly are initially misdiagnosed and never receive proper treatment.

“PMR may be confused with other diagnoses, such as arthritis and cervical spine conditions,” he explains. “It is a syndrome we diagnose by ruling out the presence of other conditions. Also, frequently a blood test will show an elevated SED rate.”

These symptoms are all related to an underlying inflammatory disorder.

Left untreated, PMR causes a gradual decline in overall health, and can eventually keep patients from enjoyment of everyday activities.

“Symptoms of polymyalgia rheumatica can include fatigue, headaches and body aches; stiffness or aching in the neck, shoulder, and pelvic areas; weakness, weight loss, low-grade fever, and even depression,” says Dr. Mehrberg.

“When symptoms like those described above are not accompanied by definitive test results, it is quite possible that the real problem is polymyalgia rheumatica.”



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One Patient's Experience

Gene Smith isn't likely to soon forget the onset of PMR.

“It was in February, and it just happened all at once,” he explains. “I woke up and I couldn't get out of bed. And then it just constantly got worse.”

The condition affected his upper and lower limbs, recalls Gene.

“If I bent down to get anything off the floor, I had to go onto my knees, then crawl up to something where I could push up with my elbows to get back up, because I had no strength in my arms to push on the floor,” he describes. “I couldn't even open up a can of cat food. That's how little strength I had.”

Gene was referred by a neurosurgeon

to Southwest Florida Rehab & Pain Management, and now that he has been on low-dose steroids for several weeks, the results have been nothing short of astonishing.

“It's amazing how it's worked on me,” he says. “I've got all my strength back, and I'm even back out working in the yard again!”

Gene thanks Dr. Mehrberg for providing the diagnosis...and the solution.

“Dr. Mehrberg was actually the one who found out what was wrong with me,” he says. “He's the one who gave me all the tests and started the ball rolling, so he's the one I give the credit to.”

FHCN—Michael J. Sabno

Relief at last

The staff at Southwest Florida Rehab & Pain Management Associates and Southwest Florida Neurosurgical Associates welcome your questions and comments regarding this article. For additional information or to schedule a consultation, please call or visit one of their conveniently located offices: in Fort Myers at (239) 432-0774, 12700 Creekside Ln., Suite 301, and in Cape Coral at (239) 772-5577, 632 Del Prado Blvd. North, Suite 101.

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Who's at risk?

PMR usually affects those over the age of 50, and is more common with advancing age, so patients sometimes mistake their general deconditioning and pain as a natural sign of aging.

“Pain is not a symptom of aging,” emphasizes Dr. Mehrberg, “it is a symptom of illness. We do not yet know what causes the PMR syndrome. There is a relationship between PMR and temporal arteritis – the inflammation of the temporal arteries, which may present as headaches. Ten percent of patients who suffer from PMR also have temporal arteritis, and nearly fifty percent of those with temporal arteritis also have polymyalgia rheumatica.

“We also know that PMR occurs more often among Caucasians than among other racial groups.

“Although polymyalgia rheumatica occurs in men as well as in women, it is two to five times more common among women,” notes Dr. Mehrberg.

“We have found that patients' response to low-dose steroids is so dramatic, it's almost like a rebirth for some of these people,” reflects the doctor.

“The good news is that treatment with low-dose steroids often produces excellent results in the treatment of PMR. With proper diagnosis of the condition and proper administration of appropriate medication, managing PMR is simple and straightforward.” FHCN—Michael J. Sabno



James P. Weiner, MD, is board certified by the American Board of Anesthesiology. He received his medical degree and completed his residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, and completed an anesthesia residency and received fellowship training in pain management at the Naval Hospital, Portsmouth, VA. He also received fellowship training in anesthesia at Bowman-Gray Medical Center, Wake Forest University, Winston-Salem, NC. He is a member of the American Association of Electrodiagnostic Medicine, American Association of Physical Medicine and Rehabilitation, American Society of Anesthesiology, Florida Medical Society, Florida Society of Anesthesiology, International Association for the Study of Pain, and International Spinal Injection Society. He has published extensively in his areas of expertise.



Robert D. Mehrberg, MD, is a board-certified physiatrist, certified in physical medicine and rehabilitation, as well as in electrodiagnostic medicine. He completed his undergraduate studies and earned his medical degree at Tulane University, New Orleans, LA. He served his internship and his residency in physical medicine and rehabilitation at Eastern Virginia Medical School, Norfolk, where he was appointed chief resident. Dr. Mehrberg has lectured on, written, or coauthored numerous articles, abstracts, presentations, and publications concerned with the treatment and well being of rehabilitation patients. Dr. Mehrberg is a member of the American Association of Electrodiagnostic Medicine, American Academy of Physical Medicine and Rehabilitation, and Association of Academic Physiatrists.



Pierre R. Hyppolite, MD, is fellowship-trained in spinal cord injury through the University of Miami's Jackson Memorial Hospital/Miami VA Medical Center. He is a graduate of the Faculte De Medicine Et De Pharmacie Universite D'etat d'Haiti, where he earned his medical degree and served his medical internship. Dr. Hyppolite attended Yale University School of Public Health and served an internal medicine internship at the New York Medical College's Our Lady of Mercy Medical Center. He completed his residency in physical medicine and rehabilitation at NYMC's Metropolitan Hospital Center. Dr. Hyppolite is an associate member of the American Academy of Physical Medicine and Rehabilitation and the American Paraplegia Society. He is fluent in English, French, and Creole.