

## **Primary Care Referral Pathways to Rheumatology Services at RNHRD**

### **Temporal Arteritis**

**Key Message:** ALL CASES OF SUSPECTED TEMPORAL ARTERITIS SHOULD BE REFERRED URGENTLY.

If the patient has new visual disturbance, then speak to the on-call ophthalmologist IMMEDIATELY for advice, and do not refer via this pathway.

**Please note:**

Temporal arteritis is rare in patients <55 year of age.

Risk increases with age.

Typical symptoms include:

- New headache responding poorly to analgesia
- Raised inflammatory markers
- Systemic upset

**To refer a patient please:**

- Take urgent bloods: Plasma viscosity, CRP, FBC, U&E and LFT

- Initiate treatment: All suspected cases should receive treatment without delay. Guidelines recommend: 60mg prednisolone daily if complicated e.g. visual disturbance and/or jaw claudication, or 40mg prednisolone daily if uncomplicated.

- Refer suspected cases of GCA (without visual symptoms) to Rheumatology via Cinapsis. GCA referral templates are available via ARDENS.

- If you do not have access to Cinapsis, please email a completed referral form along with a summary of the patient's medication and comorbidities to [ruh-tr.RNHRDRheumatologyReferrals@nhs.net](mailto:ruh-tr.RNHRDRheumatologyReferrals@nhs.net)

This form can be downloaded here:

[LINK TO ARDENS FORM HERE](#)

**If a patient is <55 years or with atypical symptoms, please discuss with rheumatology prior to referral. (Rheumatology registrar via RUH switchboard or through Cinapsis)**

**DO NOT DELAY TREATMENT OR REFERRAL IF BLOOD RESULTS NORMAL** as some patients do not have abnormal bloods at diagnosis or when symptoms relapse