





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 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.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Pathophysiology of coeliac disease • Clinical features of coeliac disease in children and in adults • Indications for testing • Use and interpretation of coeliac serology, genetic testing and duodenal biopsy • Limitations and pitfalls of investigations e.g. IgA deficiency, gluten-free diet • Management and monitoring of coeliac disease • Indications for referral 				
PRE-SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the brief AFP article on coeliac disease as an overview 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Coeliac disease can present in many different ways and a high index of suspicion is required • Positive family history is an important risk factor • Ask about active gluten consumption prior to testing • A positive test genetic test is not helpful in diagnosing coeliac disease as 30–50 per cent of the population carry the genes but only 10 per cent of people who test positive will actually have coeliac disease • Genetic testing is rarely required but is useful for suspected false negative serology or failure to respond to a gluten free diet • The gluten free diet is challenging to adhere to, low in fibre and deficient in low GI foods • Referral to a dietitian is critical in optimising dietary compliance • Don't forget about assessing bone density • Be wary of the elderly patient with malabsorption who may have refractory disease • Non-coeliac gluten sensitivity is a separate clinical entity 				
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="335 1702 430 1825">Read</td> <td data-bbox="430 1702 1490 1825"> <ul style="list-style-type: none"> • Guidelines on the diagnosis and management of adult coeliac disease – UK Guidelines • Evidence-Informed Expert Recommendations for the Management of Coeliac Disease in Children (Pediatrics, 2016) </td> </tr> <tr> <td data-bbox="335 1825 430 1881">Watch</td> <td data-bbox="430 1825 1490 1881"> <ul style="list-style-type: none"> • Diagnosing coeliac disease – a brief guide for GPs </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Guidelines on the diagnosis and management of adult coeliac disease – UK Guidelines • Evidence-Informed Expert Recommendations for the Management of Coeliac Disease in Children (Pediatrics, 2016) 	Watch	<ul style="list-style-type: none"> • Diagnosing coeliac disease – a brief guide for GPs
Read	<ul style="list-style-type: none"> • Guidelines on the diagnosis and management of adult coeliac disease – UK Guidelines • Evidence-Informed Expert Recommendations for the Management of Coeliac Disease in Children (Pediatrics, 2016) 				
Watch	<ul style="list-style-type: none"> • Diagnosing coeliac disease – a brief guide for GPs 				
FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Ask the registrar to undertake the Clinical Reasoning Challenge under exam conditions • Suggest the registrar undertake an audit of five patients with coeliac disease for appropriate monitoring • Get your registrar to prepare a teaching session on coeliac disease for a clinical meeting • Role play a patient newly diagnosed with coeliac disease needing to be educated regarding treatment with a gluten free diet 				

Coeliac disease

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 _____

Coeliac disease

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.

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