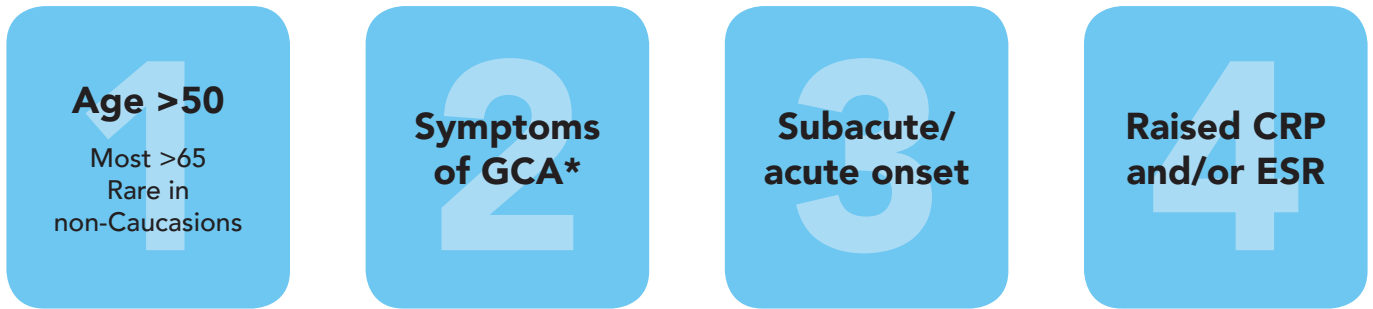
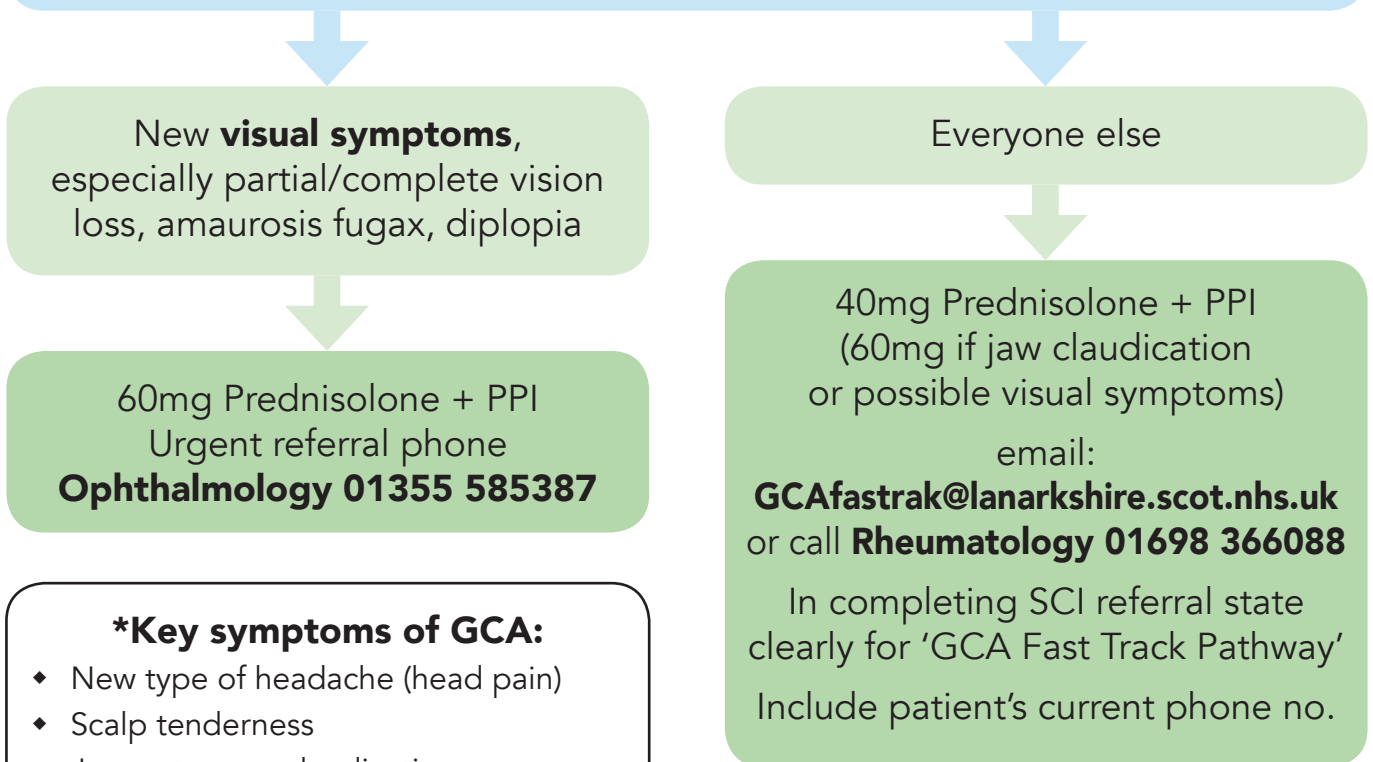


# Fast Track Giant Cell Arteritis Referral Pathway



**\*\*All 1-4 present? Refer to GCA Fast Track Pathway**



## **\*Key symptoms of GCA:**

- ◆ New type of headache (head pain)
- ◆ Scalp tenderness
- ◆ Jaw or tongue claudication
- ◆ Visual (amaurosis fugax, double vision)
- ◆ Limb claudication
- ◆ Abnormal temporal artery

Often in conjunction with:

- ◆ PMR
- ◆ Systemic upset

\*\*If 1-4 not present, patients will be triaged outside the fast track pathway. Use probability score as a guide (on reverse); If you need advice contact on-call Rheumatologist via switch board.

## **Aims of the GCA Fast Track Service**

- ◆ Provide rapid access to specialist clinical assessment, temporal artery ultrasound, biopsy and other imaging for those with possible GCA
- ◆ Provide a secure diagnosis in as many patients as possible
- ◆ Reduce rate of sight loss and stroke in GCA
- ◆ Minimise the impact of Prednisolone in those who don't have GCA

# GCA probability score

Weightage	-3	0	1	2	3	
Age		≤49	50-60	61-65	>65	
Sex			M	F		
Onset		>24 weeks	12-24 weeks	6-11 weeks	<6 weeks	
CRP		0-5	6-10	11-24	≥25	

Symptoms	-3	0	1	2	3	
Cranial: Head and scalp pain		N	Y			
Constitutional (weight loss, night sweats, pyrexia)		N	Single		Combination	
Polymyalgia		N		Y		
Ischaemic (unilateral blurring, diplopia, amaurosis, jaw/tongue pain)		N			Y	

Signs	-3	0	1	2	3	
Visual (AION, CRAO, Field loss, RAPD)		N			Y	
Temporal artery abnormality		N	tenderness	thickening	loss of pulse	
Extra-cranial artery abnormality		N	thickening	bruit	loss of pulse	
Cranial N palsy (3.4.6)		N			Y	

Alternative diagnosis	-3	0	1	2	3	Score
Active infection	Y	N				
Active cancer	Y	N				
Systemic rheumatic diseases	Y	N				
Head and neck pathology	Y	N				
Other	Y	N				

Total score	

**Total score ≥10 patients at risk of GCA**

**Total score <10 likely not GCA, do not start prednisolone**