

## A life-long GLUTEN-FREE DIET is the only EFFECTIVE TREATMENT for people with coeliac disease

### REGULAR FOLLOW-UP IS RECOMMENDED

- Offer referral to a dietitian and recommend joining Coeliac New Zealand.
- If referral to a dietitian is delayed offer a standardised patient-reported questionnaire to check adherence to a gluten-free diet.
- Recommend that first-degree relatives be checked for coeliac disease.
- Regular follow-up, e.g. ideally every three to six months, is recommended while the patient becomes established on a gluten-free diet. Once symptoms have resolved after the patient is successfully established on a gluten-free diet, reviews can be conducted annually. At follow-up appointments:
  - Calculate BMI or monitor growth in children
  - Ask about new or persistent symptoms. If indicated, perform a physical examination
  - Check how the patient is coping with the gluten-free diet. If there are concerns about inadvertent exposure, repeat coeliac serology and consider re-engagement with a dietitian.
  - Repeat a 'coeliac screen' after 12 months of a gluten-free diet regardless of symptoms
  - TG2Ab useful for evaluation of chronic gluten exposure
  - Repeat other laboratory tests, e.g. ferritin, folate, vitamin B12, particularly if there were abnormalities at diagnosis and if symptoms suggest, check for other laboratory evidence of autoimmune conditions, e.g. with LFTs, TSH. If nutritional deficiencies have not normalised or improved after one year of a gluten-free diet (or earlier as appropriate, e.g. older age), consider supplementation
  - Discuss ways to optimise bone health. Encourage an adequate intake of calcium and vitamin D. Bone densitometry scans can be requested on a case-by-case basis, e.g. aged > 55 years or with additional risk factors for osteoporosis
- Urine and faecal GIP direct testing may be evaluated only in cases of non-responsiveness to a gluten-free diet.
- Recommend pneumococcal vaccination (not funded); the benefit of other vaccinations such as Haemophilus influenzae type b (not funded), meningococcus (not funded) and influenza (funded) to people with coeliac disease is less clear, although they may be considered.
- If there is an inadequate response to a gluten-free diet after 12 months and other diagnoses have been excluded, consider non-responsive or refractory coeliac disease (discuss with or refer the patient to a gastroenterologist for further assessment).

#### Reference

\* bpac<sup>nz</sup>. Coeliac disease: investigation and management. bpac<sup>nz</sup>, August, 2022. Available from: <https://bpac.org.nz/2022/coeliac.aspx> (Accessed Aug, 2024).

### COMPLICATIONS

#### The complications of coeliac disease can include:

- Osteoporosis
- Dermatitis herpetiformis
- Dental problems – thin enamel
- Neurological problems – ataxia (loss of balance), polyneuropathy, epilepsy
- Heart problems – pericarditis and cardiomyopathy
- Reduced fertility, miscarriages, pre-term birth
- Temporary lactose intolerance
- Malignancy.

For further information visit [coeliac.org.nz](https://coeliac.org.nz)