## **Coeliac Disease Clinical Management Pathway**

#### Signs/Symptoms and conditions in which to offer serological testing:

**ADULTS:** - Chronic or intermittent diarrhoea, weight loss, unexplained anaemia or persistent/ unexplained GI symptoms (inc. nausea, vomiting, pain, distension)

CHILDREN – bulky and pale stools, failure to thrive, diarrhoea, vomiting, abdominal distension, anaemia

**Conditions**: Irritable Bowel Syndrome Family history of Coeliac disease

Autoimmune thyroid disease Type 1 Diabetes Mellitus.

Patient presents with signs, symptoms or conditions listed and currently having a gluten containing diet

TTG serology testing: Ensure patient maintains a 'normal' diet i.e. one item of gluten containing food at least once a day, every day for 6 weeks minimum. Eg bread, pasta or chapattis.

Positive result – refer to gastroenterologist for intestinal biopsy

No diagnosis can be confirmed on serology and symptoms alone

If a patient refuses a normal diet prior to biopsy explain this will prevent an accurate diagnosis being made and will affect their treatment.

These patients can still be referred to the gastroenterologist.

Negative result – no further reason to suspect coeliac disease. No further action

Continuing clinical suspicion refer to gastroenterologist for further tests. Continue with a gluten containing diet.

#### Positive biopsy -

Diagnosis confirmed. Refer to dietitian. Follow management plan. **Negative biopsy** – No diagnosis of coeliac disease. No GF food scripts can be prescribed.

If negative biopsy and gastroenterologist remains suspicious of disease further testing can be undertaken i.e HLA OR CAPSULE ENDOSCOPY. If positive can diagnose coeliac.

## **POSITIVE RESULTS -**

diagnosis confirmed. Ensure referral to dietitian. Follow management plan provided.

# NEGATIVE HLA TYPING- No diagnosis of coeliac disease can be

disease can be made. No GF food scripts can be prescribed.

Consider family screening if felt appropriate.

# Clinical Management Plan to be set up and detailed by Gastroenterology.

Pt details
GP details
NHS number
Biopsy result and diagnosis
Follow up: each section to be filled/comments added
Follow up by secondary care:
Yes, annually.
No, refer back if pt having problems i.e. persistent symptoms despite GF diet.
GP to review annually.
Dietitian referral:
This patient has been referred into Rotherhams dietitian service for assessment and advice
Please refer this patient into Rotherhams dietitian service for assessment and advice
Vaccinations:
It is recommended that this patient receives a pneumococcal vaccination.
Bone Mineral Density:
Refer for BMD -
(If abnormal, but sub therapeutic repeat after 3 years. If normal repeat at age 55 in males and at menopause in females.)
Blood tests:
This patient should receive annual FBC to monitor calcium, iron, folate and B12
BMI:
Patients BMI should be monitored annually by the dietitian

Coeliac disease pathway – Judith Wilde August 2011

## **References:**

NICE guidelines for coeliac disease – Recognition and assessment of coeliac disease NICE guidelines 86 May 2009

CKS – www.cks.nhs.uk

Pulse – Coeliac disease update 8<sup>th</sup> September 2010 – Dr Sohail Butt

BSG- The management of adults with coeliac disease 2010