

Giant Cell Arteritis (GCA) Referral Rheumatology

- This guideline is an adaption of a protocol published in [The Permanente Journal, Vol 17\(1\):56-62 Winter 2013](#) by M Alberts. It has been developed in conjunction with the Rheumatologists, Ophthalmologists, General Medical Physicians, Neurologists and Vascular surgeons.
- The diagnosis of GCA remains difficult, due to the wide range of presentations and absence of a diagnostic test of acceptable sensitivity and specificity. Failure to identify the disease early can lead to lack of treatment and ultimately irreversible sequelae such as blindness and stroke. Additionally, long term complications such as large vessel aneurysms and increased cardiovascular risk need to be monitored for.
- Treatment consists of long-term prednisone which has significant side effects (e.g. hypertension, psychiatric disturbances, diabetes, osteoporosis and adrenal suppression). GCA therefore remains a diagnosis made by careful clinical evaluation in conjunction with other diagnostic modalities.

Process

- All referrals for suspected GCA should follow this pathway.
- GP's should discuss the case urgently with the on-call Rheumatologist or Ophthalmologist.
- If a patient presents directly to hospital they should also be discussed with the appropriate specialist.
- Further investigations and management will be decided after discussion with the on-call Rheumatologist or Ophthalmologist.
- All patients with eye involvement will be seen urgently by the Ophthalmologists.
- The Rheumatologist will stratify the patient's risk of GCA and request, if appropriate, a vascular ultrasound.
- Vascular ultrasound will be performed within 3 working days of the referral.
- Vascular ultrasound, requested for suspected GCA from any other source will be declined and redirected to discuss with a Rheumatologist.
- If required a temporal artery biopsy will be performed by the vascular surgeons as expeditiously as possible.
- Outpatient follow-up will be arranged by Rheumatology or Ophthalmology as appropriate.

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