PM and NM may appear at any time from infancy through the age of 80 years, but most commonly occurs in adults over 20 years of age, especially those aged 45 to 60 years. Juvenile PM is very rare (much less common than juvenile DM) and the symptoms usually appear between the ages of five to 15 years. Females are affected twice as often as males and PM is more common in African Americans than in Caucasians. The diagnosis of PM is often delayed due to the lack of physical findings before the onset of muscle disease. Both family history and medication history are important in excluding other causes of myopathy. Additionally, various tests may be performed to establish a diagnosis. Tests may include: (a) electromyography done by a specialist in neuromuscular diseases which detects characteristic electrical patterns in muscle tissue and are abnormal in almost all patients with polymyositis; (b) muscle biopsy which reveals inflammation and or necrosis in the muscle tissue; (c) magnetic resonance imaging (MRI) of the affected muscle(s) which demonstrates inflammation and edema within the muscle tissue. Blood tests can be performed to detect elevated levels of muscle enzymes, predominantly creatine kinase (CK) and aldolase among others, which are indicative of muscle damage. Autoantibodies have been identified in many PM and NM patients consistent with an autoimmune cause as discussed earlier.