

Table 3

Summary of British Society of Gastroenterology recommendations for preventing fracture in adults with coeliac disease

General advice

- Encourage frequent weight-bearing exercise (including walking, using stairs, gardening and housework)
- Ensure nutritious diet
- Ensure adequate dietary calcium; add calcium tablets if necessary to ensure daily intake of 1000mg (1200mg for postmenopausal women and men >55)
- Seek (*check calcium, ALP and then consider PTH*) and treat vitamin D deficiency
- No smoking
- Avoid alcohol excess

Strict gluten-free diet

DEXA for those at higher risk of osteoporosis¹ eg 2 or more of:

- Persisting symptoms on gluten-free diet for 1 year or poor adherence to gluten-free diet
- Weight loss >10%
- BMI <20
- Age >70

Treatment of osteoporosis if low T-score² on DEXA and risk factors, or if prior fragility fracture:

- Oral bisphosphonate long term³ (eg weekly risedronate or alendronic acid)
- Intolerance of oral bisphosphonate: consider 3-monthly iv ibandronic acid or an alternative class of drug (see below)
- Intolerance or failure of bisphosphonate in postmenopausal women or men aged >55 consider:
 - Raloxifene (for postmenopausal women long term)
 - Teriparatide (by daily injection for 18 months)
 - Calcitonin by intranasal spray
- Men with low BMD: consider hypogonadism – check blood testosterone and replace if low (*NB a normal level does not exclude hypogonadism because there appears to be androgen resistance, especially before treatment with a GFD*)

¹ See full guidelines for review of risk factors. This is a suggestion in the absence of firm evidence

² There is no single T-score threshold below which treatment must be given. If risk factors are substantial a T-score of <-1.5 might be appropriate; if risk factors are slight a T-score of <-3.0 might be appropriate. Age in particular should be taken into account

³ But see guideline for duration of treatment, especially in younger patients