

Closing the Gap in Visual Rehabilitation for GCA: Current Practice and Implementation of an Ophthalmology-Led Support Pathway



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Background

Giant Cell Arteritis (GCA) is a medical emergency that can result in irreversible visual loss if not recognised and treated promptly. Current national guidance strongly emphasises rapid diagnosis, urgent corticosteroid therapy, and timely specialist review to minimise the risk of permanent sight impairment (1,2). Despite advances in acute management, patients who experience visual loss secondary to GCA often face significant long-term functional and psychosocial consequences.

Visual impairment can substantially affect independence, mobility, driving, mental wellbeing, and overall quality of life (3). Supportive interventions such as low vision services, Eye Clinic Liaison Officer (ECLO) referral, occupational therapy input, and signposting to charitable organisations may therefore play an important role in holistic patient care. However, compared with acute treatment pathways, there is relatively limited emphasis on structured rehabilitation and post-vision-loss support within routine clinical practice (1,2)

This quality improvement project evaluated adherence to acute management standards and the provision/documentation of rehabilitation support for patients with GCA-related visual loss within a district general hospital setting. Audit standards were derived from the British Society for Rheumatology (BSR) and European Alliance of Associations for Rheumatology (EULAR) guidelines, including prompt corticosteroid initiation, timely rheumatology and ophthalmology review, and appropriate escalation of care (1,2).

Results

Twenty patients with confirmed GCA-related visual loss were identified over the study period. Adherence to acute management standards was generally high, with most patients receiving prompt corticosteroid therapy and timely specialist review in accordance with BSR and EULAR guidance.^{1, 2}

In contrast, documentation of rehabilitation and post-vision-loss support measures was inconsistent. Referrals to low vision services, ECLO support, DVLA advice, occupational therapy, and charitable organisations were infrequently documented within patient records.

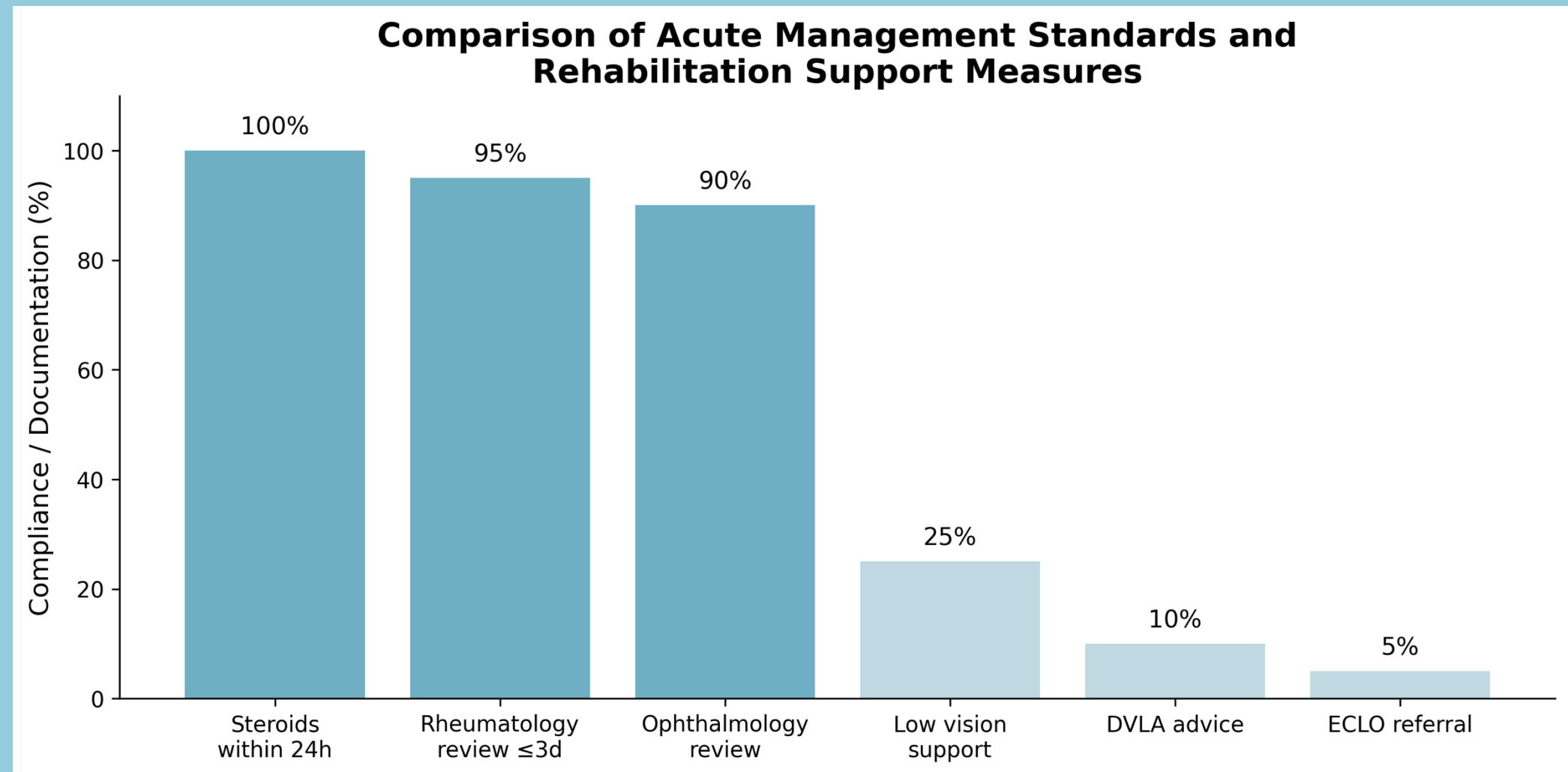


Figure 1: Comparison of acute management standards and documentation of rehabilitation support measures in GCA-related visual loss

Key Findings

- Acute management standards were generally well adhered to
- Documentation of rehabilitation/support measures was inconsistent
- Referral pathways varied considerably
- Low vision support and DVLA advice were infrequently recorded
- Findings prompted further evaluation of clinician practice through consultant survey

An anonymous survey among rheumatology consultants demonstrated that clinicians routinely consider the functional impact of visual loss in GCA. However, awareness of referral pathways and confidence in available rehabilitation services varied considerably.

Retrospective review findings suggested supportive interventions were not consistently documented or delivered through structured pathways, potentially contributing to variation in patient access to rehabilitation services.

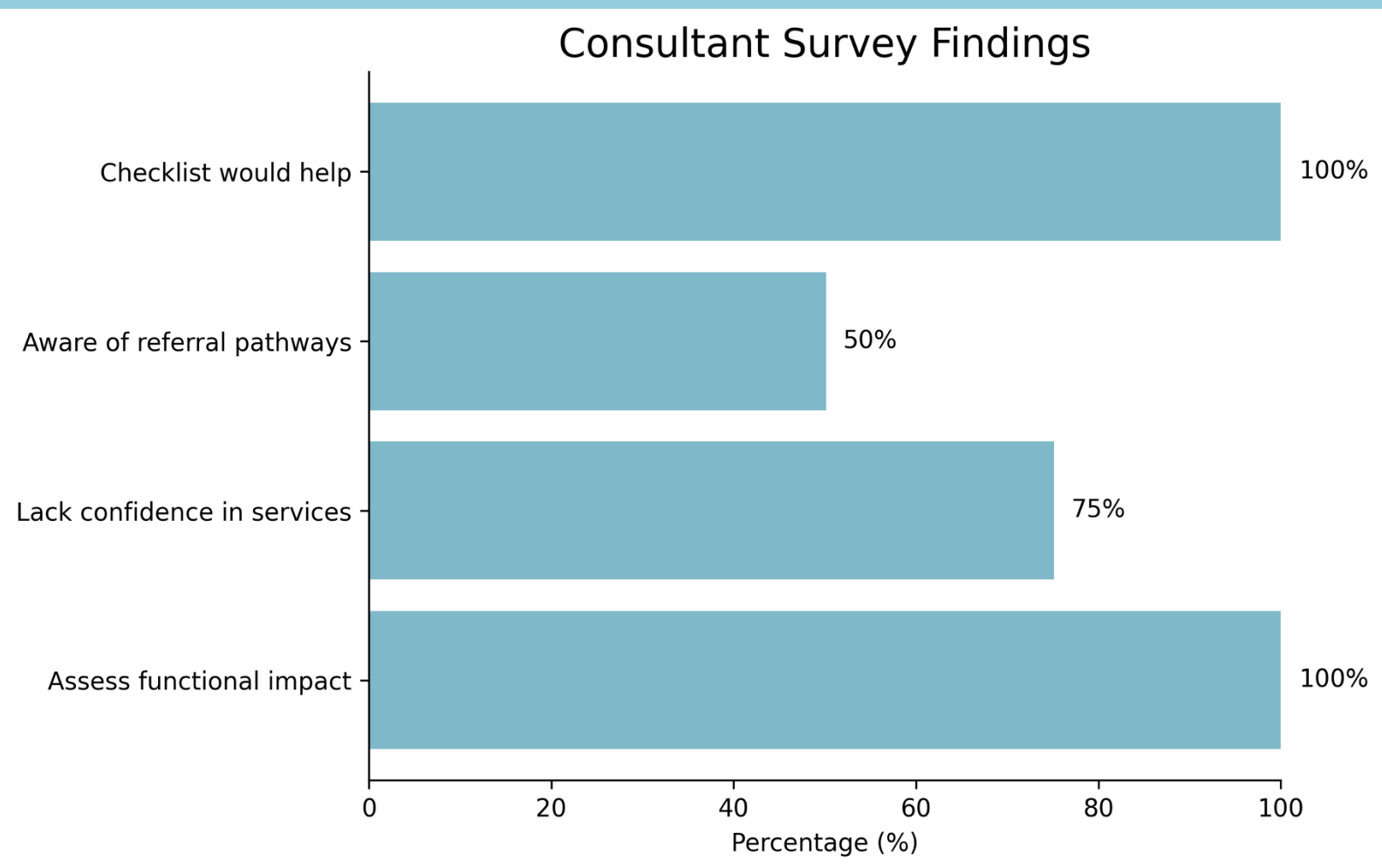


Figure 2: Consultant Rheumatology Survey Findings on Visual Rehabilitation Support

Methodology

A retrospective quality improvement audit was conducted at a district general hospital evaluating patients with confirmed Giant Cell Arteritis (GCA)-related visual loss over a three-year period. Electronic patient records were reviewed to assess adherence to acute management standards and documentation of post-vision-loss support measures.

Data collected included:

- timing of corticosteroid initiation
- rheumatology review
- ophthalmology involvement
- imaging and diagnostic investigations
- visual outcomes
- documentation of rehabilitation and support interventions

Audit standards were derived from British Society for Rheumatology (BSR) and European Alliance of Associations for Rheumatology (EULAR) guidance (1,2).

Standards assessed included:

- prompt corticosteroid treatment
- timely rheumatology review
- ophthalmology assessment for visual symptoms
- documentation of supportive interventions where appropriate

Following retrospective review findings, an anonymous survey was distributed among rheumatology consultants within the department to further explore current practice surrounding rehabilitation support for patients with permanent visual impairment secondary to GCA.

Survey questions assessed:

- clinician confidence in available support services
- awareness of referral pathways
- routine assessment of functional impact
- referral practices to rehabilitation and support services

Collected data were analysed descriptively using percentages and frequency distributions.

Quality Improvement Intervention

In response to the identified variation in rehabilitation support and clinician uncertainty regarding referral pathways, a structured ophthalmology-led support pathway was developed to promote more consistent holistic care for patients with GCA-related visual loss.

Structured Rehabilitation Support Pathway

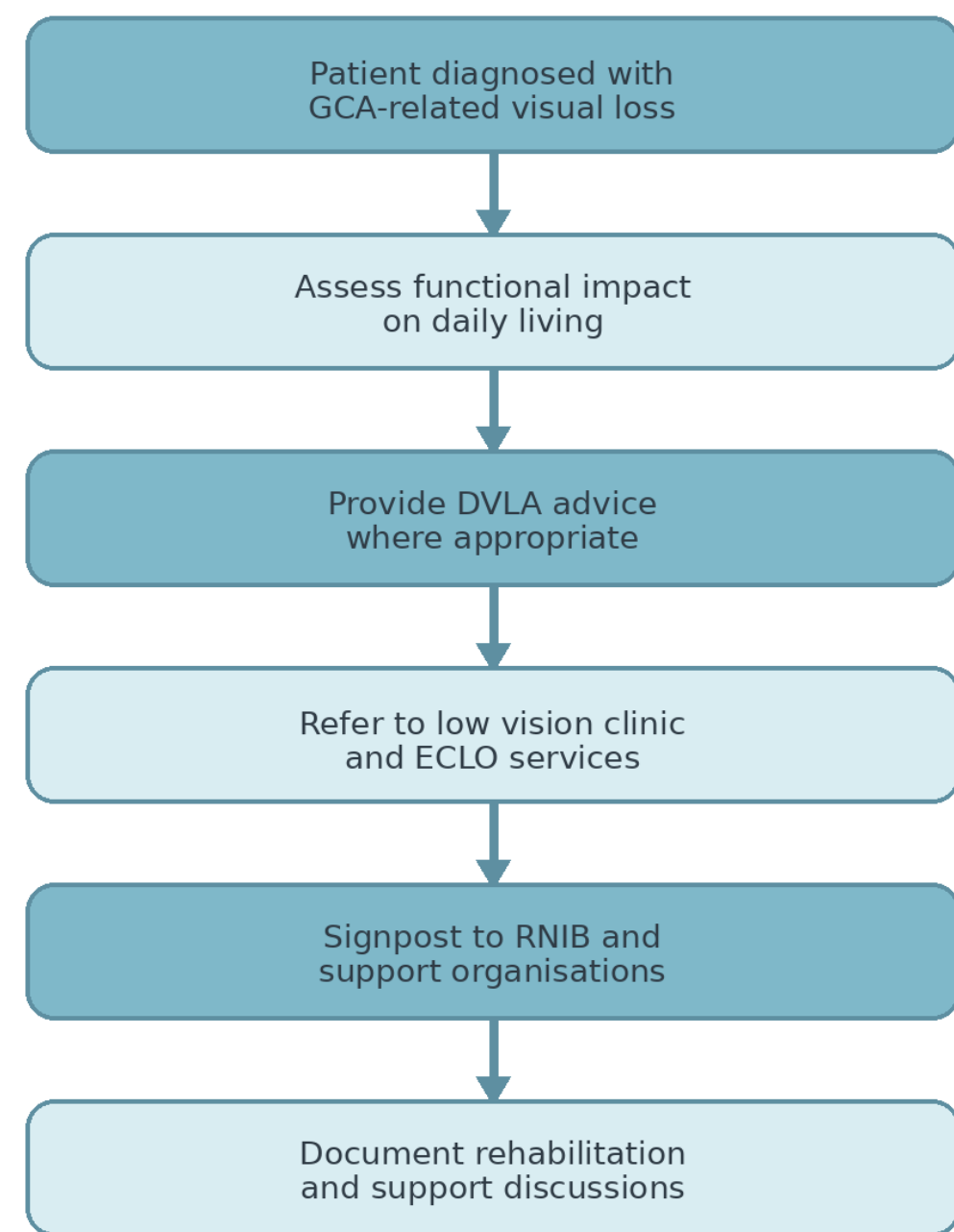


Figure 3: Proposed structured rehabilitation support pathway for patients with GCA-related visual loss

Conclusion

Acute management of GCA-related visual loss was generally well aligned with current guideline standards, with high rates of prompt corticosteroid therapy and specialist review. However, documentation and delivery of post-vision-loss rehabilitation support were inconsistent, with considerable variation in referral practices and awareness of available support pathways.

Consultant survey findings suggested supportive discussions frequently occur in clinical practice, but are not consistently delivered through structured or well-defined rehabilitation pathways. Introduction of a standardised support checklist and referral pathway may help improve documentation, reduce variation in care, and promote more holistic management of patients with permanent visual impairment secondary to GCA.

References

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3. World Health Organization. *World report on vision*. Geneva: World Health Organization; 2019.