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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Polymyositis and Dermatomyositis

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Polymyositis and dermatomyositis are autoimmune diseases in which the immune system attacks muscle fibers (and, in dermatomyositis, also the skin), causing progressive weakness of the shoulders and hips — difficulty rising from chairs, climbing stairs, or lifting objects overhead. Dermatomyositis adds characteristic rashes. Both are treatable with immune therapy.

How does it happen?

The immune system mistakenly attacks muscle fibers (polymyositis) or small blood vessels supplying muscle and skin (dermatomyositis). Specific autoantibodies define subtypes with different features. Dermatomyositis in adults over 40 can be associated with an underlying cancer, which is why screening is done. Certain drugs (statins, immune checkpoint inhibitors) can trigger related myopathies.

Common symptoms

- Progressive, painless (or mildly aching) weakness of the shoulders and hips
- Difficulty rising from chairs, climbing stairs, lifting arms overhead
- Dermatomyositis rashes: purple-red eyelids (heliotrope), rash over the knuckles (Gottron papules), chest and shoulders
- Fatigue; sometimes swallowing difficulty or breathing muscle weakness
- Possible lung involvement (interstitial lung disease) in certain antibody subtypes

How is it diagnosed?

Blood tests show elevated muscle enzymes (CK) and specific myositis autoantibodies; EMG shows irritable muscle; MRI shows muscle inflammation. Muscle biopsy is definitive and distinguishes the subtype. Because of the cancer association in dermatomyositis, age-appropriate cancer screening is

performed at diagnosis.

How is it treated?

High-dose corticosteroids start treatment, with steroid-sparing immunosuppressants (methotrexate, azathioprine, mycophenolate, rituximab) added for control and to limit steroid side effects. IVIG is effective, particularly for dermatomyositis. Physical therapy — started early and continued — restores strength safely. Sun protection matters for dermatomyositis rashes. Swallowing and lung involvement are monitored and treated.

What does the future hold?

Most patients respond to treatment and regain substantial strength over months, though the course can be relapsing and some need long-term immunosuppression. Lung involvement and cancer-associated cases require particular attention. Early treatment prevents permanent muscle damage.

Questions patients commonly ask

Q: I have dermatomyositis — do I have cancer?

A: Most do not, but the association is real enough that thorough screening at diagnosis (and periodically after) is standard — and reassuring when negative.

Q: Will I be on steroids long-term?

A: Steroids start treatment, but the goal is tapering them as steroid-sparing drugs take over — long-term high-dose steroids are exactly what the plan avoids.

Q: Should I exercise with inflamed muscles?

A: Yes — supervised, graded exercise is now standard alongside medication and improves recovery; rest alone leads to deconditioning.

National support groups & resources

- **The Myositis Association** — myositis.org
- **Muscular Dystrophy Association** — mda.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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