074 FAST TRACK GIANT CELL ARTERITIS CLINIC AND PATHWAY FOR EARLY MANAGEMENT OF SUSPECTED GIANT CELL ARTERITIS: AN AUDIT

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Background: The aim of fast track (FT) pathway in GCA is to reduce numbers of negative outcomes as sight loss and subsequently loss of independence and mobility which is associated with increase health care use and cost. The role of ultrasound in evaluating patients with GCA has been very promising.

Methods: We have conducted a retrospective cohort analysis of patients who referred to our FT GCA clinic. A cohort of patients with a new or flare of GCA diagnosis was identified between August 2016 and September 2017. Diagnosis of GCA using the FT approach was made based on clinical examination, laboratory results and USS findings. Presence of hypoechoic ring around the vessel wall (non-compressible halo sign) was considered as a positive US finding.

Results: During the evaluation period, 123 patients were referred to our FT clinic. Mean age was 70 and median age was 72 years old (STD 11). 79% of these patients were females. The majority of these patients (82) were reviewed within one working day in the FT clinic with a median of one day (IQR 2). 16 were diagnosed with GCA, two patients with large vessel vasculitis, two patients with PMR and three patients had flare of their previous PMR. 121 patients referred from the Southend area of which 93 from GP surgeries. 107 patients underwent USS examinations the same day of their review of which 18 were positive. For 16 patients US3 examination was not required based on clinical assessment. Only eight biopsies were performed of which four were positive for GCA. Mean time of performing a temporal artery biopsy was seven days and median of five days. One patient was presented with 3rd nerve palsy and one with diplopia. No sight loss patients contributable to GCA were observed in this study. No hospital admissions required for these patients.

Conclusion: Our data indicate that the FT pathway significantly contribute to the quick, secure and prompt diagnosis of GCA. The FT approach consists of a quick evaluation for most of the patients within 24 hours and immediate initiation of treatment. The low number of biopsies performed in our GCA patients was due to the fact that USS replaced biopsy as the main investigational method. Biopsy is considered in patients who have negative or inconclusive USS findings. For GCA, it’s been established before that a secondary care fast-track referral pathway, combined with GP education, reported a significant reduction in the number of patients experiencing permanent sight loss compared to those going through usual care, which also contributes to a cost-effective practice as reducing need of admission and use of other than rheumatologic resources as emergency departments.

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