

GCA. Giant Cell Arteritis

NIHR BioResource – Rare Diseases study project

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V1 05/08/2019



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Summary

Giant cell arteritis (GCA) is a serious form of vasculitis. It disproportionately affects older people, occurring exclusively in those aged over 50 with an average age of onset of 74 years. About 40% of patients experience serious visual manifestations and irreversible ischaemic complications – including blindness – occur in 19% of UK patients. In order to manage the risk of vision loss, patients with suspected GCA are usually treated immediately with high-dose (40–60 mg) glucocorticoids, and they remain on this precautionary treatment until diagnosis is confirmed.

Complications arising from this treatment affect up to 58–86% of patients and include cardiovascular disease, hypertension, diabetes, fractures and infections, yet only a fifth of suspected cases receive confirmed diagnosis. Prompt diagnosis however, is challenging due to non-specific, varied presentations and lack of a single robust diagnostic biomarker: even a collective of clinical signs and laboratory tests may not prove conclusive. This complex challenge is unique to GCA, yet advances in the field are minimal compared to other diseases of the elderly. We want to collect more information about the condition to help to improve treatment for people with GCA.

Patients with giant cell arteritis are also being recruited to the UKGCA Consortium study (UKGCA: to identify genetic and susceptibility determinants of GCA) and the UK and Ireland Vasculitis Rare Disease Group Registry (UKIVAS: a comprehensive database of vasculitis patients in the UK and Ireland). Our aspiration is that patients will be recruited to the UKGCA Consortium, and ideally UKIVAS, alongside the NIHR BioResource – Rare Diseases study. This will allow the rich phenotypic and molecular data available from these studies to be exploited.

Recruitment Criteria

Inclusion

All patients with a clinical diagnosis of giant cell arteritis made within secondary medical care in the UK and willing and able to provide informed consent.

Exclusion

None.