Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · EMERGENCY AND RHEUMATOLOGY

Giant cell arteritis

a headache that can cost your sight in a day

Giant cell arteritis is inflammation of medium-sized arteries, typically those supplying the scalp and the eye. It occurs almost exclusively over the age of 50. Untreated it can cause sudden, permanent blindness — and once sight is lost it does not come back. Treated promptly, that outcome is almost always avoided.

Seek same-day assessment if you are over 50 with

- a **new headache**, usually one-sided and around the temple
- **scalp tenderness** — pain combing your hair or resting your head on a pillow
- **jaw ache or tiredness when chewing** that eases when you stop
- **any change in vision**, blurring, double vision or a curtain across your sight
- a **tender, thickened or pulseless artery** at the temple
- these symptoms alongside **shoulder and hip girdle stiffness**, fever or weight loss

Sudden visual loss is an emergency — go straight to an eye casualty or an emergency department. If sight is affected in one eye, the other is at risk within days without treatment. Steroid treatment is started immediately on clinical suspicion, before any test results, because waiting is what causes blindness. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Why it is urgent

Inflammation narrows the arteries that supply the optic nerve. When one occludes, vision in that eye is lost suddenly and permanently, often without warning. Around a fifth of untreated people lose sight in one or both eyes. High-dose steroids started promptly reduce that risk dramatically, which is why treatment begins on suspicion rather than on confirmation.

The typical picture

- almost always **over 50**, and commoner over 70 and in women
- a headache **different from any you have had before**, often persistent and around one temple
- **jaw claudication** — aching in the jaw muscles on chewing — is the most specific symptom there is
- scalp tenderness, sometimes with a tender ropey artery you can feel

- fever, night sweats, weight loss, and profound fatigue
- in around half of cases, the shoulder and hip stiffness of polymyalgia rheumatica

Diagnosis

Blood tests showing raised inflammatory markers support the diagnosis but do not confirm it, and are occasionally normal. Confirmation is by **temporal artery ultrasound** or **biopsy**, ideally within a week of starting steroids — treatment should never be delayed for the test.

Treatment

- **High-dose steroids**, started immediately. Symptoms usually improve within 24 to 72 hours, which is itself a useful diagnostic sign.
- The dose is **reduced gradually over 12 to 24 months**. Flares are common if it is reduced too quickly.
- **Do not stop steroids suddenly** — this is dangerous. Carry a steroid card.
- **Bone protection** and monitoring for steroid side effects — blood pressure, glucose, weight, mood, cataracts — are part of proper care, not extras.
- Steroid-sparing treatments are used where the dose cannot be reduced or side effects are unmanageable.

Polymyalgia rheumatica

PMR causes severe stiffness and pain in the shoulders, neck and hips, at its worst in the morning and often making it hard to get out of bed or lift the arms. It responds dramatically to a much lower dose of steroid. It overlaps with giant cell arteritis, so anyone with PMR should know the headache and visual warning signs and act on them the same day.

This is one to be seen for quickly, and we can do that. We offer same-day appointments seven days a week, with inflammatory markers and full blood tests taken in-house and results explained by a clinician, ultrasound performed on site, and rapid onward referral where a biopsy or specialist rheumatology input is needed. If you are over 50 with a new headache, jaw ache on chewing or scalp tenderness, do not wait for a routine appointment elsewhere.

Same-day assessment and bloods in-house

Seven days a week, 9am–7pm. Sudden visual loss needs emergency care.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **Blood Tests** · **Ultrasound Scans** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE CKS and British Society for Rheumatology guidance on giant cell arteritis. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.