

Following Patients with Celiac Disease: Guidelines for Family Physicians

Management	At diagnosis	At 3 months	At 6 months	At 1 year	Annual	Symptom recurrence
Measure weight and BMI	Yes	Yes	Yes	Yes	Yes	Yes
Measure growth (child)	Yes	Yes	Yes	Yes	Yes	Yes
History and physical exam	Yes	Yes	Yes	Yes	Yes	Yes
Education re: gluten-free diet (GFD)	Yes	Yes	Yes	Yes	Yes	Yes
Refer to registered dietitian (RD) with expertise in GFD	Yes	Yes	By request	By request	Yes (Ideal)	Yes
Screen for nutrient deficiencies (1)	Yes		If previously abnormal	If previously abnormal	If previously abnormal	Yes
Celiac serology (TTGA, DGPA or EMA)	If not already done		Yes	Yes	Yes (2)	Yes

Management	At diagnosis	At 3 months	At 6 months	At 1 year	Annual	Symptom recurrence
Serum ALT, AST, ALP, GGT	Yes		If previously abnormal	If previously abnormal	If previously abnormal	Yes
Serum TSH	Yes				Every 2 years	
Bone density measurement	If signs of metabolic bone disease (3), severe malabsorption, or other risk factors for osteoporosis			In some adults (4)	If previously abnormal, every 2 years	
Re-refer to gastroenterologist						Abnormal serology or symptoms after RD review (5)

1. Tests include CBC, iron studies or ferritin, folate, calcium, albumin, phosphate, ALP, vitamin D and vitamin B12 as appropriate for each patient.
2. Although the serological tests are not robust enough to detect minor dietary indiscretions, a positive test is very suggestive of ongoing gluten exposure; repeat every 1-2 years.
3. Premature osteoporosis, fracture with mild trauma with follow-up every 1-2 years until recovery.
4. Peri- or postmenopausal women and men >50 yr of age or non-response to GFD at any age. If bone density measurement abnormal, repeat every 1-2 years until recovery. An abnormal bone density measurement in the GFD non-adherent patient may strengthen the argument for dietary compliance.
5. Non-responsive celiac disease:
 - o Failure to respond to 6-12 months of GFD or re-emergence of symptoms/laboratory abnormalities while on a GFD
 - o Most common cause: intentional or accidental gluten exposure in the diet; ingestion of hidden gluten can come from a variety of unexpected sources
 - o Consider concurrent irritable bowel syndrome (IBS), primary or secondary lactose intolerance, FODMAP intolerances, small intestinal bacterial overgrowth, microscopic colitis, secondary pancreatic insufficiency, eating disorders, food allergies, inflammatory bowel disease, gastroparesis, peptic ulcer disease & refractory celiac disease
 - o Repeat endoscopy with special evaluation of small intestinal biopsy may be indicated

GFD = gluten-free diet, CBC = complete blood count, ALP = alkaline phosphatase, TTGA = tissue transglutaminase antibody, DGPA = deamidated gliadin peptide antibody, EMA = endomysial antibody, TSH = thyroid stimulating hormone

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