

## **Temporal Arteritis Protocol**

This can be a medical emergency leading to blindness so prompt investigation and treatment is required.

**History:** age >60 (50 rarely), temporal headache, jaw claudication, visual disturbance,

**Examination:** to confirm symptoms or signs as in history, check for signs PMR (proximal pain, stiffness, weakness)

**Investigation:** CRP

if elevated ring registrar at hospital to get a temporal artery biopsy (which should be done within 2 weeks)

**Treatment:** start prednisone 40-60mg daily till result of biopsy available

### These patients should be biopsied

Patients need to be >50 years (indeed more likely to be >60)

They need to have an elevated acute phase response (usually an elevated CRP but ESR or another marker may be a pointer on very rare occasions)

They have a symptom suggestive of temporal arteritis (temporal headache, abnormal temporal artery, jaw claudication, sudden visual loss, and diplopia)

### Biopsy should be considered after consideration of alternative diagnoses

Systemic inflammation (usually CRP+++ ESR+++ ) in the elderly without clear organ specific symptoms

Someone under 50 with a strong clinical picture of Giant Cell Arteritis (GCA)

### Biopsy is not usually needed

Polymyalgia rheumatica without symptoms of GCA (temporal headache, abnormal temporal artery, jaw claudication, sudden visual loss, diplopia) responding as one might expect (normalization of symptoms, within 1-2 days of prednisone 10-15mg along with near normalization of ESR/CRP)

PMR that doesn't behave like PMR is usually not PMR, but a subgroup of PMR not behaving like PMR will need to be biopsied (sooner rather than later)

PMR not behaving like PMR usually need steroid reduction and further investigation NOT more steroids