

COELIAC DISEASE

This is due to a permanent allergy to gluten in the diet and is treated effectively in the majority of patients by sticking to a 100% gluten-free diet indefinitely.

The diagnosis may be considered in people with iron deficiency anaemia or in those with recurrent abdominal bloating, loose stools or weight loss. It may cause osteoporosis (thinning of the bones due to calcium deficiency) if untreated.

It is more common in individuals with a first degree relative (ie a parent or sibling) with the condition.

In patients with symptoms suggestive of coeliac disease a blood sample may be taken to look for special proteins or antibodies (anti-transglutaminase) that develop in patients with untreated coeliac disease. These are accurate in most cases (about 90%) but the “gold standard” diagnosis requires taking small samples from the small intestine at upper gi endoscopy and looking at these under a microscope to look for the characteristic signs of villous atrophy or shrinking of the finger-like processes that line the small intestine.

Advice on gluten free diet is best obtained from a local state-registered dietician. Your GP (or a consultant gastroenterologist) will be able to make a referral for this advice if required.