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**Primary Care Physicians:**  
**Please watch for Celiac Disease in your patients**

*“One in 133 HEALTHY (no “apparent” symptoms) people has celiac disease.*

*It’s the most common genetic disease of humankind.”*

*Alessio Fasano, M.D., Center for Celiac Research, Maryland*

Celiac Disease is an inherited autoimmune disease characterized by intolerance to gluten, a proteinaceous component of wheat, rye and barley. Recent research has established that it is much more prevalent than previously believed. Symptoms are not always gastrointestinal; they are often nonspecific. Dietary compliance is relatively easy to achieve in today's world, and failure to comply may lead to serious long-term consequences. Persons who carry the trait may be asymptomatic for part or all of their lives but can pass the genetic trait to their progeny, AND are susceptible to serious associated conditions and complications. Hence, awareness on the part of physicians is indicated.

- Celiac Disease is very common. New prevalence figures (2/03) indicate one in 133 HEALTHY individuals has celiac disease.
- Only about 30 percent of celiacs show “classic” symptoms. The other 70 percent are asymptomatic (no symptoms whatsoever) or show “atypical” symptoms. Even those without classic symptoms are at risk of developing associated conditions, since internal damage occurs, even in the absence of symptoms.
- Classic symptoms – adults
  - anemia/fatigue
  - gastrointestinal distress (diarrhea, constipation, gas, bloating)
  - Change in appetite
  - Gastric reflux; GERD
  - Headache
- Classic symptoms – children (6-18 months)
  - Diarrhea or constipation, steatorrhea (oily or greasy stools), failure to thrive, lack of muscle definition, distended abdomen, irritability, listlessness, poor muscle tone.
- Atypical symptoms  
Extraintestinal forms:
  - Musculoskeletal system (short stature, osteoporosis)
  - Skin and mucous membrane (Dermatitis Herpetiformis or DH)
  - Reproductive, including delayed onset of puberty and infertility
  - Hematological: anemia
  - Central nervous system: behavioral changes, epilepsy, seizure, depression
  - Joint pain
  - Early menopause
- Celiac disease is often misdiagnosed as being:
  - IBS (irritable bowel syndrome)



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- IBD (inflammatory bowel disease)
- Lactose intolerance
- Crohn's Disease
- Ulcerative colitis
- Yeast overgrowth
- Undefined anemia
- Depression
- Eczema (dermatitis herpetiformis)
- Chronic fatigue syndrome
- Fibromyalgia
- Anorexia
- Parasites/amoeba/infection/infestation
- Testing
  - Serological – Tissue transglutaminase (tTg) (IgA), and antiendomysial antibody (EMA) (IgA); antigliadin antibody (IgA and IgG) are less specific, and therefore less valuable
  - To confirm: follow-up biopsy of the small intestine via endoscopy (several samples)

- Treatment

The treatment for celiac disease is strict adherence to a gluten-free diet for life. Gliadin, a fraction of gluten, is the offending prolamine of the gluten protein, and is found in wheat. Rye and barley also have offending prolamines, and oats are questionable due to contamination.

- Failure to diagnose celiac disease (or failure to remain on a gluten-free diet), even for those without symptoms, can lead to:
  - Severe anemia
  - Osteoporosis
  - Vitamin K deficiency associated with risk for hemorrhaging
  - Pancreatic insufficiency
  - Diabetes and other autoimmune conditions
  - Infertility
  - Intestinal lymphomas (and possibly other GI cancers)
  - Malnourishment
  - Autoimmune thyroid disease
  - Additional food sensitivities/lactose intolerance
  - Muscle weakness/pain – joint pain
  - Premature death
- In Europe, the diagnosis of celiac disease takes about 4-8 weeks. In some areas of Italy, all children are tested for celiac disease by age six. In the United States, only symptomatic patients are tested and then only if the physician thinks of celiac disease. In this country, the average length of time between onset of symptoms and diagnosis is 10-13 years.