

*DISCLAIMER: This insert is intended as a general information resource for gluten-intolerant individuals. It is NOT intended for use in diagnosis, treatment, or any other medical application. Please consult your physician for professional medical advice and treatment.*

## Keep your doctor current. Share this guide to Celiac Disease aftercare

Diligent aftercare for people who have been diagnosed with Celiac Disease is the key to proper monitoring of the gluten-free diet and to the early detection of many other illnesses common to persons who have suffered unknowingly for years with Celiac Disease.

After the diagnosis, Celiac aftercare is very important according to Dr. Stephen Holland, an Illinois gastroenterologist. “Yearly check ups are a quality control. The more a doctor knows about celiac the more they know you should get a yearly checkup. It is important to get one of the antibodies tested yearly to look for unknown gluten exposure and to confirm good dietary adherence, as well as to check thyroid function, look for diabetes, and other problems. [[www.napervillegi.com/ceciac/ceciacfollowup.html](http://www.napervillegi.com/ceciac/ceciacfollowup.html)] is the URL for the following information.]

### Dr. Holland’s ‘cheat sheet’ for Celiac aftercare:

- **Weight**
- **Sensory Exam** (to rule out neuropathy)
- **Thyroid**
- **Lymphadenopathy** [*\*check to see there is no disease of the lymph nodes*]

### Lab Follow-up

- **CBC** [*\*complete blood count*]
- **LFT's** [*\*liver function tests*]
- **B12, Folate** [*\*Is a red crystalline substance extracted from the liver which is essential for formation of red blood cells. B12 and folate may be deficient due to inadequate intestinal absorption, resulting in anemia*]
- **U/A** [*\*urinalysis to check for urinary tract infection and diabetes*]
- **FBS** [*\*fasting blood sugar to check for diabetes*]
- **TFT's** [*\*thyroid function tests*]
- **PT** [*\*Prothrombin time, is valuable for screening for coagulation disorders or to monitor therapy with coumadin anticoagulants – in other words, how fast your blood clots.*]
- **Celiac Antibody:** Dr. Holland says, “The Celiac antibody to be followed long term is the antibody that was most strongly positive in the patient at initial diagnosis. The whole panel is not to be repeated for routine follow-up, just the one antibody selected initially for follow-up testing. In general, the endomysial antibody should not be tested as the follow-up test since it is more expensive and is generally not as quantitative.”

*\*Explanations in italics courtesy of Jan Terry, RN*

*Dr. Holland strongly suggested that the Celiac Digest include a link to the **American Academy of Family Physician's** article for doctors on how to detect celiac disease in patients. That URL is <http://www.aafp.org/afp/980301ap/pruessn.html>. The Celiac Digest is including **selections** from that site for your physician's use.*

## Detecting Celiac Disease in Your Patients - HAROLD T. PRUESSNER, M.D

**Celiac disease** is a gluten enteropathy occurring in both children and adults. The condition is characterized by a sensitivity to gluten that results in inflammation and atrophy of the mucosa of the small intestine. Clinical manifestations include malabsorption with symptoms of diarrhea, steatorrhea, and nutritional and vitamin deficiencies. Secondary immunologic illnesses, such as atopic dermatitis, dermatitis herpetiformis, alopecia and aphthous ulcers, may be the primary presentation.

**Prevalence:** The magnitude of the prevalence of celiac disease has only recently been recognized. A large multicenter study,<sup>1</sup> promoted by the European Society for Paediatric Gastroenterology and Nutrition (ESPGAN) and involving 36 centers from 22 countries, has provided important information on the incidence of celiac disease. The average incidence was found to be one case in every 1,000 live births, with a range from one in 250 to one in 4,000. When the age of diagnosis was included in the incidence density of celiac disease, the predicted rate was one case in every 300 newborns. Among blood donors, the prevalence of asymptomatic celiac disease was found to be as high as one in 266.

In the United States, people with the same genetic background as the European population in that study would be expected to have a similar incidence of celiac disease. To determine the prevalence of celiac disease in the United States, 2,000 healthy blood donors were screened for IgA and IgG anti gliadin antibodies.<sup>4</sup> Those with elevated levels were tested for antiendomysial antibodies. The prevalence of elevated antiendomysial antibody levels in healthy blood donors in the United States was found to be 1:250. This rate is similar to the

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