Giant Cell Arteritis – Temporal Arteritis

Giant cell arteritis (GCA) is a condition which causes inflammation on the inside of some blood vessels (arteries). It is called 'giant cell' because abnormal large cells develop in the wall of the inflamed arteries. The arteries commonly affected are those around the head and neck area. One of the arteries that is commonly affected is the temporal artery. You have a temporal artery on each side of the head. They are under the skin to the sides of the forehead - the temple area. Therefore, the condition is sometimes called temporal arteritis. Several arteries may be affected at the same time.
GCA is uncommon and mainly affects people over the age of 60 years. It rarely affects people aged under 50 years. Women are more commonly affected than men. The cause is not known.

Symptoms of Temporal Arteritis

Headache is the common symptom. It occurs in about two thirds of people with giant cell arteritis (GCA). Typically, it is mainly towards the front and sides of the head.

Tenderness of the scalp over the temporal arteries is common. You may be able to feel one or both of the inflamed temporal arteries under the skin, or see them in a mirror.

Pain in the jaw muscles while eating or talking. This occurs in nearly half of affected people. The pain eases when you rest the jaw muscles.

Visual disturbances: permanent partial or complete loss of vision in one or both eyes occurs in up to 1 in 5 affected people and is often an early symptom. People who are affected typically report a feeling of a shade covering one eye, which can progress to total loss of vision. The eye is not painful. If untreated, the second eye is likely to become affected within 1-2 weeks, although it can be affected within 24 hours. Urgent treatment is therefore essential. A temporary loss of vision in one eye or double vision (diplopia) may occur as a 'warning' symptom before any permanent visual loss.

Some general symptoms also commonly occur. These include tiredness, depression, night sweats, fever, loss of appetite, and weight loss. These may develop gradually and may be present for weeks or even months before a specific symptom such as headache or visual loss develops.

Possible Complications of Giant Cell Arteritis

Complications are much less likely to occur if treatment is started soon after symptoms begin.
Possible complications include the following:

Total loss of vision in one or both eyes

If an affected blood vessel (artery) becomes very swollen (inflamed), the blood supply going down that artery can become blocked. The most common arteries this affects are the small arteries going to the eye. If one of these arteries becomes blocked it can cause permanent, serious visual problems, even total loss of vision, in the affected eye.

Total or partial loss of vision may occur in up to 1 in 5 people with untreated giant cell arteritis (GCA). Once vision is lost, there is little chance of recovery of vision, even with treatment. Therefore, treatment is aimed at preventing visual loss or, if visual loss has occurred in one eye, to prevent loss in the other eye. However, even with treatment, visual loss occurs in up to 1 in 20 cases.

Problems related to other arteries being affected

Other serious complications sometimes develop if the inflammation occurs in other arteries. For example, serious complications can include a heart attack, an aortic aneurysm, a stroke, damage to nerves, or deafness (caused by a blocked artery in the brain).

Tests for Temporal Arteritis

A blood test can detect if there is inflammation in your body. This is the erythrocyte sedimentation rate (ESR) test or the C-reactive protein (CRP) test. If the blood test shows a high level of inflammation and you have the typical symptoms, then giant cell arteritis (GCA) is likely. However, the blood test is not specific for GCA (it can also be high in other inflammatory disorders). Also, some people with GCA have a normal blood test.
To confirm the diagnosis a doctor may take a small part of the temporal artery (a biopsy) to look at under a microscope. If you have GCA a doctor can see the inflammation and abnormal giant cells in the sample of the blood vessel (artery) wall.

Temporal Arteritis Treatment

If giant cell arteritis (GCA) is suspected, treatment is usually started straightaway with steroids (40mg or 60mg depending on whether visual symptoms are present) - even before a sample is taken (a biopsy) to confirm the diagnosis. The main aim is to reduce the risk of possible complications. The second aim is to relieve the headache and any other symptoms.

Steroid tablets

A steroid medicine such as prednisolone is the usual main treatment. Steroids work by reducing inflammation. After starting treatment, symptoms usually ease within a few days.
A high dose of steroid is started at first, usually about 60 mg per day. This is then reduced gradually to a lower 'maintenance' dose. It may take several months to reduce the dose gradually. The maintenance dose needed to keep symptoms away and prevent complications varies from person to person. Usually it is around 10 mg per day.
In some people the condition goes away after 2-3 years, allowing the steroid treatment to be gradually withdrawn. This should always be done under supervision of a doctor. However, many people need treatment for several years, sometimes for life.

Following confirmation on biopsy of GCA then the following medication may also be commenced:

A proton pump inhibitor (PPI)
A medicine to prevent 'thinning of the bones' (osteoporosis)

Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.
Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.
If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.
If you are unable to understand this leaflet, please communicate with a member of staff.

For additional medical advice, if your symptoms or condition worsens:

Contact your GP

NHS 111:	Telephone 111
Get help with your symptoms, NHS111:	https://111.nhs.uk/
Information to help you manage your health:	www.nhs.uk

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB

Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ

Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD

Tel: 01905 760743