ADULT PATHWAY FOR COELIAC DISEASE

BACKGROUND

Coeliac disease is an immune-mediated condition where exposure to gluten results in inflammation of the small intestine and flattening of the villi, which affects the absorption of important nutrients including iron, folic acid, calcium, and fat-soluble vitamins.

Coeliac disease affects approximately 1 in 100 adults. Symptoms of coeliac disease are varied and non-specific.

If coeliac disease is suspected, advise the patient to continue with a gluten containing diet and request laboratory testing for coeliac-specific antibodies coeliac serology' (see algorithm). Consider other relevant laboratory investigations based on suspected nutrient deficiencies, co-morbidities, and differential diagnoses.

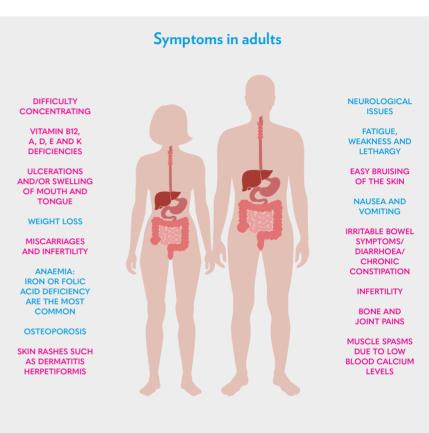
The only effective treatment currently is a strict gluten-free diet for confirmed coeliac disease. Pharmacological management of co-morbidities may be required e.g. iron deficiency.

People with untreated coeliac disease have an increased risk of long-term health conditions such as osteoporosis, lymphoproliferative disorders, and gastrointestinal malignancy. Risk usually reduces following a strict gluten-free diet.

Article cited from bpac^{nz}.

Bibliography

bpacn^z. Coeliac disease: investigation and management, bpacnz, August, 2022. Available from: bpac.org.nz/2022/ coeliac.aspx (Accessed Aug, 2024).



MORE FREQUENT | LESS COMMON

WHO TO TEST?

Symptomatic adult patients with:

- First degree relatives
- Type 1 diabetes
- Other autoimmune disorders.

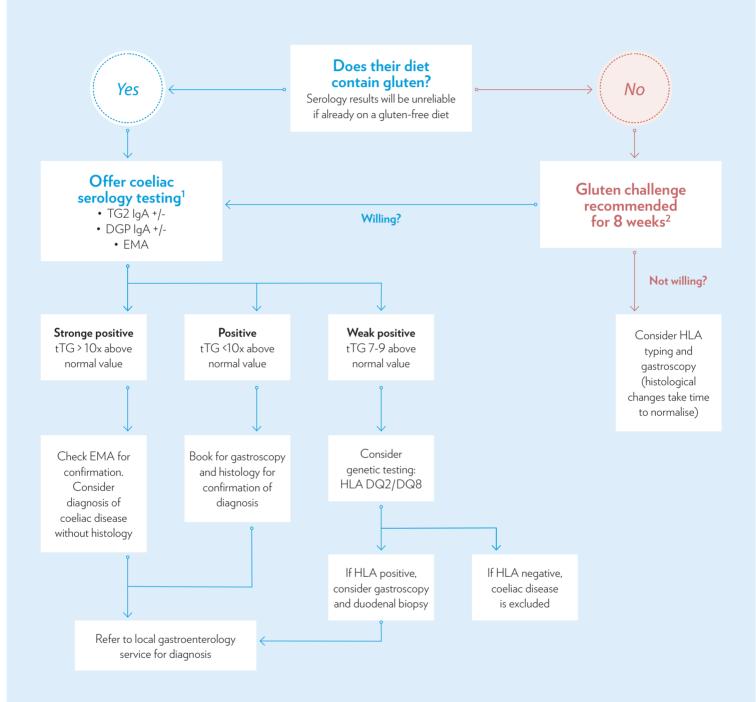
Note: do not exclude gluten from a patient's diet until they have received a diagnosis.



Support to be coeliac safe and *gluten free* for life.



COELIAC DISEASE?



Key

- 1. Testing offered may differ dependant on laboratory.
- A gluten challenge involves the consumption of gluten-containing foods (at a minimum of 4 slices of wheat-based bread or equivalent) daily for 4-8 weeks prior to testing (2 slices daily for children for a month).



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