Provincial Giant Cell Arteritis Primary Care Clinical Pathway

1. History

≥50-year-old patient presents with any of the following:

- Jaw claudication (pain in jaw brought on with prolonged chewing and alleviated by rest)
- Scalp tenderness
- Visual disturbance (blurred vision, diplopia, partial or complete field loss, uniocular concerns)
- New onset headache (lasting >24 hours, not relieved by over-the-counter meds)
- New onset limb claudication
- If patient also has Polymyalgia rheumatica symptoms (e.g., >1hr AM stiffness neck, bilateral shoulders, and/or hip stiffness/pain) this would increase suspicion of GCA.

2. Red Flag(s)

- *Vision loss or diplopia* – ***Call Ophthalmology for Advice and continue on the pathway***
- *Symptoms of Stroke* – ***Call 911***
- *Thunderclap headache, exertional headache or severe headache on anticoagulation* – ***Send to Emergency Department***

3. Assessment for GCA Differential Diagnosis

- Palpate temporal arteries for tenderness or reduced and/or asymmetrical pulse
- Palpate bilateral upper and lower pulses (radial/posterior tibial) for symmetry
- Bilateral brachial blood pressure
- Visual field testing
- Listen for bruits (carotid, subclavian, and femoral)
- Assess shoulders and hips for tenderness and range of motion to screen for PMR

4. Investigation(s)

- CRP STAT*

Also include non-stat:

- CBC, ALT, Creatinine

*If your clinical suspicion is moderate to high and CRP cannot be performed stat, consider sending patient to Emergency Dept.

5. Perform Southend GCA Probability Score

Guidance for completing the score:

- Under symptoms, *constitutional symptoms* include drenching night sweats, fever, and/or weight loss.
- *Ischemic symptoms* include to jaw claudication, unilateral diplopia, blurred vision or amaurosis fugax (transient monocular vision loss).

What was patient's risk of having GCA?

Low Risk

Intermediate or High Risk

6a. Primary Care Management:

GCA diagnosis extremely unlikely.

Consider Alternative Diagnoses and Resources:

- Headache & Migraine clinical pathway
- Shingles
- Dental caries (cavities) or abscess
- Trigeminal neuralgia
- Lower Limb Ischemia clinical pathway
- TMJ Dysfunction clinical pathway

6b. Call Rheumatology on call

and be prepared to start 40-60mg prednisone.
See referral guideline tab for details.

If put on prednisone, consider:

Prescribe a bisphosphonate (if not contraindicated) for osteoporosis prevention, order a BMD and calculate and manage CV risk.

Prescribe a PPI for gastric protection.

7. Non-Urgent Advice

If unsure at any time consult Rheumatology.
See referral guideline tab for details.