

Coeliac disease or gluten sensitive enteropathy is a chronic disorder affecting the small intestine resulting in impaired absorption.

It is caused by exposure to dietary gluten in genetically predisposed individuals. The condition is characterised by villus atrophy [FIG 1] of the small bowel lining, associated with extensive surface cell damage and infiltration with inflammatory cells.

The disease has a wide range of presentations from those with no symptoms whatsoever through to fatigue, vague abdominal problems, weight loss and diarrhoea and on to severe malabsorption of dietary nutrients sometimes associated with large amounts of fat in the motion.

Usually the symptoms and the abnormal small bowel lining resolve on removal of gluten from the diet.



Treatment of coeliac disease

Patients with coeliac disease require a lifelong strict adherence to a gluten free diet.

Gluten is found in large amounts in the cereal grains, wheat, rye, barley and triticale. Oats contain similar proteins but it is at present uncertain as to whether these cause the disease.

When patients are first diagnosed with coeliac disease they should be referred to a dietitian with expertise in coeliac disease for detailed advice about adoption of a gluten-free diet. Newly diagnosed patients should also be advised to join the Coeliac Society.

The Coeliac Society of Australia Inc.

1/306 Victoria Avenue Chatswood
PO Box 703 Chatswood NSW 2057
Phone: 02 9411 4100 Fax: 02 9413 1296
www.coeliac.org.au



For more information on this or other related topics contact The Gut Foundation

C/- Gastrointestinal and Liver Unit

The Prince of Wales Hospital Randwick NSW 2031

Telephone [02] 9382 2749 Facsimile [02] 9382 2828

gutfound@gut.nsw.edu.au www.gut.nsw.edu.au

The Gut Foundation

BECAUSE YOU DON'T NEED A PAIN IN THE GUT



coeliac disease

food allergy & intolerance

The Gut Foundation

BECAUSE YOU DON'T NEED A PAIN IN THE GUT



Coeliac disease is a lifelong condition affecting the small bowel of genetically susceptible individuals.

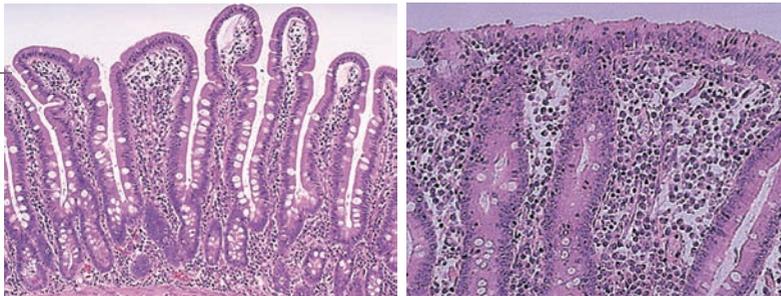
Small bowel biopsy is essential to confirm the diagnosis.

Treatment involves a strict gluten-free diet that excludes wheat, rye and barley and should be supervised by a dietitian.

Follow-up is necessary because of potential long-term complications.



[FIG 1] SMALL BOWEL BIOPSY



[A] NORMAL VILLI

[B] VILLUS ATROPHY IN COELIAC DISEASE

Coeliac Disease can present at any age. The prevalence in different countries varies widely. Australian data is not well documented although a prevalence of 1:250 has been reported.

Diagnosis

Diagnosis of coeliac disease requires microscopic examination of a biopsy specimen from the small bowel. Biopsies are usually obtained during upper endoscopy.



Screening

Blood tests which are highly sensitive and specific are now available and are therefore useful in screening for coeliac disease.

Who should have blood tests?

- Suspected coeliac disease.
- Conditions associated with coeliac disease.
- First and second degree relatives of individuals with coeliac disease.

Poor absorption of food can cause:

- Anaemia of various types due to iron, folic acid and vitamin B12 deficiencies.
- Vitamin deficiencies.
- Failure to thrive.
- Osteoporosis.
- Female infertility.
- Weight loss.



Altered immunity may be associated:

- Dermatitis herpetiformis [an uncommon skin condition].
- Insulin dependent diabetes
- Infertility.
- Thyroid problems.
- Liver disease.
- Rare tissue disorders including Lupus, Sjogren's syndrome and Scleroderma.



Malignant disease

Coeliac disease is associated with an increased incidence of malignancy, particularly lymphoma. The increased risk is reduced or eliminated by maintaining a strict gluten-free diet.

Relapse of symptoms or failure to respond to a gluten-free diet may be due to a complicating lymphoma. These findings emphasise the importance of early diagnosis and lifelong adherence to a strict gluten-free diet.