ED Giant Cell Arteritis fast track assessment referral

Royal United Hospitals Bath NHS

NHS Foundation Trust

**Referrals will be collected between 9am and 5pm Monday- Friday (excluding public holidays). If you have not heard anything after two working days please contact the ward registrar via switchboard.*

Referral guidance

Atypical GCA: Giant cell arteritis is very rare in patients aged <55 years of age. The risk increases with age. Typical symptoms include a new headache poorly responsive to all types of analgesia, raised inflammatory markers, and systemic upset.

Patients aged <55 years or with atypical symptoms must be discussed with Rheumatology Registrar (7852 / 7599) or Consultant (via switchboard) prior to referral.

For urgent advice please contact the Acute Rheumatology Team via bleep 7852 or 7599, Monday-Friday 9am – 5pm. For urgent advice out of hours please contact the Medical Take Team.

Patients with visual disturbance: If your patient has new visual disturbance speak to the on-call ophthalmologist **as soon as possible (same day)** for advice regarding treatment and referral.

To speak to an Ophthalmology doctor on-call:

9am - 5pm: Telephone Eye Clinic: 4602, 4616 or 5665.

Out of hours: Call the on-call Ophthalmology Registrar at Bristol Royal Eye Hospital for advice.

Treatment: GCA is a medical emergency. All suspected cases should receive treatment without delay.

Guidelines recommend:

- **IV methylprednisolone for any new or evolving visual loss, however transient**
  - Usual dose of intravenous methylprednisolone is 1000mg daily for 3 days. If frail, low body weight or with comorbidities (i.e. left ventricular failure) consider reduced dose of 500mg infusions. **If out of hours, please administer the first dose in ED.** Ambulatory care can organise weekend infusions if needed. This is followed by prednisolone 60mg daily

- **Complicated GCA (transient blurred vision without visual loss, jaw claudication, tongue claudication, and/or tongue ulceration)**
  - Prednisolone 60mg daily. Note these patients may require IV methylprednisolone if evidence of ischaemic complications on ophthalmology review, or not improving.

- **Uncomplicated GCA (typical headache without visual symptoms or jaw claudication)**
  - Prednisolone 40mg daily.

Please ensure at least 7 days of prednisolone is supplied and that the patient is informed not to stop steroids suddenly.

Please ensure a PPI is started alongside high-dose steroids if the patient is not already taking one. Bisphosphonates and Calcium with Vitamin D will be started by the Rheumatology team if the patient is to continue steroids for a long period. If you suspect stroke (usually posterior), please also refer to the stroke team and consider starting aspirin.

Mandatory blood tests: Inflammatory markers are extremely useful in accurate GCA diagnosis and initiating steroids can affect the result obtained. Therefore, **all** patients should have the following blood tests taken **before steroids are given:** FBC, U&E, CRP, plasma viscosity, and LFTs.

Patient information: *Versus Arthritis GCA Patient information leaflet*
https://www.versusarthritis.org/media/22273/giant-cell-arteritis-information-booklet.pdf