

Coeliac Disease

What is coeliac disease?

Coeliac disease is not an allergy. It is an autoimmune disease, which means that the body produces antibodies that attack its own tissues. In coeliac disease this is triggered by eating gluten, a protein found in the cereals wheat, rye, barley and oats. When people with coeliac disease eat gluten, the lining of the gut becomes damaged. Tiny, finger-like projections called villi become inflamed and then flattened, leaving less surface area to absorb nutrients. People with undiagnosed coeliac disease can, as a result, have a wide range of symptoms including nutritional deficiencies. Around 1 in 100 people have coeliac disease - although only approximately 20% are diagnosed.

Coeliac disease does run in families, but not in a predictable way. Overall, about 1 in 10 relatives of coeliac patients will themselves have coeliac disease. This means that there is at least a 90% chance that a blood relative will be unaffected.

The disease can present and be diagnosed at any age but the most common age of diagnosis is 40-50 years. Coeliac disease cannot be cured, but it can be managed effectively by following a life-long gluten free diet.

What do I need to do?

After diagnosis is complete you should start a gluten free diet, which is currently the only treatment for coeliac disease. Once gluten has been removed from your diet, the process of gut healing will begin immediately and you will probably feel better within a few weeks. However, it can take up to two years or more for the gut to recover completely and the absorption of nutrients to get back to normal. Joining your local Support Group can be helpful, as you will get advice and support from other people with coeliac disease.

Accepting the diagnosis

How people feel after being diagnosed with coeliac disease varies greatly between individuals. If you have suffered symptoms for years you may feel great relief that, at last, you can start to deal with the problem. Even those people who have not experienced symptoms will usually recognise an improvement in their health.

Despite this, some people find it hard to accept that they have a life-long disease and can become depressed. Support from our Helpline team and from local voluntary Support Groups can be particularly valuable at such times. If you think you may be becoming depressed you should discuss this with your GP.

Does coeliac disease put me at risk of other health problems?

Due to decreased absorption of calcium, people with coeliac disease are at a greater risk of low bone density (osteopenia) and osteoporosis. There is an increased risk of osteoporosis for women after menopause anyway, but these risks are greater in women who have coeliac disease, particularly if they are not diagnosed until later in life.

Osteopenia and osteoporosis are diagnosed by a bone scan called a DEXA scan. At the time of your coeliac diagnosis, your gastroenterologist or GP should have discussed the need for a DEXA scan with you. If you are not sure whether you should have had a DEXA scan, discuss this with your GP the next time you visit.

There is a link between coeliac disease and other auto-immune diseases. Common examples are Type 1 diabetes and thyroid disease, in which the thyroid gland may become either underactive or overactive. This can easily be monitored with a blood test from time to time.

Long term undiagnosed coeliac disease is associated with a small risk of developing certain kinds of rare gut cancer. However, these types of cancer are rare and research has shown that, once established on a gluten free diet, a person with coeliac disease is no longer an increased risk of developing these cancers when compared with the general population.

This information is for guidance only and should not replace advice given by your medical professional.

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