LTHT adherence to BSR guidelines in the diagnosis and management of giant cell arteritis: benchmarking to a national audit

Retrospective audit conducted at LTHT between April and December 2025

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Background

Giant Cell arteritis (GCA) is a large-vessel vasculitis affecting older adults. Delayed treatment may cause irreversible visual loss, stroke and aortic complications. BSR guidelines recommend urgent steroid initiation and fast-track specialist review. NEIAA benchmarks adherence to national GCA standards.

Objectives

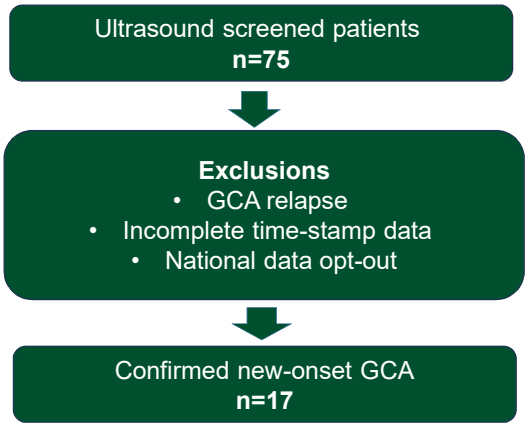
- Assess adherence to BSR guidelines at LTHT
- Evaluate:
  - § Time to steroid initiation
  - § Fast-track pathway use
  - § Access to imaging/biopsy
  - § Time to rheumatology review
- Benchmark LTHT against NEIAA standards

Methods

Study design

Retrospective audit conducted at LTHT (April-December 2025). Patients with newly diagnosed GCA or large-vessel vasculitis were identified through the fast-track ultrasound pathway.

Patient selection



Data collection & outcomes

Data was extracted from PPM+ electronic health records.

Primary outcome:

• Time to steroid initiation

Secondary outcomes:

• Imaging/biopsy access
• Fast-track pathway use
• Time to rheumatology review

Results were benchmarked against BSR guidelines using percentages, the median and IQR

Results

Cohort

- Our findings suggest a high-level of adherence to BSR guideline recommendations
- **17/75 (22.7%) confirmed new-onset GCA after ultrasound screening.**

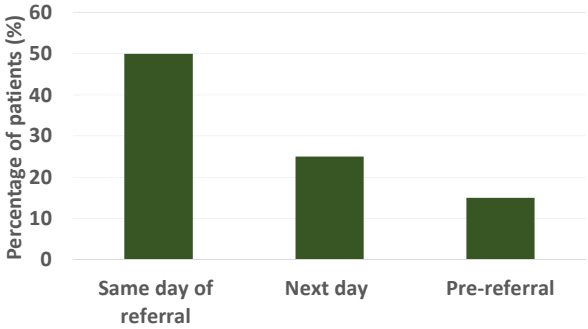


Fig. 1:Time to steroid initiation in suspected giant cell arteritis

- Most patients received steroid treatment within 24 hours of referral (fig. 1)

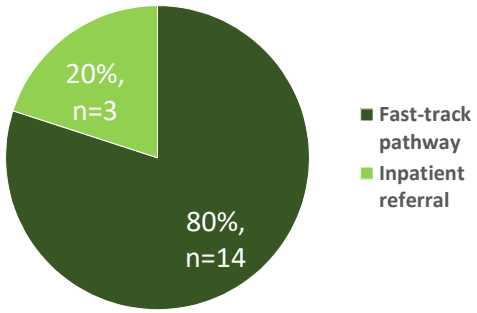


Fig 2:Utilisation of fast-track GCA referral pathway

- Most patients were managed via fast-track pathways

Key message:

Majority of patients received prompt steroid therapy, with high fast-track pathway utilisation and infrequent delays.

Conclusions

- LTHT demonstrated good adherence to BSR GCA management standards.
- Most patients received prompt steroid therapy and were managed via fast-track pathways.
- Delays were infrequent and mainly reflected inter-hospital transfer or imaging access issues.
- These findings may inform future strategies to reduce preventable morbidity from delayed GCA diagnosis and treatment.

References

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