**Giant Cell Arteritis**

**Refer as emergency to secondary care if Giant Cell Arteritis is suspected**

Contact duty Consultant in Acute Medical Unit if:

Acute onset temporal headache (uni or bilateral)

Jaw/tongue claudication

Temporal artery and/or scalp tenderness:

If visual problems, contact duty Ophthalmology Team

**Management**

Patient education and information

Uncomplicated GCA (no jaw claudication or visual disturbance): 40mg prednisolone daily. This should be weaned as per BSR guidelines.

<https://academic.oup.com/rheumatology/article/49/8/1594/1789465>

If there is jaw claudication: 60mg daily.

Evolving visual loss or amaurosis fugax (complicated GCA): 500 mg to 1g of IV methylprednisolone for 3 days before oral glucocorticosteroids.

Established visual loss: 60 mg prednisolone daily to protect the contralateral eye.

Patients should also receive bone protection. Proton pump inhibitors for gastrointestinal protection should be considered.

Consider Aspirin if not already on an anti-coagulant or Clopidogrel and no contraindications

**Bone protection needs to be considered in all patients on long term prednisolone**

**Investigations (Prior to commencing steroid therapy)**

Initially FBC, U&E, LFT, ESR, CRP, CK, TFT, RhF, Protein electrophoresis, PSA (in men), Bone profile

CXR may be required

Urine dipstick

Age >50 years

Abrupt onset headache (usually unilateral in the temporal area)

Scalp tenderness

Jaw and tongue claudication

Visual symptoms (including diplopia)

Constitutional symptoms

Polymyalgic symptoms

Limb claudication

Rule out red flags and systemic symptoms i.e. rashes, fever, risk factors family history, smoking

Abnormal superficial temporal artery (tender, thickened with reduced or absent pulsation)

Transient or permanent visual loss

Visual field defect

Relative afferent pupillary defect

Anterior ischaemic optic neuritis

Upper cranial nerve palsies

Features of large vessel GCA (vascular bruits and asymmetry of pulses or blood pressure)

Rule out

Red flags