

ARE YOU DIAGNOSING THE WHOLE ICEBERG OR JUST THE TIP?

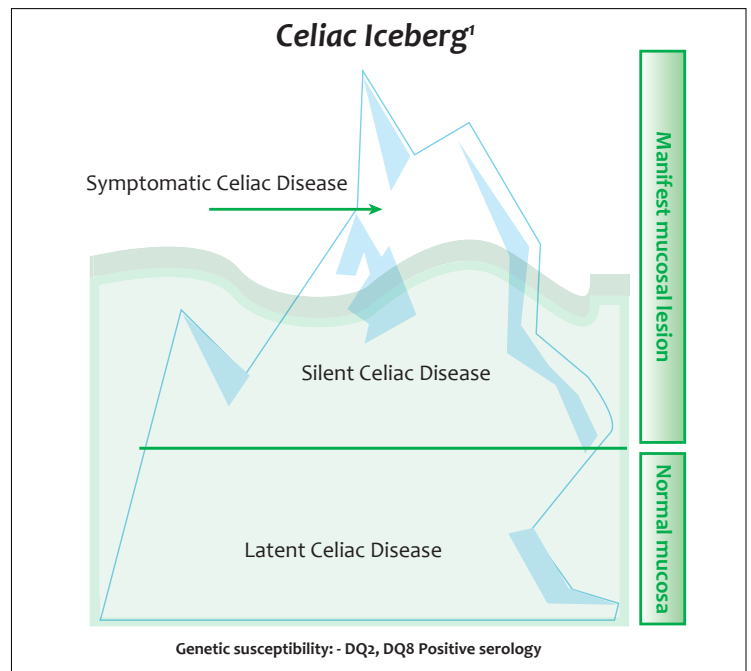
With celiac disease, the treatment is relatively easy; the hard part is ensuring the correct diagnosis. An estimated 3 million Americans have celiac disease, but most do not even know it. Celiac disease is the most common inherited autoimmune illness in America. It is thought to affect 1% of the entire U.S. population, though 98% of those who have it have not been diagnosed.

It takes the average patient 7 years to get a diagnosis of celiac disease. In that time, most patients have seen many clinicians, and they have been misdiagnosed with irritable bowel syndrome, spastic colon, diverticulitis, intestinal infections, chronic fatigue syndrome, reflux, or depression. This variety of diagnoses is a testament to the varied symptoms patients can exhibit with celiac; many patients do not even have gastrointestinal symptoms. Because of this lack of symptoms, many clinicians now test for celiac disease or gluten sensitivity when someone has symptoms of malnutrition, malabsorption, joint pain, or when investigating anemia, osteoporosis, infertility, or seizures (certain types are linked to celiac disease). In children, celiac disease tests may be ordered when a child exhibits gastrointestinal symptoms, delayed development, short stature, and/or a failure to thrive.

It is also important to know that celiac disease has triggers that can initiate disease onset. Some of the known triggers are post-partum, pregnancy, infections, stress, or overuse of antibiotics. These triggers can also complicate diagnosis because patients may have been previously tested, and sometimes physicians assume that if the patient tested negative once they will always test negative.

To gain a proper evaluation of celiac disease, a physician will order a celiac test that will look at immune reaction to gluten. Though a distal duodenal biopsy is the gold standard for the diagnosis of celiac disease, a normal biopsy does not definitively exclude celiac disease or gluten sensitivity. Many physicians rely on laboratory testing and withdrawal and improvement for diagnosis. The test should include:

- Total IgA
- IgA antitissue transglutaminase (IgA-tTg)
- Anti-gliadin IgA(IgA-AGA)



The good news is that the damage can be repaired. Once a gluten-free diet is initiated, most patients notice a significant reduction in symptoms. It typically takes children about six months to heal their villi and completely restore gut function; adults generally take one to two years or less. Because the impaired villi can lead to malabsorption, it is important to also check your patient's overall nutritional status. Many patients with malabsorption develop deficiencies of fat-soluble vitamins, fats, and other nutrients; restoring these nutrients will aid in healing. Testing nutrient levels can help determine how aggressive nutritional treatments should be. Additional testing to help determine a patient's nutritional status includes:

- IONSM (complete nutritional and metabolic panel) to determine metabolic function, amino acid, mineral, and fatty acid levels along with evaluation of vitamins including D, E, A, and B
- CRP (C-Reactive protein) to evaluate inflammation
- IgG and IgE food reactions to evaluate immune reactions to foods
- Stool testing to evaluate: fat malabsorption, a significant problem in celiac patients; predominate bacteria which are often decreased in active celiac disease; and antigliadin antibody to evaluate dietary compliance
- CBC (complete blood count) to look for anemia

For more information about celiac disease screening, please visit our Celiac Profile page at www.metamatrix.com/ceciac.

1. Hamilton, FA., Celiac Disease – A not so Uncommon Disorder. <http://www.cfsan.fda.gov/~dms/gluthami/gluham4.htm>, 2005.