'Fast track' approach to giant cell arteritis significantly reduces risk of blindness

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A new study presented at EULAR 2013, the Annual Congress of the European League Against Rheumatism, shows that rapid evaluation for Giant Cell Arteritis (GCA) by Color Doppler Ultrasound (CDUS) followed by immediate initiation of treatment (if required) significantly reduces permanent vision loss.

Of the patients evaluated by the "fast track" principle from March 2010 to December 2012, 11.1% had transient visual manifestations, and none went on to suffer from permanent visual loss.

GCA is a condition in which medium and large-size arteries, usually in the head and neck, become inflamed (sometimes referred to as temporal arteritis). Symptoms of GCA, which include aching and soreness in and around the temples, jaw pain while eating, and loss of vision, often develop suddenly. Permanent visual loss is one of the most serious complications of GCA; in one study, visual manifestations were reported in 26% of patients, and permanent visual loss in up to 15%.2

Speaking on behalf of the SONOVAS study group, Dr. Andreas P. Diamantopoulos from the Department of Rheumatology, Hospital of Southern Norway Trust, Kristiansand, Norway said: "Giant cell arteritis should be regarded as a medical emergency because without prompt treatment it can lead to permanent blindness. Our data suggests that a fast-track approach significantly reduces this risk, encouraging findings that will now need to be confirmed in larger groups of patients."

This was in marked contrast to the results seen in the 28 patients who were traditionally evaluated between March 2010 and February 2012. In this group, visual disturbances were observed in seven patients, of whom six (21.5%) suffered from permanent vision loss in one or both eyes. The difference between the two groups with regard to permanent visual loss was statistically significant (p=0.035).

Patients suspected to have GCA were consecutively evaluated between March 2010 and December 2012 using colour Doppler ultrasound (CDUS). The "fast- track" principle (quick evaluation by CDUS within 24 hours, and immediate initiation of treatment if appropriate) was implemented in the outpatient clinic from March 2012.

During the evaluation period, a total of 46 patients were diagnosed with GCA. All of these patients fulfilled the ACR Classification Criteria for GCA* and produced a positive CDUS result of the temporal artery.

More information: * American College of Rheumatology Classification Criteria for GCA: at least two of the following five criteria (i) age more than 50 years (ii) new headache (iii) superficial temporal artery (STA) tenderness or decreased pulsation (iv) elevated ESR more than 50 mm in the first hour, and (v) abnormal findings on temporal artery biopsy.

1.Diamantopoulos AP et al., The "fast track" giant cell arteritis outpatient clinic: a useful tool to reduce the morbidity of disease? [abstract]. EULAR Annual European Congress of Rheumatology; 12-15 June 2013; Madrid, Spain. Abstract nr. OP0207

2.Gonzalez-Gay MA, Garcia-Porrua C, Llorca J, et al. Visual manifestations of giant cell arteritis. Trends and clinical spectrum in 161 patients. Medicine. 2000; 79 (5):283-92

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