MANAGING YOUR GIANT CELL ARTERITIS

What Is Giant Cell Arteritis?

Giant cell arteritis is a condition that causes arteries to become inflamed or swollen. It's also called temporal arteritis because the temporal arteries, which are at the temples on both sides of the head, are the ones usually affected. However, arteries in any part of the body can be inflamed. Inflammation can lead to narrowing of an artery, which sometimes becomes completely blocked. This then reduces the blood supply to nearby tissues and organs. Blindness can result if arteries taking blood to the eyes are involved.

What Causes Giant Cell Arteritis?

The cause is unknown. It almost always occurs in people older than 50, more women than men. Another disorder called polymyalgia rheumatica often occurs with giant cell arteritis. Polymyalgia rheumatica causes stiffness and aching in the back, shoulders, and hips.

What Are the Symptoms of Giant Cell Arteritis?

Most symptoms are related to the head and face. They include headaches; scalp tenderness, especially over the temples; pain in the jaw or tongue when chewing or talking; blurred or double vision; and flu-like symptoms (muscle aches, joint stiffness, fever, fatigue, and loss of appetite).

How Is Giant Cell Arteritis Diagnosed?

The health care provider makes a diagnosis from symptoms and a complete physical examination. A special blood test (erythrocyte sedimentation rate or ESR), which measures inflammation, will be done. The ESR rate is very high in this disorder. The health care provider may also do a biopsy of the temporal artery to confirm the diagnosis. The doctor will remove a

small piece of artery and check it with a microscope for signs of inflammation. A chest x-ray may also be done since giant cell arteritis carries an increased risk of aneurysm (abnormal enlargement) of the aorta, the main artery that brings blood to body parts.

How Is Giant Cell Arteritis Treated?

A corticosteroid such as prednisone is given, usually starting at 40 to 60 mg per day. The same dose is continued for the first month. If symptoms and sedimentation rate improve, the dose can slowly be reduced (tapered). The treatment will probably last 1 to 2 years.

People with vision loss or impairment at the time of diagnosis may be given very high doses of corticosteroids such as intravenous methylprednisolone for the initial 3 to 5 days of treatment.

DOs and DON'Ts in Managing Giant Cell Arteritis

- ✔ **DO** take medicines as prescribed. Symptoms usually improve after a few days, but continuing your medicine as directed is important. Don't change your dosage or stop the medicine unless your health care provider tells you to.
- ✔ **DO** report medicine side effects to your health care provider.
- ✔ **DO** see your health care provider if you don't see improvement in a week or so.
- ✔ **DO** understand the side effects from prednisone. Long-term use can cause cataracts, peptic ulcer disease, osteoporosis, diabetes, and hypertension.
- ✔ **DO** call your health care provider for vision loss or changes in vision.
- ✔ **DO** call your health care provider if you have new headaches with fever or pain when chewing food.

⊗ **DON'T** miss follow-up health care provider visits. Your health care provider must monitor your symptoms and do periodic blood tests (sedimentation rate) to monitor disease progression.

⊗ **DON'T** forget that prednisone therapy may be needed for 1 to 2 years to prevent the disease from coming back.

⊗ **DON'T** ignore visual problems. Blindness can occur in people with giant cell arteritis if diagnosis and treatment is delayed.

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FOR MORE INFORMATION

Contact the following sources:

- American College of Rheumatology: Tel: (404) 633-3777; Website: http://www.rheumatology.org
- National Institute of Arthritis and Musculoskeletal and Skin Diseases: Tel: (301) 496-8188; Website: http://www.niams.nih.gov