

Monitoring and follow-up of coeliac disease

Coeliac disease is a serious medical condition that requires a long-term follow-up plan to maintain excellent health and to prevent complications from occurring. Upon diagnosis, it is important to screen for associated conditions, assess bone density and screen family members for coeliac disease. Ongoing reviews are also essential to monitor adherence to the gluten free diet and to check for any nutrient deficiencies.

First six weeks

- **Join Coeliac Australia** - Those who join Coeliac Australia are better equipped to achieve a strict gluten free lifestyle than those who try to do it alone. Membership will provide you with all of the resources you need to manage your gluten free diet.
- **Visit a dietitian** - an Accredited Practising Dietitian will provide individualised education about the gluten free diet and tailor a plan to ensure your diet is balanced and healthy. The dietary impact of other medical conditions you may have will also be considered.
- **Family screening** - Immediate family members of someone with coeliac disease have a 1 in 10 chance of also having the condition. Family members should be screened for coeliac disease using the coeliac serology blood test. A positive blood test should be followed up by an endoscopy and small bowel biopsy to confirm diagnosis.
- **Bone density scan** - It is recommended that all adults diagnosed with coeliac disease have a bone density scan to check for osteopaenia or osteoporosis. Research has shown that one in every three adults newly diagnosed with coeliac disease has reduced bone mineral density. Those with medically diagnosed coeliac disease are entitled to a Medicare rebate for a bone density scan every two years. It is not necessary for children to have their bone density measured.
- **Screening for associated conditions**
 - Type 1 diabetes (fasting blood glucose test).
 - Electrolytes, e.g. sodium and potassium which measure kidney function.
 - Thyroid function test (Graves' disease or Hashimotos Thyroiditis).
 - Liver function tests.
 - Nutrient deficiencies - iron, calcium, phosphate, vitamin D, zinc, vitamin B12, folate, magnesium. Supplementation may be initially required to correct any deficiencies.

After six months

- **Coeliac serology blood tests** (tTG, DGP, total IgA) should be repeated. While levels of these antibodies can remain elevated for some months post diagnosis, gradual normalisation should occur. Once levels have returned to normal, subsequent re-elevation is a more reliable indicator of gluten re-exposure.
- **Other blood tests** - A full blood count, electrolytes, liver function tests, thyroid function, iron studies, calcium, phosphate, fasting or random glucose, zinc and magnesium blood tests should be conducted.

For further information
1300 458 836
www.coeliac.org.au

After 12 months

- **Duodenal biopsy** – the duodenal biopsy should be repeated 12-24 months after diagnosis to confirm healing. Complete healing of the small bowel may take longer than 12 months; however, some improvement should be seen. Ongoing biopsies are not required unless indicated by your gastroenterologist.
- The **coeliac serology** and **other blood tests** should also be repeated annually.

Ongoing

- The coeliac serology and other blood tests should be repeated annually.
- The bone density scan should be repeated every two years if required.
- Remain a member of Coeliac Australia – this will ensure that you are kept up-to-date with the most accurate and credible information on coeliac disease and the gluten free diet.
- Follow up with your dietitian.