**Bristol Royal Infirmary GCA Pathway**

Suspected GCA pathway

**# Blood tests**

FBC, U+E, LFTs, Bone profile, CRP, PV/ ESR

Age >50

(Mostly >60yo)

Acute/ subacute onset

Symptoms suggestive of GCA\*

**Without visual symptoms**

1. Take blood tests#.
2. **Monday – Friday 8am-4pm**

* Discuss with Rheumatology SpR on-call bleep 7021 via switchboard (0117 923 0000).
* Start treatment and send referral letter to rheum.eia&ctdvas.cliniccoordinator@uhbw.nhs.uk if agreed for review at GCA clinic.

1. **Out of hours**

* Start treatment.
* Contact Rheumatology SpR on-call send referral letter (as above) the next working day.

**Treatment** (do not delay treatment whilst waiting for blood results)**:**

* Prednisolone 40mg OD + PPI or
* Prednisolone 60mg OD + PPI if features of complicated GCA (jaw or tongue claudication)

**Associated with NEW visual symptoms**

1. Take blood tests#.
2. Start Prednisolone 60mg once daily with PPI cover (do not delay treatment whilst waiting for bloods).
3. Urgent ophthalmology review

* Contact on-call ophthalmology SpR (via switchboard **0117 923 0000**, available 24/7).

Visual symptoms defined as

* Diplopia - recent onset, transient or persistent
* Transient loss of vision - severe sight loss in one eye with recovery within seconds or minutes
* Loss of vision – recent onset, rapidly progressive sight loss over hours to days or sudden loss of vision in one or both eyes

**\* Symptoms suggestive of GCA**

* Age over 50 years (typically over 60 years)
* Jaw/tongue claudication
* New headache
* Scalp pain and tenderness
* Temporal artery tenderness or reduced temporal artery pulse
* Visual symptoms and signs If present, contact the Eye Hospital.
* Limb claudication (associated large vessel vasculitis)
* Associated PMR symptoms and systemic upset