GCA service evaluation and value of the GCA probability score (GCAPS)

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Introduction

Giant cell arteritis (GCA) is a chronic vasculitis characterized by granulomatous inflammation in the walls of medium and large arteries, usually affecting people ≥50 years. Complications may be prevented by prompt diagnosis and treatment with adequate doses of corticosteroids, as per NICE guidance.

Weightage	-3	0	+1	+2	+3
Demographics					
Age (years)		≤49	50-60	61-65	≥66
Sex			M	F	
Duration					
Onset of symptoms		>24 weeks	12-24 weeks	6-12 weeks	<6 weeks
Laboratory					
CRP		0-5 mg/L	6-10 mg/L	11-25 mg/L	≥25 mg/L
Symptoms					
Headache		N	Y		
Polymyalgic		N		Y	
Constitutional		N	Single		Combination
Ischaemic		N			Y
Signs					
Visual (AION, CRAO, Field loss, RAPD)		N			Y
TA abnormality		N	Tenderness	Thickening	Pulse loss
Extra-cranial artery abnormality		N	Thickening	Bruit	Pulse loss
Cranial nerve paisy		N			Y
Alternative					
Infection	Y				
Cancer	Y				
Systemic Rheumatic diseases	Y				
Head and neck pathology	Y				
Other	Y				
Total score					

Figure 1 GCA probability score (adapted from Laskou et al). AION - anterior ischemic optic neuropathy; CRAO - central retinal artery occlusion; CRP - C-reactive protein; RAPD - relative afferent pupillary defect; TA - temporal artery. Score: Low <9, Medium 9-12, High >12.

Methodology

A retrospective study was conducted to review patients with suspected GCA who presented to Royal Bournemouth Hospital between 01/10/2020-31/10/2021. A total of 17 GCA suspects were identified using the hospital's electronic patient records. The GCA suspects' management and referral pathway were reviewed against NICE guidance.

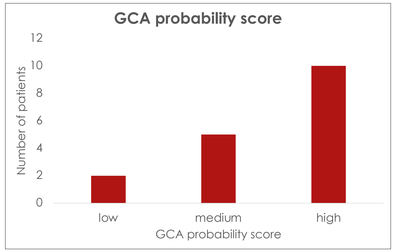
Results

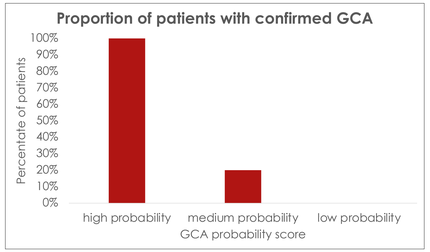
Of the 17 patients with suspected GCA at presentation, 65% had confirmed GCA and only 29% of patients had ocular-involving GCA.

The primary referral source was general practice (53%). Prior to presentation to the eye unit, 59% had commenced prednisolone treatment but only 18% had received the recommended dose of ≥60mg. Only 24% of patients had all the required bloods tests, i.e. FBC, CRP and ESR. Investigations to confirm diagnosis included temporal artery biopsy (29%) and ultrasound examination (88%).

Using the GCA probability score (GCAPS) (Laskou et al, 2019), 100% of the confirmed GCA patients had a high probability score, 20% a medium probability score and 0% a low probability score.

Results





Conclusion

Referral of suspected GCA patients, following an objective measure of visual acuity, should be discussed with the on-call ophthalmology registrar. When possible, blood tests should be done in the community, including FBC, CRP & ESR with consideration of corticosteroids treatment, as per NICE guidance. This service evaluation highlighted the value of the GCAPS in acute diagnosis and management

Reference: Laskou F , Coath F , Mackie SL , Banerjee S , Aung T , Dasgupta B. A probability score to aid the diagnosis of suspected giant cell arteritis. Clin Exp Rheumatol 2019; 37 (Suppl. 117): S104-S108.