George Eliot Hospital NHS
NHS Trust

Giant Cell Arteritis Guideline
Target Audience: Primary Care, Secondary Care

***GCA symptoms:**

- Aged ≥50 years
- New onset headache (usually unilateral and temporal but can be diffuse or bilateral)
- Tender, thickened or beaded temporal artery or reduced temporal artery pulsation
- Scalp pain/tenderness or difficulty with combing hair
- Jaw or tongue claudication
- Visual symptoms (amaurosis fugax, reduced visual acuity, diplopia, blurring of vision)
- Elevated ESR and/or CRP
- Large vessel vasculitis suspected if prominent systemic symptoms, persistently elevated inflammatory markers despite steroid therapy and limb claudication

****Differential Diagnosis**

- Herpes zoster
- Migraine
- Serious intracranial pathology e.g. infiltrative base of skull/retro-orbital lesions
- Other causes of acute vision loss e.g. transient ischaemic attack
- Cluster headaches
- Cervical spondylosis
- Other upper cervical spine disease
- Sinus disease
- Temporomandibular joint pain
- Ear disease
- Other systemic vasculitides or connective tissue disease

Giant Cell Arteritis (GCA) is a medical emergency requiring prompt assessment and immediate steroid treatment in order to prevent irreversible visual loss.

FIRST ASSESSOR

Suspected Giant Arteritis*

Commence Oral Steroid Therapy:

- Visual Symptoms or Jaw Claudication: prednisolone 60 mg PO Daily
- Headache and/or scalp tenderness and no jaw claudication or visual symptoms: Prednisolone 40 mg PO Daily
- Consider PPI, calcium vitD and a bisphosphonate

FBC,U&E, LFT, CRP and ESR within 24 Hours (<u>do not wait for the result</u>)

Visual Symptoms

Primary care: Urgent referral to ophthalmology first and then rheumatology
To request ESR

OPTHALMOLOGY

Active Visual Symptoms:
Give Intravenous Methylprednisolone 500 mg – 1 g daily for 3 days (may require admission) followed by 60 mg Oral prednisolone daily
Arrange TAB by Ophthalmology and refer urgently to Rheumatology

Visual Symptoms

IMMEDIATE referral to Eye Casualty: Contact the on-call Ophthalmology registrar

Temporal Artery Ultrasound (USS):
This needs to occur within 7 days of steroid

FIRST ASSESSOR