

James Paget University Hospital Guidelines for referral of suspected Temporal (Giant Cell) Arteritis

Patients over 50 years of age with any of the following symptoms should prompt a clinical suspicion of temporal (giant cell) arteritis:

1. New headache – usually temporal or occipital
2. Scalp tenderness – often over temple
3. Jaw claudication – pain on chewing, relieved by rest
4. Raised inflammatory markers (ESR; CRP)

Such patients without visual symptoms should be referred primarily to **Rheumatology**. Referrals should be faxed urgently to the Rheumatology team.

Patients who have any of the following **visual** symptoms with or without the above features, should be referred urgently to **Ophthalmology**:

1. Sudden painless loss of vision
2. Transient visual obscurations – fleeting loss, or amaurosis fugax
3. Diplopia

All patients in whom this diagnosis is suspected, should be started on systemic steroid treatment immediately, with onward urgent referral as above. Prednisolone is suggested at 40mg od if no visual symptoms, 60–80mg od in the presence of visual symptoms.

If the diagnosis is in doubt, discuss with the Rheumatology team.

Patients with suspected temporal arteritis should have a temporal artery biopsy arranged whenever possible. This will be arranged following the above referral. The biopsy **must not** delay the implementation of steroid treatment once the clinical diagnosis is made. [Note that patients may need to suspend any anticoagulant treatment prior to temporal artery biopsy].

References

1. British Society of Rheumatology & British Health Professionals in Rheumatology: guidelines on the management of giant cell arteritis. Available at: www.pmr-gca-northeast.org.uk/assets/pmr_resource_8.doc
2. Seo P, Stone PH. Large vessel vasculitis. Review. Arthritis & Rheumatism 2004; 51(1):128-139.

Endorsements

Dr D Makkuni, Consultant Rheumatologist
Dr T Marshall, Consultant Rheumatologist
Dr J Thomas, Consultant Rheumatologist
Mr BJL Burton, Consultant Ophthalmologist
Mr TKH Butler, Consultant Ophthalmologist
Mr C Goldsmith, Consultant Ophthalmologist
Mrs B Hemmant, Consultant Ophthalmologist
Mr S Mukherji, Consultant Ophthalmologist
Mr A Prabhu, Consultant Ophthalmologist
Mr NJ Watson, Consultant Ophthalmologist

April 2014

**Fax for urgent referrals: Rheumatology: 01493 453973
Ophthalmology: 01493 453783**