

Information for Patients

Temporal Arteritis (Giant Cell Arteritis)

Your eye doctor has advised you that you have a condition called Temporal Arteritis. This leaflet will help you understand your condition and the treatment options. You might want to discuss this information with a relative or carer. If you have any questions, you may want to write them down to help you remember to ask one of the hospital staff at your next visit.

What is Temporal Arteritis?

Temporal Arteritis is a condition that causes inflammation of the lining of the temporal artery resulting in blockage of the artery and of blood flow. (You have a temporal artery on each side of your head under the skin in the temple area). It is also known as Giant Cell Arteritis, as large abnormal cells develop in the inflamed arteries. The arteries commonly affected are those in the head and neck area, the most common one being the temporal artery. It is different from arthritis which is a joint inflammation, for example rheumatoid arthritis. Temporal Arteritis mainly affects people over the age of 60 and women are more commonly affected than men. It is rare for people under the age of 50 to be affected. The cause is not known.

What are the symptoms?

Headache

- This is a common symptom and may develop suddenly or come on gradually over days or weeks. The headache is mainly towards the front and side of your head.

Scalp Tenderness

- Scalp tenderness is common and is often noticed when brushing or combing your hair.

Other symptoms

- These may include pain in your jaw particularly when chewing food.
- Blurring of vision or a sudden loss of vision for a short period of time.
- You may also feel tired, depressed, have night sweats and appetite and weight loss.

How is it diagnosed?

A blood test will be performed and the results are available within approximately two hours, and you may be asked to wait at the hospital for the blood results. The blood test can detect if there is inflammation in your body. However, it is not specific for this condition and may be high if you suffer with any other inflammatory type of conditions for example rheumatoid arthritis. Because of this the doctor may wish to confirm the diagnosis by performing a temporal artery biopsy.

What is the treatment?

If Temporal Arteritis is suspected, treatment is normally started straight away as complications are less likely to occur if treatment is started as soon as the symptoms begin. The aim of the treatment is to reduce the inflammation within the artery and relieve the symptoms.

Steroid tablets (Prednisolone) are the usual choice of treatment starting with a high dose which is then gradually reduced to a maintenance dose. Many people require treatment for a number of years, sometimes for life.

What are the complications of Temporal Arteritis?

If Temporal Arteritis is left untreated not only can it lead to visual loss in the affected eye but also in the other eye. The aim of treatment is to prevent further damage to the sight in the affected eye, protect the other eye, and prevent stroke and other complications.

What are the complications of a Temporal Artery Biopsy?

The most common complication is a haematoma (bruise). As with any other type of operation, bleeding, infection and scarring may also occur. Partial paralysis of the facial muscles due to damage of the facial nerve may occur although this is rare.

Some points about steroid tablets

Steroid tablets have many effects on the body. It is important that you understand the effects that steroids may have on you. The effects vary from person to person and depend on the dose that you are taking and the length of time that you take it for.

- Do not stop steroid tablets suddenly. Once your body is used to steroids, if you stop suddenly you may get serious withdrawal effects.
- Do not take anti-inflammatory painkillers whilst you take steroids unless advised by a doctor. The two together increase your risk of developing a stomach ulcer.
- Most people who take regular steroids carry a 'steroid card'. This gives details of your dose and condition in case of emergencies.
- If you are ill with other conditions, or have surgery, the dose of steroid may need to be increased for a short time. This is because you need more steroids during physical stress.
- Regular weight bearing exercise, a diet rich in calcium (which is found in dairy products), and avoidance of excessive alcohol and smoking can help to avoid some of the side effects of steroids.

Side effects

Every effort is made to reduce the side effects of steroid treatment. However, prednisolone is a potent drug. There is no drug useful for the treatment of Temporal Arteritis that is entirely free of potential or actual side effects.

The risk of developing side-effects from steroids is increased with higher doses. This is why the dose used is the lowest that keeps symptoms away.

Possible side-effects from steroids include:-

- Osteoporosis ('thinning of the bones'). You can take a medicine to help protect against this if you are at increased risk (for example, if you are 65 years or older, or have a history of fractures).
- Weight gain.
- Increased chance of infections, in particular, a severe form of chickenpox. However, most people have had chickenpox in the past and are immune to it. If you have not had chickenpox, you should avoid contact with people who have chickenpox or shingles. Tell a doctor if you come into contact with anyone with these conditions.

- Increase in blood pressure.
- High blood sugar.

Although the above points have to be mentioned, do not be put off by steroids. The prevention of serious complications usually outweighs the risk of side-effects from the steroids used for this condition.

A leaflet entitled 'Treatment with Prednisolone tablets' is available and should be read along with this leaflet as it details all the potential complications of steroid treatment. Please ask a member of staff for this leaflet.

If you require any further information or wish to discuss any of the potential complications outlined in this leaflet, please speak to a member of the nursing or medical staff in the clinic or your GP.