

# Clyde Rheumatology referral pathway for patients with suspected Giant Cell Arteritis (GCA)

## Major features of GCA

### Visual Symptoms

New or evolving loss of acuity  
Blurring  
Diplopia  
Amaurosis Fugax

### Urgent ophthalmology

**Tel: 0141 211 1030**

(or via switchboard to  
oncall ophthalmologist)

**60mg Prednisolone**

In some exceptional cases an  
admission for IV Methylprednisolone  
may be required.

### Headache

Scalp tenderness  
Temporal artery swelling  
Severe persistent pain,  
often disturbs sleep

### Jaw Claudication

Facial or jaw pain when  
chewing or opening mouth

### Polymyalgia Rheumatica

Symmetrical early morning  
stiffness affecting neck, shoulders  
and pelvic girdle

### Systemic Features

Weight loss, sweats or fever

- Age > 50 years
- Acute or subacute onset
- Raised CRP and/or ESR  
(or results awaited)

### URGENT FAST TRACK GCA PATHWAY

Advice within  
24 hours

Diagnostic ultrasound  
scan within 3 days

Immediate SCI Gateway referral headed  
"FAST TRACK GCA PATHWAY"

Please also telephone for advice

**Commence 40mg Prednisolone**

**(any patient with jaw claudication requires 60mg)**

Start PPI, bone protection. There is no routine indication for aspirin.

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