



Rheumatology launch new fast track pathway for Giant Cell Arteritis

Giant cell arteritis (GCA) is a condition seen in older people that leads to inflammation of the medium and large arteries around the head and neck. Devastating consequences such as irreversible sight loss or stroke can occur if treatment with high dose steroids is delayed. It occurs in about 20 per 100,000 people. Almost all are over 60 and almost all are Caucasian.

The key to improving outcomes in GCA is rapid diagnosis and treatment. The problem is that diagnosis can be difficult. The symptoms are similar to many other more common conditions seen by GPs and hospital doctors, who may only come across a few true cases of GCA in their career. Then, to prevent sight loss, doctors are advised to give immediate high dose steroids in all suspected cases, which usually rapidly resolves any sign of the condition on blood tests, imaging tests or biopsy.

Dr Vanessa Quick, Consultant Rheumatologist said, "Our pathway aims to provide rapid access to a specialist rheumatology assessment, temporal artery ultrasound and biopsy for all patients with possible GCA. We know this approach can dramatically reduce the rate of sight loss in GCA. It can also minimise the impact of high dose steroids in those who don't have the condition, because tests such as ultrasound and biopsy can only reliably rule in, or rule out GCA, if done within a few days of starting steroids". If GPs are concerned about a potential case of GCA, they can urgently refer their patient via the rheumatology nhs.net email, available from the Luton Rheumatology secretaries.

Common symptoms in GCA

- A new type of headache
- Pain and tenderness in the temple area
- Distended, tender temporal arteries
- Tiredness, fever, flu like symptoms
- Aching and stiffness across the shoulders and hips
- Jaw ache after chewing or talking
- Sudden partial sight loss

Traditionally, GCA is diagnosed on temporal artery biopsy. However, ultrasound is emerging as an exciting new way of making the diagnosis in many patients. Currently the ultrasound is done in the rheumatology department by Dr Quick, but there are plans to develop the service further, so a rapid access service is available all year round.