

Giant cell (temporal) arteritis

What is giant cell arteritis (GCA)?

GCA is one of a group of conditions called vasculitis. The word vasculitis means inflammation of the blood vessels. GCA particularly affects the arteries in the head and neck.

Who gets giant cell arteritis?

GCA most commonly affects adults over 60. It is also more common in women and the Caucasian population. In some people, GCA occurs along with polymyalgia rheumatica.

What are the symptoms of GCA?

GCA can cause a wide range of symptoms. You may not have all of these. They can be divided into:

General:

- New, persistent, severe headaches. The headaches can be anywhere on your head but are commonly associated with pain/tenderness over the temples.
- Scalp tenderness and it may be difficult to brush your hair.
- Pain in the jaw or tongue while chewing or talking
- Unintentional weight loss.
- Sweats.

Eye-related:

- Sudden reduction/loss/fluctuation of vision.
- Double vision.

How is GCA diagnosed?

It is important to be aware that you will undergo a number of tests and will likely need frequent hospital visits to start with, so that we can make sure your condition is being treated successfully.

Your diagnosis will be made based on some or all of the below.

- History and examination by a doctor.
- Blood tests which look at the levels of inflammation in your body. You may need multiple blood tests so that we can monitor the inflammation and ensure it is going down.
- Ultrasound scan – detects inflammation around the blood vessels.
- Temporal artery biopsy – a surgical diagnostic procedure done under local anaesthetic, which involves taking a sample of the blood vessel in the temple region. This is then sent to a lab for assessment to determine whether you are likely to have GCA.
- You will be referred to the rheumatology clinic. A rheumatologist will manage your care until the condition is treated/controlled.

What are the treatment options?

- GCA treatment should start immediately after diagnosis to prevent vision loss/stroke.
- Doctors may start treatment before ultrasound/biopsy results are in, if GCA is strongly suspected.
- First-line treatment usually is prednisolone, a corticosteroid. Headaches and other general symptoms often ease quickly with the treatment.
- If you have reduction/loss of vision or double vision, you might be advised to have steroid injections for several days, with further use of the tablets.

You will have to take the tablets for several months. The steroid dose will be reduced slowly by your rheumatologist over the following weeks. If your symptoms return, the steroid dose might be increased again. Steroid treatment could be continued for several years if required. It is important to **let a doctor know if there is a change in your symptoms, even while you are under treatment.**

Are there any side effects of steroid treatment?

The risk of developing side-effects from steroids is increased with higher doses. This is why doctors try to reduce the dose as soon as possible and maintain the lowest dose that keeps symptoms controlled.

Common side effects of steroids include:

- Risk of stomach ulcers. To reduce the risk, you will be given stomach protecting medication.
- Increase in blood pressure and high blood sugar. Have your blood pressure/glucose level (if diabetic) checked regularly. Both of these problems can be treated.
- 'Thinning of the bones' (osteoporosis). To reduce the risk, you will be prescribed bone-protective tablets.

Other steroid side effects include nervy moods, weight gain, and poor sleep. These should improve as the drug dose is reduced. Steroids also increase the risk of muscle weakness, cataracts and skin bruising. Most steroid side effects are temporary.

If you have side-effects from steroids, please contact your GP.

Are there any other drugs used to treat GCA?

- Alternative treatments may include disease-modifying anti-rheumatic drugs like methotrexate, leflunomide, azathioprine and mycophenolate. These drugs dampen down the immune system and help to control GCA symptoms long-term.
- There is also a new drug, called Tocilizumab. It targets key cells within the immune system to stop them causing inflammation. Tocilizumab is used mainly to treat people with recurrent condition or if other treatments haven't worked.

Sources of information

If you experience any **sudden change of vision**, please contact emergency eye clinic:
Telephone: (03001314500), ext: 771735 for the Eye Clinic during the working hours of 08:00 and 17:30.

During the hours of 17:30 and 08:00 hours and weekends or Bank holidays, please phone 0300 131 4500 and ask for the ophthalmic doctor on call.

If you have any **questions about your treatment**, please contact your GP or Rheumatology department via switchboard (Telephone: 0300 131 4500) during the working hours.

Literature:

1. Mackie et al., British Society for Rheumatology guideline on diagnosis and treatment of giant cell arteritis, *Rheumatology*, Volume 59, Issue 3, March 2020.
2. Muratore F, Kermani TA, Crowson CS et al. Large-vessel giant cell arteritis: a cohort study. *Rheumatology (Oxford)* 2015; 54: 463–70.
3. Duru et al., EULAR evidence-based and consensus-based recommendations on the management of medium to high-dose glucocorticoid therapy in rheumatic diseases. *Ann z Rheum Dis.* 2013 Dec;72(12):1905-13. doi: 10.1136/annrheumdis-2013-203249. Epub 2013 Jul 19. PMID: 23873876.
4. Habib HM, Essa AA, Hassan AA. Color duplex ultrasonography of temporal arteries: role in diagnosis and follow-up of suspected cases of temporal arteritis. *Clin Rheumatol.* 2012 Feb;31(2):231-7. doi: 10.1007/s10067-011-1808-0. Epub 2011 Jul 9. PMID: 21743987.

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Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

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After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

This leaflet was developed by Dr Raisah Owasil (ST2) and Miss Anastasia Pilat (Consultant-Ophthalmologist).

The following clinicians have been consulted and agreed this patient information:

Miss Anastasia Pilat – Consultant Ophthalmologist.

Mr Pantelis Ioannidis – Consultant Ophthalmologist, Clinical lead.

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Responsible clinician: Anastasia Pilat, Consultant-Ophthalmologist