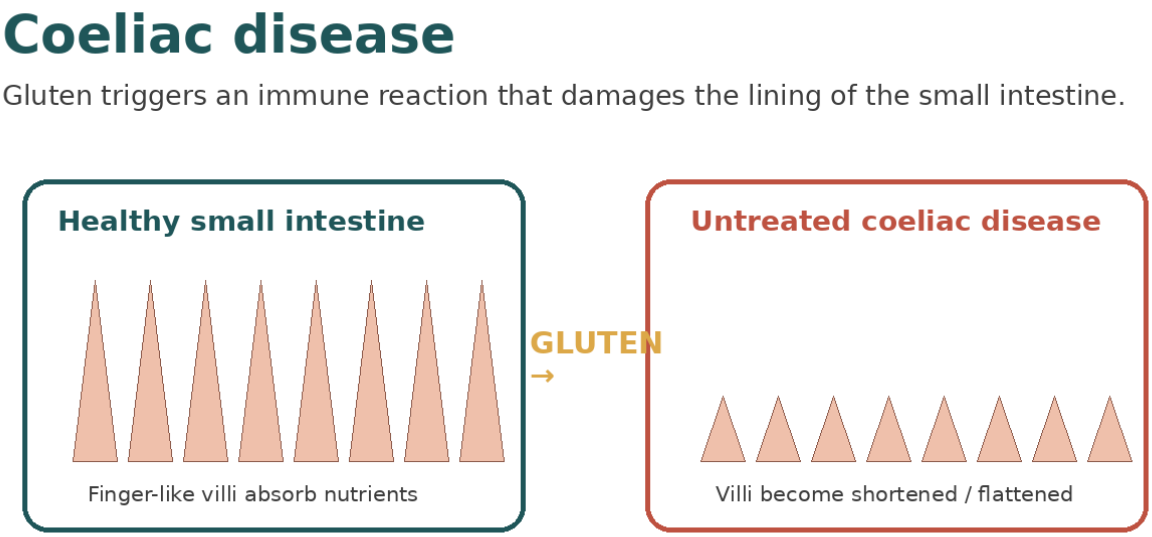
SHAMINDRA DIREKZE
GASTROENTEROLOGIST & HEPATOLOGIST

Coeliac Disease

Understanding diagnosis, treatment and the gluten-free diet



What is coeliac disease?

Coeliac disease is an autoimmune condition. In people with coeliac disease, eating gluten triggers the immune system to damage the lining of the small intestine. This can flatten the tiny finger-like projections called villi, reducing the absorption of iron, vitamins and other nutrients.

It is not a food allergy or simple intolerance

Coeliac disease is an immune-mediated condition and requires a strict lifelong gluten-free diet once the diagnosis has been established.

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What symptoms can it cause?

Bowel symptoms
Diarrhoea, constipation, abdominal pain, bloating, excessive wind, nausea or indigestion.

Tiredness & anaemia
Poor absorption of iron, folate or vitamin B12 can contribute to anaemia and fatigue.

Weight & nutrition
Unexpected weight loss can occur, although many people with coeliac disease have a normal or increased weight.

Mouth & skin
Recurrent mouth ulcers can occur. Dermatitis herpetiformis is an intensely itchy blistering rash associated with coeliac disease.

Bones & fertility
Untreated disease can contribute to low bone density/osteoporosis and may be associated with reproductive problems.

Few or no symptoms
Some people have very mild symptoms or are diagnosed through blood tests because they are in a higher-risk group.

How is coeliac disease diagnosed?

1. Blood tests

The usual first-line blood test measures coeliac antibodies, particularly IgA tissue transglutaminase (tTG), together with total IgA. Other antibody tests may be used depending on the results and whether IgA deficiency is present.

2. Gastroscopy and small-bowel biopsies

Adults with positive or strongly suspicious blood tests are commonly referred for gastroscopy. During the procedure, tiny biopsies are taken from the duodenum (the first part of the small intestine) and examined for the characteristic changes of coeliac disease.

IMPORTANT — keep eating gluten while being tested

Do NOT start a gluten-free diet before diagnostic testing is complete unless your specialist specifically advises otherwise. Reducing or stopping gluten can allow the bowel and antibody tests to improve and may make coeliac disease harder to diagnose.

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Treatment: a lifelong gluten-free diet

There is currently no medication that replaces the gluten-free diet. Once coeliac disease is confirmed, treatment is strict lifelong avoidance of gluten. This allows the intestine to heal, improves symptoms and reduces the risk of complications.

Foods that contain gluten

WHEAT, BARLEY and RYE contain gluten. This includes ordinary bread, pasta, pizza, cakes, biscuits, many breakfast cereals, couscous, semolina, durum wheat, spelt and many foods containing malt. Gluten can also appear in sauces, gravies, soups and processed foods.

Foods that are naturally gluten-free

Fruit, vegetables, potatoes, rice, corn/maize, quinoa, buckwheat, pulses, eggs, milk and cheese, and plain uncoated meat and fish are naturally gluten-free. Processed or packaged versions still need their labels checked.

Oats need special attention

Ordinary oats can be contaminated with wheat, barley or rye during production. In Ireland, choose oats specifically labelled GLUTEN-FREE. Most adults with coeliac disease can tolerate certified gluten-free oats, but a small minority react to the oat protein avenin. Discuss persistent symptoms or abnormal blood tests with your dietitian or doctor.

Avoiding cross-contamination

Even small amounts of gluten can matter. In a shared kitchen, practical precautions reduce accidental exposure:

- Use a clean preparation area and remove crumbs before preparing gluten-free food.
- Consider a separate toaster or toaster bags for gluten-free bread.
- Do not share butter, jam or other spreads if a knife carrying ordinary breadcrumbs may have been dipped into them.
- Use clean chopping boards, utensils, pans and surfaces.
- Keep gluten-free flour and foods protected from ordinary flour and crumbs.
- When eating out, tell staff that you have coeliac disease and require food to be prepared without gluten contamination.

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Reading food labels

Look for 'gluten-free'

In the EU, a food labelled 'gluten-free' must contain no more than 20 mg/kg (20 ppm) of gluten. On packaged foods, cereals containing gluten are required to be highlighted in the ingredients list. Check labels each time because recipes can change.

Nutrition after diagnosis

A dietitian with experience in coeliac disease can help you build a nutritionally balanced gluten-free diet. At diagnosis, your doctor may check for deficiencies such as iron, folate, vitamin B12 and vitamin D. Supplements may be recommended if deficiencies are present.

Bone health

Coeliac disease can affect bone strength. Adequate calcium and vitamin D, regular weight-bearing exercise, and assessment of bone health when clinically appropriate are important.

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Follow-up

Coeliac disease requires ongoing follow-up even when you feel well. An annual review is useful to assess symptoms, weight, dietary adherence, nutritional status and whether further blood tests are needed.

Coeliac antibody blood tests

Repeat coeliac serology, such as tTG antibodies, can help assess response to the gluten-free diet. Falling or normalising antibody levels are reassuring, although blood tests do not replace dietary review or clinical assessment.

If symptoms continue

Persistent symptoms do not automatically mean refractory coeliac disease. Common reasons include accidental gluten exposure, lactose intolerance during early healing, irritable bowel syndrome or another gastrointestinal condition. Your doctor and dietitian can review this and arrange further investigation when needed.

Family members

Coeliac disease can run in families. First-degree relatives — parents, brothers, sisters and children — have an increased risk and should discuss testing with their GP, particularly if they have symptoms or another associated autoimmune condition.

When should I seek medical review?

Arrange medical assessment if you have:

Persistent diarrhoea or vomiting; unexplained weight loss; ongoing abdominal pain; significant fatigue or anaemia; blood in the stool; symptoms despite following a gluten-free diet; or difficulty maintaining adequate nutrition.

Key points

- Do not start a gluten-free diet until diagnostic testing has been completed.
- Once coeliac disease is confirmed, treatment is a strict lifelong gluten-free diet.
- Avoid wheat, barley and rye; choose only oats specifically labelled gluten-free.
- Prevent cross-contamination at home and when eating out.
- See a dietitian after diagnosis and have regular follow-up to check nutrition and response to treatment.
- Coeliac disease can occur with few symptoms — feeling well after eating gluten does not mean it is safe.

Useful Irish resource: The Coeliac Society of Ireland provides information on food labelling, gluten-free products, eating out and living with coeliac disease.

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GASTROENTEROLOGIST & HEPATOLOGIST

This leaflet provides general information and does not replace individual medical or dietetic advice.

For more information, scan the QR below code to visit our website: