

Celiac Disease

Consider Screening for Celiac Disease for unexplained:

- GI symptoms
- Iron deficiency anemia
- Folate, B12, Vit A, D, K deficiency
- Osteoporosis
- Elevated LFT's or Protime

Conditions with increased incidence:

- 1st Degree relatives with celiac
- Type 1 diabetes mellitus
- Down's, Turner's and Williams' Syndromes
- Autoimmune Disorders
- Reproductive Disorders

Celiac disease may affect as many as 3 million Americans, about 1% of the U.S. population and can be manifested at any age.

Patients with a genetic predisposition (9HLA, DQ2, HLA, DQ8) react to gluten in wheat, barley and rye (oats often cross contaminated).

IgA TTG antibody is the best first screening step, if results are negative and strong suspicion for celiac remains, follow up with Serum IgA level (and or IgG TTG antibody) as up to 10% of celiac are IgA deficient.

Small Bowel Biopsy is indicated for confirmation of positive serology, for patients not responding to diet, and those suspected but with negative serology.

Key elements in the management of celiac disease:

- C**onsume no gluten
- E**ducation about the disease
- L**inks www.celiac.org, www.celiac.com, www.celiacsociety.com
- I**dentification and treatment of nutritional deficiencies
- A**ccess to an advocacy group
- C**onsult with Gastroenterologist and dietician as needed

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Did You Know

Referring physicians can speak with any of our providers via mobile phone. Call us at 336-768-6211 to request a provider's mobile number.

Introducing Updates in GI

We are pleased to present you with the first in a series of Updates in GI. We will be highlighting current topics of interest in Gastroenterology, practice guidelines, as well as identifying new trends.

Celiac Awareness

October is Celiac Sprue Awareness Month.

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