

GIANT CELL ARTERITIS

- Commonest Vasculitis in UK

<p>Is patient > 50 Rare (but possible < 50) Mean onset 70 F:M 3:1</p>	y/n
<p>Are inflammatory markers normal? Rare if normal (but still consider if high index of suspicion)</p>	y/n
<p>Does Clinical Presentation fit?</p> <ul style="list-style-type: none"> • SUDDEN onset Sx • headache (can be transient, not always temporal- usually severe and scalp may be tender) • Jaw/ tongue claudication (high specificity, low sensitivity) • Visual symptoms (blurring , diplopia, amaurosis fugax) • 40% PMR sx 	y/n
<p>Are there any signs?</p> <ul style="list-style-type: none"> • 75% temporal artery thick / nodular / tender with reduced pulsation • 25% peripheral arthritis / oedema 	y/n
<p>Has differential diagnosis been considered? eg</p> <ul style="list-style-type: none"> • Malignancy eg weight loss, other sinister findings 	y/n
<p>Have investigations been done?</p> <ul style="list-style-type: none"> • FBC U+Es, LFT, ESR/CRP, CxR, urinalysis • Do not delay referral/ assessment 	y/n
<p>WHEN TO REFER?</p> <ul style="list-style-type: none"> • ALL non-ophthalmic cases NEED RHEUMATOLOGICAL INPUT-DISCUSS WITH ON/CALL RHEUMATOLOGIST : DO NOT REFER ON PAPER OR VIA C+B OR 	y/n

<ul style="list-style-type: none"> • Ophthalmic GCA with acute visual loss- discuss with ophthalmology (as multiple differential diagnoses) 	
<p>PRIMARY CARE TREATMENT- DON'T DELAY</p> <ul style="list-style-type: none"> • Uncomplicated GCA (no jaw claudication or visual symptoms) – prednisolone 40mg / day • Complicated GCA (jaw claudication or visual symptoms - these symptoms predict neuro-ophthalmic complications) – prednisolone 60mg / day or 0.75mg/kg if weight > 80kg, no more than 100mg <ul style="list-style-type: none"> ○ NB: give a 'steroid card' if steroids are needed for more than 3 weeks duration 	y/n
<ul style="list-style-type: none"> • Recommended: Bone protection • <i>Aspirin 75mg - if no contraindications exist</i> • PPI cover -using licenced dose for gastroprotection <p>Preferred approved drugs: omeprazole 20mg OD or lansoprazole 15 mg once daily (increasing, if necessary, to 30 mg daily))</p>	
<p>Reference: http://cks.nice.org.uk/giant-cell-arteritis</p>	