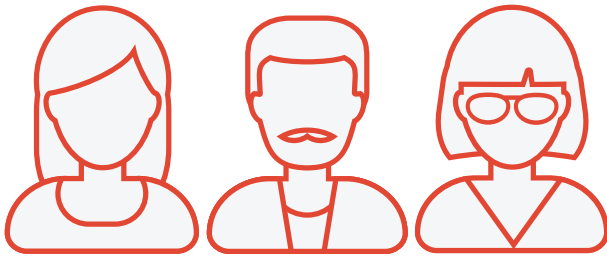


DIAGNOSIS AND MANAGEMENT OF COELIAC DISEASE



Person with possible coeliac disease

GLUTEN MUST BE KEPT IN THE DIET BEFORE TESTING

The test for coeliac disease is only accurate if a gluten containing diet is eaten during the diagnostic process. Before and during diagnosis, **some gluten should be included in more than one meal every day for at least six weeks before testing.**

Serological testing

IgA tTG and total IgA

The first choice for testing

IgA EMA

Use if IgA tTG is weakly positive

IgG EMA

Consider any of these three if IgA is deficient (total IgA less than 0.07mg per litre)

IgG DGP

IgG tTG

For children, test for total IgA and IgA tTG as the first choice, with IgG EMA, IgG DGP or IgG tTG if IgA is deficient.

HAVE A LOW THRESHOLD FOR RE-TESTING PEOPLE WITH SYMPTOMS AS COELIAC DISEASE CAN DEVELOP AT ANY AGE.

Endoscopy should be completed within 6 weeks of referral



Adults with positive serological result should be referred to a gastrointestinal specialist for endoscopic intestinal biopsy to confirm/exclude coeliac disease.

Children should be referred to a paediatric gastroenterologist for further investigation.

CONSIDER SEROLOGICAL TESTING FOR COELIAC DISEASE IN PEOPLE WITH ANY OF THE FOLLOWING:

Persistent unexplained abdominal/gastrointestinal symptoms

Faltering growth

Prolonged fatigue

Unexpected weight loss

Severe/persistent mouth ulcers

Unexplained iron, vitamin B12 or folate deficiency

Type 1 diabetes (at diagnosis)

Autoimmune thyroid disease (at diagnosis)

Irritable bowel syndrome

First degree relatives of people with coeliac disease

Metabolic bone disorder

Unexplained neurological symptoms

Unexplained subfertility or recurrent miscarriage

Persistently raised liver enzymes with unknown cause

Dental enamel defects

Down's syndrome

Turner syndrome

MANAGING COELIAC DISEASE



Gluten free diet

Refer to a dietitian and **Coeliac UK** for further advice and support, including **local support groups**.

Annual review

People with coeliac disease should be monitored **annually** to review:

- weight and height
- symptoms
- adherence to the gluten free diet
- the need for specialist dietetic advice.

Consider the need for a **DEXA scan**/active treatment of bone disease, the need for specific blood tests, the risk of long-term complications and comorbidities and the need for specialist referral.

Refer to consultant or gastroenterologist if concerns arise. If while following a strict gluten free diet, symptoms continue, or if serological titres are persistently high after 12 months, consider referring for biopsy or to a specialist for further investigation. Be aware that people with coeliac disease may experience anxiety and depression.