Early Management of Suspected Giant Cell Arteritis

**GP suspects GCA**

**Visual disturbance**

- Perform blood tests (FBC, U+E, LFT, CRP, PV/ESR)
- Start Prednisolone 60-80mg OD (+ PPI) (depending on weight)
- Telephone ophthalmology team immediately for advice*

**No visual disturbance**

- Perform blood tests* (FBC, U+E, LFT, CRP, PV/ESR)
- Start Prednisolone (+ PPI)
  - No jaw claudication: 40mg OD
  - Jaw claudication: 60mg OD

Patient with typical clinical features & > 50 years of age & Raised inflammatory markers

- Request temporal artery biopsy on ICE
- Send urgent written referral to Rheumatology

**YES**
- Telephone Rheumatology for advice◊

**NO**
- GP follow up after one week to check response to Prednisolone
- Continue patient at Prednisolone 40-60mg OD until seen in OP clinic

Based on 2010 BSR Guidelines

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* If the GP practice is unable to take bloods, the patient can attend the phlebotomy room at Royal United Hospital (Open 9.30am to 3.30pm Mon-Fri) GP will need to give a blood test form to the patient.

* Telephone the Eye Clinic on 01225 824403 8.30am-5pm. Out of hours: telephone on call ophthalmologist via RUH switchboard. Note: Sun-Thurs overnight on call covered by Bristol Eye Hospital

◊ GP Advice Line on 07747630875 (11am-1pm); RNHRD switchboard on 01225 465941 (urgent advice outside these hours).