

## Giant Cell Arteritis- Primary Care Referral Pathway

### Suspected GCA

Age >50 years  
Recent onset temporal headache  
Scalp tenderness  
Visual symptoms  
Jaw claudication  
Polymyalgia rheumatica

### Treatments:

**Start PREDNISOLONE-** (after urgent bloods)  
**Any degree of new visual symptoms-** 60mg Prednisolone, urgent referral to ophthalmology:  
[9am-5pm 01226 431728 eye clinic triage nurse ]  
[OOH -contact on call consultant via switchboard]  
**No visual symptoms-** 40mg-60mg prednisolone OD  
**All-** gastric protection - Commence PPI  
**All-** commence calcium /vitamin D supplementation  
(Rheumatology department will manage other bone protection investigations and treatment)

### Investigations:

Urgent same day bloods - FBC, ESR, CRP, HbA1C, U & E

NEW CRP >20 +  
or ESR >50

No

- GCA highly unlikely  
- Consider alternative diagnosis  
- Stop glucocorticoids

Yes

Any visual symptoms?

Yes

### **Ophthalmology**

- Refer to ophthalmology (same day) for urgent review  
- 9am-5pm 01226 431728 eye clinic triage nurse  
- OOH -contact on call consultant via switchboard

No

### **Rheumatology**

- Commence prednisolone as above  
- Refer directly via RAS marked **urgent**  
- Confirm receipt on phone  
(secretaries on 01226 432387 or 2421)  
or via email (barnsley.rheumatology@nhs.net)  
- Give safety net advice- to present to A & E if develops visual symptoms.

A clinical response to steroids is expected in the first few days of steroid therapy. Inflammatory markers may take up to a month to normalise.