

WHAT IS CELIAC DISEASE?



Celiac disease (CD) is a permanent intolerance to gluten, a protein found in various wheat, rye, barley and triticale. Gluten consumption damages the small intestine and can result in malnutrition, anemia, nutritional deficiencies, an increased risk of other autoimmune diseases and some cancers of the gut.

Dermatitis herpetiformis (DH) is celiac disease of the skin, and is characterized by blistering, intensely itchy skin. The rash has a symmetrical distribution and is most frequently found on elbows, knees, buttocks, back of the neck, scalp and upper back. People with dermatitis herpetiformis can have gastrointestinal damage without obvious symptoms.

PREVALENCE

CD affects 1:100 people in the United States.^{1,2} Growing awareness, earlier diagnosis and improved blood screening point to the likelihood of similar prevalence figures in Canada.



GENETICS

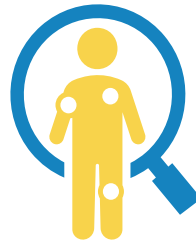
CD is an inherited condition, and it can appear at any age. Parents, siblings and children of individuals with CD are at the highest risk of having unrecognized CD (5-15%). Environmental factors such as emotional stress, pregnancy, surgery or an infection can sometimes trigger the onset of symptoms.



SYMPTOMS

Symptoms of untreated CD can vary greatly from person to person. In some cases, undiagnosed adults with CD have only iron deficiency anemia without digestive or intestinal symptoms.

Similarities between symptoms of CD and other conditions often lead to a misdiagnosis of irritable bowel syndrome, lactose intolerance, chronic fatigue syndrome or diverticulosis.



The following symptoms may occur individually or in combination in children or adults:

- Indigestion and nausea
- Abdominal bloating, pain, cramping or gas
- Lactose intolerance
- Anemia – iron, folate or b12 deficiency
- Extreme weakness and fatigue
- Migraine
- Bone/joint pain
- Swelling of ankles and hands
- Recurring/persistent diarrhea
- Constipation
- Weight loss
- Deficiency of vitamins a, d, e, and k
- Mouth ulcers/canker sores
- Depression
- Menstrual irregularities
- Infertility/miscarriages

Additional symptoms in children:

- Delayed growth
- Irritability and behavioural changes
- Vomiting
- Delayed puberty
- Dental enamel abnormalities



ASSOCIATED CONDITIONS



CD often occurs with other diseases. If you have any of the following conditions, consider having your blood tested for CD.

- Family history of CD
- Type 1 diabetes
- Autoimmune hepatitis
- Lymphoma
- Infertility
- Osteoporosis
- Down Syndrome
- Turner Syndrome
- Unexplained liver enzyme elevations



DIAGNOSIS

There are blood tests available to screen for CD in people with mild or atypical symptoms and those in high-risk groups. Such tests may suggest that a person has CD, but they do not replace the need for an intestinal biopsy.

Small intestinal biopsies are the ONLY definitive means of diagnosing CD.

A gluten-free diet should not be started before the blood tests and biopsies are done, since it can interfere with making an accurate diagnosis.



TREATMENT

The only current treatment for CD is a strict gluten-free diet for life. This will enable recovery of the gut and may reduce the risk of developing other associated diseases and complications. Patients should be referred to a registered dietitian with expertise in CD for a nutrition assessment, education and follow-up. Regular follow-up with your physician is also recommended.

All persons with CD are encouraged to join their local chapter of the Canadian Celiac Association (CCA) for valuable practical information and ongoing support. For more information on CD, contact the Canadian Celiac Association or go to the CCA website: www.celiac.ca.



References:

1. NIH consensus document web link: http://consensus.nih.gov/cons/118/118cdc_intro.htm.
2. Fasano A, Berti I, Gerarduzzi T, et al. Prevalence of celiac disease in at-risk and not-at-risk groups in the United States. Arch Intern Med 2003; 163:286-292.



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