Diagnosis and management of giant cell arteritis: concise guidance (2010)

Guideline development process

The full guidelines were developed in accordance with the principles laid down by the Appraisal of Guidelines for Research and Evaluation (AGREE) collaboration.

Scope and purpose	The purpose is to outline an urgent, safe and specific diagnostic process for adults with giant cell arteritis (GCA), with advice for management and referral guidelines for the general practitioner. The scope is to provide evidence-based advice for the assessment and diagnosis of GCA, for initial and further management and for monitoring of disease activity, complications and relapse.
Overall objective of the guideline	To provide guidance on the treatment of adults with GCA and those with proximal muscle pain and stiffness in whom polymyalgia rheumatica (PMR) is suspected.
The patient group covered	These guidelines apply to the management of a newly suspected GCA in terms of diagnosis, urgent referral treatment and treatment, as well as subsequent investigations and management in secondary care.
Target audience	These guidelines are directed at the diagnosis, management and referral of GCA in primary and secondary care (including rheumatologists and non-rheumatologists).
Clinical areas covered	These guidelines apply to the management of a newly suspected GCA in terms of diagnosis, urgent referral treatment & treatment as well as subsequent investigations and management in secondary care.
Stakeholder involvement	The guideline development group (GDG) was comprised of rheumatologists and healthcare professionals, general practitioners and patients representatives.
Funding	None
Conflicts of interest	None declared
Rigour of development	**Search strategy** In order to obtain all the relevant literature, a sensitive search with appropriate search strings (for treatment in GCA) was undertaken in the most common databases of published medical literature: • The Cochrane database of randomised controlled trials (up to January 2007) • MEDLINE (through OVID; 1966 to January 2007) • CINAHL (through OVID; 1982 to January 2007) • EMBASE (through OVID; 1980 to January 2007). Reference lists of retrieved articles were examined and experts in the field of GCA research were contacted for additional references. Hand searches were not conducted. **Inclusion criteria** Meta-analyses, randomised controlled trials, prospective

	longitudinal studies, and retrospective case series were included. **Exclusion criteria** Case reports were excluded. **Search terms** A sensitive search with appropriate search strings (for treatment in giant cell arteritis (GCA) or temporal arteritis (TA), temporal artery biopsy, duplex ultrasonography in GCA or TA, MRI and PET scans in GCA or TA).
Evidence gathering	This was done by members of the GDG with particular input on evidence appraisal from Dr Power, Clinical Knowledge Summaries Service. Sowerby Health Informatics, Newcastle-upon-Tyne.
Review process	The recommendations were adopted by complete consensus by all members of the GDG after discussion and review of the evidence. The guidelines were also discussed at the British Society for Rheumatology (BSR) special interest group on GCA, reviewed by the BSR Standards, Guidelines and Audit Work Group, the BSR Clinical Affairs Committee, BSR Council, as well as reviewers for *Rheumatology.*
Link between evidence and recommendations	The guidelines recommendations were developed using the Scottish Intercollegiate Guidelines Network (SIGN) methodology.
Piloting and peer review	These guidelines were piloted in All-Wales Audit, South London and will be piloted by the Essex Rheumatology Association and the Midlands Rheumatology Society. The patient group of Polymyalgia Rheumatica and Giant Cell Arteritis UK has also reviewed the guidelines.

Grading system for recommendations
(from the Scottish Intercollegiate Guidelines Network (SIGN) methodology)

Level	**Type of evidence**	**Grade of recommendation**
IA	Meta-analysis of RCT or inception cohort studies	A
IB	At least one randomised controlled trial (RCT) or well-designed cohort studies with good follow-up	A
IIA	At least one well designed controlled study without randomisation or a meta-analysis of case control studies	B
IIB	At least one study with quasi-experimental design or case-control study	B
III	At least one non-experimental study (such as a descriptive study)	C
IV	Expert committee reports or reports by	C

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