Community HealthPathways North Cumbria

Coeliac Disease in Adults

This pathway is for patients aged 18 years or older. See also Coeliac Disease in Children.

Background

About coeliac disease in adults

About coeliac disease in adults

- Coeliac disease is an immune-mediated reaction to gluten peptides.
  - Gluten is found in wheat, rye, and barley.
  - Oats are generally tolerated, as long as they are gluten-free oat products – normal oat products are often heavily contaminated with wheat. Up to 5% of coeliac patients will also be intolerant to oats.
- It has a prevalence of about 1% in the United Kingdom.
- The diagnosis in adults is a tissue diagnosis made by taking a duodenal biopsy when the patient is still eating a gluten-containing diet. Serology helps indicate which patients need biopsy.
- Untreated coeliac disease can be associated with the development of long-term health problems including:
  - Anaemia
  - Nutritional deficiencies
  - Osteopenia or osteoporosis
  - Malignancy, particularly small bowel carcinoma or lymphoma, although these are rare

Assessment

1. Check for symptoms and signs of coeliac disease .

Symptoms and signs of coeliac disease

- Iron deficiency anaemia.
- Unexplained folate deficiency and sometimes unexplained B12 deficiency
- Altered bowel habits – diarrhoea, constipation, bloating, or flatulence
- Weight loss or weight gain
- Mouth ulcers

- Fatigue
- Osteoporosis
- Infertility

2. Consider high-risk factors .

High-risk factors

- Dermatitis herpetiformis
- Autoimmune thyroid or liver disease
- Type 1 diabetes (6% have coeliac disease)
- Down syndrome
- Turner's syndrome
- Low-impact fracture or osteoporosis
- Infertility or recurrent miscarriage
- Otherwise unexplained abnormal LFTs
- Undefined neurological disorder or epilepsy
- Family history of coeliac disease – 10% prevalence in first-degree relatives but higher if more than 1 relative with the disease

3. Investigations:
   - Arrange coeliac serology (tissue transglutaminase (tTG) antibodies). If the patient is already on a gluten-free diet, encourage them to go back on gluten for at least 4 to 6 weeks to have tTG antibodies tested.

     Tissue transglutaminase (tTG) antibodies

     Advise the patient to include gluten in their diet for 4 to 6 weeks for the test results to be accurate, e.g. at least 4 slices of gluten-containing bread or equivalent each day.

     A patient with a co-existing IgA deficiency will have a false-negative IgA tTG result. The laboratory will automatically check for IgA deficiency. If the patient is IgA deficient, then IgG tTG will be measured.

   - If an elevated tTG, arrange FBC, ferritin, B12, folate, thyroid function tests (TFT), HbA1c, bone profile, vitamin D levels, and LFTs, if not done already.

Management

1. If an elevated tTG, request routine gastroenterology assessment for a small bowel biopsy, to determine if the patient has coeliac disease. Advise the patient:

- to stay on a gluten-containing diet, which is essential for the biopsy.
- that they need to eat the equivalent of 4 slices of gluten-containing bread every day for 4 to 6 weeks.

2. If negative serology, high clinical suspicion , and high-risk factors , request routine gastroenterology assessment.

> **High clinical suspicion**
>
> - Iron deficiency
> - Folate or B12 deficiency

3. If concerns or questions remain for individual cases, seek non-acute gastroenterology advice via Advice and Guidance.
4. Consider testing any symptomatic first-degree relatives for IgA tTG antibodies.
5. If required, seek non-acute gastroenterology advice via Advice and Guidance.
6. If a diagnosis of coeliac disease is confirmed:
   - inform the patient that dietetic assessment will be requested in secondary care.
   - recommend seasonal flu vaccination, pneumococcal vaccination every 5 years, and if born between 1995 and 2014, consider recommending meningitis ACWY vaccination. [1]
   - the patient should have an annual review (can be done in primary care if straightforward and the patient is stabilised).

> **Annual review**
>
> An annual review should include:
>
> - Measuring weight and height
> - Review of:
> - symptoms
> - diet and adherence to the gluten free diet. Note calcium intake should be maintained at a level of at least 1000 mg a day. Use a calcium calculator to help determine daily calcium intake. Consider the need for specialist dietetic and nutritional advice.
> - Bloods:
> - FBC, folate, ferritin, B12
> - LFT (including ALT, AST, and ALP)
> - TFT
> - HbA1c
> - Calcium, vitamin D levels (and parathyroid hormone if compensatory increase)
> - tTG antibodies if concerns around adherence to gluten-free diet
> - Consider:

- seeking non-acute gastroenterology advice via Advice and Guidance to address concerns about possible complications or co-morbidities.
- doing a DEXA scan (recommended by the British Society of Gastroenterology) to measure bone mineral density a year after starting a gluten-free diet in patients aged 55 years or older, or younger than 55 years if risk factors for osteoporosis. Use validated tools such as QFracture or FRAX scores to help predict fracture risk and when to offer treatment.

Request

- Request routine gastroenterology assessment if:
  - elevated tTG, for a small bowel biopsy.
  - negative serology, high clinical suspicion, and high-risk factors.
- Seek non-acute gastroenterology advice via Advice and Guidance if:
  - concerns or questions remain for individual cases.
  - concerns about possible complications or co-morbidities during annual review.

Information

For health professionals

Education

North Cumbria HealthPathways – Continuing Professional Development

Further information

- NICE Clinical Knowledge Summaries (CKS) – Coeliac Disease
- NICE Guidance – Coeliac Disease: Recognition, Assessment and Management
- NICE Pathways – Coeliac Disease Overview
- NHS North Cumbria Clinical Commissioning Group – Changes to Gluten-free Products Supply Arrangements

For patients

- Coeliac UK – About Coeliac Disease
- NHS – Coeliac Disease

© 2023 HealthPathways. All rights reserved. | Terms of Use | View on classic HealthPathways

SEND FEEDBACK

SOURCES

References

1. Home. Coeliac UK; Vaccinations. 2021. [cited 2021 Mar 9].

PAGE INFORMATION

Last Updated:	19 March 2021
Last Reviewed:	19 March 2021
Keywords:	malabsorption

Topic ID: 829347