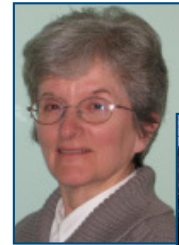


Testing for Celiac Disease: Who, What and Why?

by Susan Lockhart, PhD and Maria Rivera-Trudeau, MBA

Celiac disease (CD) and non-celiac gluten intolerance (NCGI), once considered rare, are now known to be common. With increased awareness of CD and NCGI, healthcare providers and their patients are thinking more about testing for these conditions. Celiac disease is diagnosed through a medical history (symptoms), blood tests and a biopsy of the small intestine. Unlike in other countries, testing for CD is not routinely done in the US unless there is a medical reason.



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Who should get tested?

First and second degree relatives of patients who have CD and children with growth retardation are candidates for testing. Also, persons with diseases known to be associated with CD may also need to be tested. It is important for patients to discuss all of their symptoms with their primary care provider or gastroenterologist and to ask about CD testing if their symptoms are not resolved.

Symptoms of celiac disease vary from person to person and may occur in the digestive system or in other parts of the body. Digestive symptoms may include abdominal bloating and pain, chronic diarrhea, vomiting, constipation and weight loss. Adults may also have one or more of these symptoms: unexplained anemia, fatigue, arthritis, bone loss or osteoporosis, depression, tingling numbness in the hands and feet, infertility or recurrent miscarriage and an itchy skin rash called dermatitis herpetiformis.

What is the testing process?

Celiac disease triggers the immune system to produce specific antibodies that can be measured in the blood. If blood tests are positive for these antibodies, the next step is to perform a biopsy of the small intestine. A biopsy that shows signs of CD (such as abnormal villi and inflammation) will lead to a recommendation for a gluten-free diet. If symptoms go away and antibody tests are normal after being on a gluten-free diet for some time, the diagnosis of CD is confirmed. Individuals must stay on a diet that contains gluten prior to testing. Otherwise, the results may be negative for CD even if the disease is present. Persons with NCGI can have a history of similar symptoms as persons with CD. They test negative for CD and wheat allergy, but experience resolution of symptoms on a gluten-free diet.

Why Test?

Undiagnosed CD damages the small intestine and interferes with nutrient absorption. Without diagnosis and treatment, people with CD may have long-term complications that include malnutrition (which can lead to anemia, osteoporosis, and miscarriage, among other problems), liver diseases and cancers of the intestine.

Many persons go years suffering with symptoms of CD before they are properly diagnosed. Confirming your diagnosis through testing and going on a gluten-free diet can resolve symptoms, help your body heal and improve your quality of life.

What's next?

The only treatment for CD and NCDI is a gluten-free diet. To stay well, people with CD must avoid gluten for the rest of their lives. Eating even a small amount of gluten can damage the small intestine. Newly diagnosed persons can get off to a good start by consulting with a dietitian about a nutritionally-balanced, gluten-free diet plan and by joining local or national gluten-free educational and support groups.

For more information, the following resources may be helpful:

[Gluten Intolerance Group](#), a national organization with local chapters

[Enterolab](#), a clinical laboratory specializing in intestinal conditions caused by immune reactivity to gluten

[Live2BGlutenFree, LLC](#), an online resource with recipes and practical tips on living a gluten-free lifestyle

[MedScape](#), a resource that offers free registration for information on CD and other medical and health-related conditions

References:

[NDDIC](#), National Digestive Diseases Information Clearinghouse.

*[MedScape](#); *Advances in Celiac Disease: Diagnosis and Surveillance*,*

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