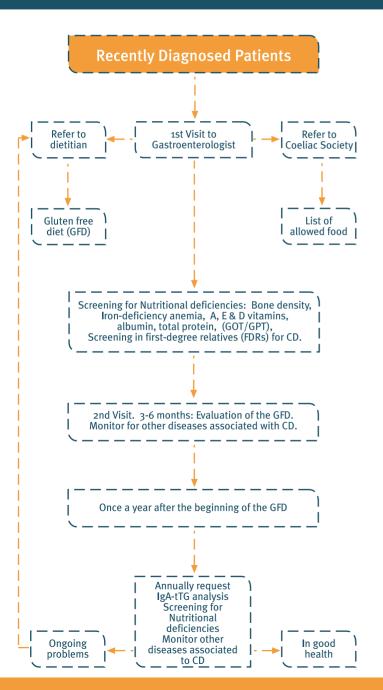
Coeliac Disease (CD) Guidelines for the Management of the Disease

Follow Up



- It is estimated that 1% of the European population may have coeliac disease. For each diagnosed case of the condition there are 7 undiagnosed cases. The disease is underdiagnosed due to the lack of awareness among healthcare professionals and the public even though sensitive and specific diagnostic tests are available.
- The classic manifestation of the disease with diarrhoea and malabsorption of nutrients is not very common any more, atypical and silent symptoms are much more frequent.
- It is thus critical, to increase the knowledge of the disease via the training of doctors, dieticians and other healthcare professionals.
- Gluten must not be removed from the diet before diagnostic tests are undertaken without gluten in the diet it will be impossible to test for the disease.
- Withdrawal of gluten from the diet is the only treatment of the disease, and leads to an improvement of health, a decrease in the levels of the autoantibodies associated with the disease, and the repair of the intestinal mucosa. Withdrawal of gluten from the diet also prevents the development of associated illnesses and complications.
- Although the gluten-free diet is in principle easy to follow, there
 are a number of factors that complicate correct adherence, such as
 poor labelling of gluten-free products and the lack of an adequate
 analytical methods for the detection of gluten.
- However, a healthy balanced diet can be eaten by eating naturally gluten-free foods such as vegetables, fish, eggs and pulses and specialist gluten-free products. Coeliac societies throughout Europe provide practical help to people with the disease and the families and friends with information on gluten-free foods and advice about keeping healthy.

Failure to keep to a strict gluten-free diet (GFD) is the main reason for symptoms associated with the condition continuing.

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| | | | | Coeliac Disease (CD) Guidelines for the Diagnosis of the Disease | |
|--|--|--|--|---|--|
| Children | Adults | Risk groups | | Diagnostic Algorithm for Serological Testing in Coeliac Disease | |
| Diarrhoea Vomiting Abdominal pain Apathy Headache Pain in the joints Delayed menarche Constipation | Dispepsia Soft stools Abdominal pain Tiredness Irritable colon Bone pain Sterility, miscarriage Paresthesia, lockjaw | First-degree relatives Auto-immune diseases Diabetes Mellitus, Type 1 | Autoimmune thyroiditis IgA deficiency Down syndrome | Clinical suspicion of Remember coeliac disease of High body mass index or absence of diarrh Do not start gluten free die Test for transglute antibody (TGA | r IgA |
| | | Associated diseases | | Endomysium an | |
| | Anxiety, depression Ataxia Constipation Premature menopause Hair loss Mouth ulcers | Dermatitis herpetiformis Primary biliary cirrhosis IgA Nephropathy Inflammatory bowel disease Sjogren's syndrome | Cystic Fibrosis Rheumatoid arthritis Psoriasis Alopecia Vitiligo | Positive TGA/EMA | Negative TGA/EMA: probability of CD low |
| Malnutrition | Malnutrition | Systemic lupus erytematosus | Turner's syndrome | | |
| Abdominal distension | Oedema | Addison's disease | Williams' syndrome | F strong clinical suspic | TGA value = o: |
| Stunted growth Anaemia Oedema | Short stature Peripheral neuropathy Myopathy | | | of CD still remains, e. symptoms | S. Automatic measurement gs. of serum IgA to detect IgA deficiency |
| Hyperactivity | Sideropenic anaemia | Complications | | / | |
| Mouth ulcers Hypertrar Enamel hypoplasia Osteopen | Hepatomegaly Hypertransaminasaemia Osteopenia Osteoporosis Fractures | Coeliac crisis Intestinal lymphoma Osteoporosis | Digestive carcinoma Bacteria overgrowth Refractory Sprue | IgG TGA / EMA | If IgA deficient: measure IgG TGA / EMA If IgG antibody positive |

Symptoms