






# Coeliac disease

Coeliac disease has a prevalence of 1-2% in the Australian population, but as it commonly presents in an undifferentiated manner, most affected people remain undetected. Early diagnosis and appropriate management is essential to address its substantial impact on quality of life. Additionally, GPs are increasingly confronted with patients complaining of wheat or gluten sensitivity, many of whom have self-diagnosed or sought alternative care. Clinical encounters can therefore be challenging. For these reasons, coeliac disease is an important condition for GP supervisors to educate their registrars.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• Pathophysiology of coeliac disease</li> <li>• Clinical features of coeliac disease in children and in adults</li> <li>• Indications for testing</li> <li>• Use and interpretation of coeliac serology, genetic testing and duodenal biopsy</li> <li>• Limitations and pitfalls of investigations e.g. IgA deficiency, gluten-free diet</li> <li>• Management and monitoring of coeliac disease</li> <li>• Indications for referral</li> </ul>				
<p><b>PRE-SESSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Read the brief <a href="#">AFP article on coeliac disease</a> as an overview</li> </ul>				
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• Coeliac disease can present in many different ways and a high index of suspicion is required</li> <li>• Positive family history is an important risk factor</li> <li>• Ask about active gluten consumption prior to testing</li> <li>• Genetic testing is rarely required but is useful for suspected false negative serology or failure to respond to a gluten free diet</li> <li>• The gluten free diet is challenging to adhere to, low in fibre and deficient in low GI foods</li> <li>• Referral to a dietitian is critical in optimising dietary compliance</li> <li>• Don't forget about assessing bone density</li> <li>• Be wary of the elderly patient with malabsorption who may have refractory disease</li> <li>• Patient membership of <a href="#">Coeliac Australia</a> provides useful support and resources</li> </ul>				
<p><b>RESOURCES</b></p> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1697 435 1865"><b>Read</b></td> <td data-bbox="435 1697 1497 1865"> <ul style="list-style-type: none"> <li>• <a href="#">Coeliac disease: recognition, assessment and management</a> – UK NICE Guidelines</li> <li>• <a href="#">Guidelines on the diagnosis and management of adult coeliac disease</a> – UK Guidelines</li> <li>• <a href="#">Evidence-Informed Expert Recommendations for the Management of Coeliac Disease in Children (Pediatrics, 2016)</a></li> </ul> </td> </tr> <tr> <td data-bbox="336 1865 435 1928"><b>Watch</b></td> <td data-bbox="435 1865 1497 1928"> <ul style="list-style-type: none"> <li>• <a href="#">Diagnosing coeliac disease – a brief guide for GPs</a></li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• <a href="#">Coeliac disease: recognition, assessment and management</a> – UK NICE Guidelines</li> <li>• <a href="#">Guidelines on the diagnosis and management of adult coeliac disease</a> – UK Guidelines</li> <li>• <a href="#">Evidence-Informed Expert Recommendations for the Management of Coeliac Disease in Children (Pediatrics, 2016)</a></li> </ul>	<b>Watch</b>	<ul style="list-style-type: none"> <li>• <a href="#">Diagnosing coeliac disease – a brief guide for GPs</a></li> </ul>
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<p><b>FOLLOW UP/ EXTENSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Ask the registrar to undertake the Clinical Reasoning Challenge under exam conditions</li> <li>• Suggest the registrar undertake an audit of 5-10 practice patients with coeliac disease</li> <li>• Get your registrar to prepare a teaching session on coeliac disease for a clinical meeting</li> <li>• Role play a patient newly diagnosed with coeliac disease needing to be educated regarding treatment with a gluten free diet</li> </ul>				

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## Clinical Reasoning Challenge

Miranda, a 26 year-old radio producer, has been troubled since adolescence by bloating, alternating diarrhoea and constipation, and abdominal cramps. In the last two years her work has been very demanding, and she complains of fatigue. After consulting a naturopath six months ago, she has excluded gluten and milk products from her diet. She feels much better, but still has some persistent gastrointestinal upset.

QUESTION 1. What are the MOST COMMON conditions that could account for Miranda's symptoms? List THREE conditions.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

QUESTION 2. What are the MOST IMPORTANT tests to investigate for coeliac disease in Miranda's case? List TWO tests.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_

QUESTION 3. In what clinical scenarios might genetic (HLA-DQ2/8 gene) testing be informative? List THREE examples.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

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## ANSWERS

### QUESTION 1

What are the MOST COMMON conditions that could account for Miranda's symptoms? List THREE conditions.

Diagnoses may include:

- Irritable bowel syndrome
- Anxiety disorder
- Coeliac disease
- Inflammatory bowel disease

### QUESTION 2

What are the MOST IMPORTANT tests to investigate for coeliac disease in Miranda's case? List TWO tests.

The most important investigations are coeliac serology and gastroscopy with small bowel biopsies. However, these may not be accurate as she is gluten free. A gluten challenge should be undertaken prior to these investigations.

Another important investigation approach is HLA-DQ2/8 genotyping. If negative, then coeliac disease can be excluded and gluten challenge avoided altogether.

### QUESTION 3

In what clinical scenarios might genetic (HLA-DQ2/8 gene) testing be informative? List THREE examples.

Scenarios include:

- On a gluten free diet at the time of testing (as in this case)
- Unclear coeliac serology or biopsy result
- Patient not improving on a gluten free diet