

# Coeliac disease

Coeliac disease has a prevalence of 1-2 per cent in the Australian population, but as it commonly presents in a non-specific manner, many people remain undiagnosed. Early diagnosis and appropriate management are 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 on which GP supervisors can educate their registrars.

<b>TEACHING AND LEARNING AREAS</b> 	<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>• <a href="#">Use and interpretation of tests for coeliac disease</a> - 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 and local pathways for referral</li> </ul>				
<b>PRE-SESSION ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Read the brief <a href="#">2014 AFP article on coeliac disease</a> as an overview</li> </ul>				
<b>TEACHING TIPS AND TRAPS</b> 	<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>• A positive test genetic test is not helpful in diagnosing coeliac disease as 30–50 per cent of the population carry the genes</li> <li>• <a href="#">Genetic testing is rarely required</a> 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>• <a href="#">Non-coeliac gluten sensitivity</a> is a separate clinical entity</li> </ul>				
<b>RESOURCES</b> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1688 432 1827"><b>Read</b></td> <td data-bbox="432 1688 1498 1827"> <ul style="list-style-type: none"> <li>• <a href="#">Guidelines on the diagnosis and management of adult coeliac disease</a> – 2014 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 1827 432 1899"><b>Watch</b></td> <td data-bbox="432 1827 1498 1899"> <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="#">Guidelines on the diagnosis and management of adult coeliac disease</a> – 2014 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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<b>FOLLOW UP/ EXTENSION ACTIVITIES</b> 	<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 five patients with coeliac disease for appropriate monitoring</li> <li>• <a href="#">Review the Coeliac Australia Health Professionals Hub</a></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 is the MOST IMPORTANT test to investigate for coeliac disease in Miranda's case?

\_\_\_\_\_

QUESTION 3. In what clinical scenarios might genetic (HLA-DQ2/8 genes) testing be indicated? 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 is the MOST IMPORTANT test to investigate for coeliac disease in Miranda's case?

The most important investigation at this point is coeliac serology. However, it may not be accurate as she is gluten free. A gluten challenge should be undertaken prior to testing.

### QUESTION 3

In what clinical scenarios might genetic (HLA-DQ2/8 genes) testing be indicated? 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