

# Diagnosing Coeliac Disease?

As coeliac disease has significant health implications, a definitive diagnosis is paramount. The tests for coeliac disease are simple – just follow the steps below...

## 1. Keep eating gluten

Do not commence a gluten free diet prior to being tested for coeliac disease. If a gluten free diet has already been adopted, the tests used to diagnose coeliac disease are unreliable.

If gluten has been removed from the diet, a normal diet must be resumed for at least six weeks prior to testing. During this 'gluten challenge', four slices of wheat based bread (or equivalent) should be consumed each day (for adults). A gluten challenge can be a daunting prospect for some people who experience unpleasant symptoms. While symptoms may be fairly severe for the first few days of the challenge, they often reduce over time. It is important the gluten challenge is carried out properly to ensure reliable testing results.

## 2. Blood Tests are used for screening

Blood tests (coeliac serology) are used to screen for coeliac disease. Coeliac serology measures antibody levels in the blood which are typically elevated in people with untreated coeliac disease. The antibodies measured include:

- Anti-tissue transglutaminase antibodies (tTG-IgA).
- Deamidated gliadin peptide (DGP) IgA and IgG.
- Anti-endomysial antibodies (EMA). EMA is similar to tTG but is less commonly tested nowadays.

Total immunoglobulin (IgA) levels are often measured to exclude the 3% of people with coeliac disease who are deficient in IgA. IgA deficiency renders the tTG-IgA test unreliable. In children under the age of four years the tTG-IgA test is also less reliable. As antibody levels can fluctuate in children, it is suggested the antibody tests be performed on two occasions three months apart.

Importantly, blood tests are prone to error and a diagnosis of coeliac disease **SHOULD NOT** be made on the basis of blood test alone.

While a normal coeliac antibody result suggests that coeliac disease is unlikely, it can be falsely negative in up to 20% of cases. Doctors should consider further investigation of people who have risk-factors for coeliac disease irrespective of their antibody result.

## 3. A small bowel biopsy is essential

A diagnosis of coeliac disease can only be made by demonstrating the typical small bowel changes of coeliac disease (villous atrophy). This involves a gastroscopy (or endoscopy) in which several tiny samples (biopsies) of the small bowel are taken. A gastroscopy is a simple day procedure done under light anaesthetic sedation that takes about 10 minutes. In the majority of cases, the bowel damage present in those with untreated coeliac disease is not visible to the naked eye. The biopsies are examined under a microscope to confirm the presence of villous atrophy.

A repeat biopsy should occur approximately 18 – 24 months after commencing treatment with a gluten free diet to confirm small bowel healing. A healthy looking biopsy is good and means the gluten free diet is being followed adequately – but it does not mean coeliac disease has been cured. Relapse will occur if gluten is reintroduced to the diet. Coeliac disease is for life, and a gluten free diet needs to be followed lifelong to maintain health.

**If you think you may have coeliac disease, please consult your GP for a proper diagnosis.**

For further information  
1300 GLUTEN  
[www.sickandtired.com.au](http://www.sickandtired.com.au)

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