Giant cell arteritis (GCA), or temporal arteritis, is a debilitating autoimmune disease that causes severe inflammation of blood vessels, especially arteries in the head across the temples and the aorta.

High-dose steroids are often used to treat GCA but these commonly cause potentially serious and long-term side effects, including cataracts, fractures, infections, high blood pressure, diabetes, bone thinning and bowel bleeding, which can all severely impact a person’s quality of life.

The discovery that GCA responds well to the anti-inflammatory properties of steroids was a major breakthrough in the treatment of GCA more than half a century ago.

GCA typically affects adults over 50 years old, and women are affected at least twice as often.

The most commonly affected populations include Caucasians and those of Scandinavian descent.

Rapid diagnosis and treatment are crucial to prevent the more serious complications of GCA, such as blindness, strokes and aneurysms.

The prevalence of GCA has been estimated at more than 200 per 100,000 persons over the age of 50 in the United States, and increases dramatically with age.

An even higher frequency has been reported in northern Europe.

The exact cause of GCA is unknown, however, genetic and environmental factors are likely contributors.

GCA can be difficult to diagnose because symptoms overlap with many other conditions, often resulting in a delayed or incorrect diagnosis.

The discovery of IL-6, a protein that plays a fundamental role in inflammation, in patients with GCA suggests that blocking IL-6 could reduce the inflammation of blood vessels in GCA.

Increased awareness and early diagnosis can help minimise the complications of GCA, and preserve what matters most to patients: their vision and quality of life.