

key points

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Coeliac disease occurs in about 1% of the UK population

and is a condition that all GPs can expect to encounter. It may cause digestive symptoms and is also responsible for a range of non-gastrointestinal problems and lifelong ill health. The most common mode of presentation is anaemia.

The majority of patients with coeliac disease remain

undiagnosed. Only 10% of cases have been recognised.

Dermatitis herpetiformis, a characteristic itchy rash on

the upper body, is usually associated with coeliac disease. Coeliac disease is also prevalent in patients with a number of other conditions, especially other autoimmune disorders such as type 1 diabetes and thyroid disease.

The initial diagnosis of coeliac disease can now be made

easily with simple blood tests. Patients should be tested for tissue transglutaminase (tTG) antibodies and endomysial antibodies. Diagnosis is confirmed by endoscopically guided duodenal biopsy.

Patients should not be started on a gluten-free diet until

diagnosis has been confirmed by biopsy.

The only treatment for coeliac disease is a lifelong

gluten-free diet. This involves exclusion of all foods containing wheat, barley and rye. Coeliac UK provides dietary updates and publishes an annual guide to which foods are gluten-free.

Folic acid and iron deficiencies are frequent

and patients often need supplements. B₁₂ deficiency requires replacement. Patients with coeliac disease are often vitamin D deficient and have secondary hyperparathyroidism. There may be reduced bone mineral density.

Aspects of long-term care include looking for

associated hypothyroidism and advice about pneumococcal and other vaccinations in patients who may have hyposplenism.