**WHAT IS IT**
- Arteritis is a progressive, inflammatory disorder affecting any medium-sized artery, most commonly the temporal artery.
- When the condition is generalised it is often referred to as giant cell arteritis, but when it affects arteries within the scalp it is called temporal or cranial arteritis.
- The affected artery walls thicken and are infiltrated by ‘giant cells’ – multinucleate cells formed in response to an inflammatory attack on the artery wall. The arterial lumen narrows, resulting in ischaemia and pain.
- Temporal arteritis is a rare condition, with an incidence rate of 1–2 per 10,000 people and is closely associated with polymyalgia rheumatica (a chronic, episodic, inflammatory disease of the large arteries).

**AETIOLOGY**
- It is rarely seen in people under 50 years of age and the mean age of onset is 70 years.
- Women are more likely to be affected than men and it is rarely seen in individuals of Afro-Carribean or Asian origin.

**SIGNS AND SYMPTOMS**
- Severe headache (present in 85 per cent of patients) with throbbing, boring or sharp pain in the temporal area.
- Transient or permanent sudden vision loss, normally in one eye. However, the second eye is usually affected within two or three weeks if untreated.
- Jaw claudication, especially when chewing or speaking.
- Scalp tenderness.
- Fever.
- Depression.
- Weight loss.
- Loss of appetite.
- Rheumatic pain.
- Fatigue.

**CAUSE**
- There is no known cause, but ageing seems to cause the immune system to attack the arteries.

**COMPLICATIONS**
- The main concern is vision loss or blindness. However, if allowed to progress temporal arteritis can affect arteries in other parts of the body and can cause:
  - Thoracic or abdominal aneurysms;
  - Stroke;
  - Myocardial infarction.

**INVESTIGATIONS**
- Erythrocyte sedimentation rate.
- Temporal artery biopsy performed under local anaesthetic.

**TREATMENT**
- A course of corticosteroids (usually prednisolone) is effective if administered promptly. Treatment should continue until remission of the disease is seen. Doses should then be tapered gradually to a maintenance dose.
- Symptoms often diminish within one month of starting treatment. However, relapse is common if treatment is stopped prematurely.
- Many patients need treatment for at least one to two years and in some situations it can last indefinitely.
- Loss of sight is hard to recover, but if treatment is prompt then partial sight can be restored.
- Nonsteroidal anti-inflammatory drugs (NSAIDs) are sometimes prescribed for muscle aches or headaches when the doses of corticosteroids are being reduced.
- Aspirin may be a useful prophylactic treatment but it is not suitable for every patient.

**NURSING IMPLICATIONS**
- As many eye conditions are asymptomatic it is essential to emphasise the importance of having regular eye tests.
- Any changes in sight must be followed up immediately as most major causes of blindness can be treated if identified at an early stage.

**RESEARCH**
- Current research is looking at genetic factors, immune system abnormalities and environmental factors that may play a role in temporal arteritis.

**REFERENCES**

**WEBSITES**
Royal National Institute of the Blind: www.rnib.org.uk
Eyecare Trust: www.eyecaretrust.org.uk/site/eyecaretrust.php