

Dear Doctor,

**A close relative of your patient has been diagnosed with coeliac disease  
Have you considered screening your patient?**

- 1<sup>st</sup> degree relatives have a 10% or greater chance of also being affected by coeliac disease.
- Typical symptoms include gastrointestinal upset, lethargy or anaemia, but symptoms often go unrecognised, or the patient may be truly asymptomatic.
- Early diagnosis and treatment of coeliac disease is important to reduce morbidity such as osteoporosis, malignancy, subfertility and general malaise.
- Targeted screening is the most effective way to detect coeliac disease.

**How to test:**

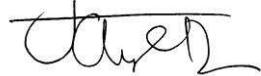
1. Confirm your patient is consuming a gluten-containing diet for accurate results (see over page for management if they are following a gluten free diet).
2. Request the following blood tests:
  - Coeliac serology, specifically:
    - i. Transglutaminase-IgA (tTG-IgA)
    - ii. Deamidated gliadin peptide-IgG (DGP-IgG)
  - HLA-DQ2/8 genotyping (useful when screening high-risk individuals e.g. those with a positive family history)

**How to interpret:**

- If tTG-IgA and/or DGP-IgG is positive refer to a gastroenterologist for confirmatory small bowel biopsy. **Serology alone is insufficient to diagnose coeliac disease.**
- A positive HLA-DQ2/8 gene test is not diagnostic of coeliac disease in isolation (approximately half of the general population are positive).
- **A negative HLA-DQ2/8 gene test has strong negative predictive value (<1% likelihood of coeliac disease being present) and means coeliac disease can be excluded.**
- If coeliac serology is negative but the patient is symptomatic and positive for HLA-DQ2 and/or HLA-DQ8 then consider referral to a gastroenterologist for further work-up.
- A HLA-DQ2 and/or HLA-DQ8 positive relative with normal coeliac serology is at-risk for the future development of coeliac disease and follow-up is warranted. Repeat screening is recommended if they become symptomatic (suggestive symptoms indicated over the page).

Thank you for your care.

Yours sincerely,



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Chair, Medical Advisory Committee of Coeliac Australia

**If your patient is on a gluten free diet prior to testing:**

**Option 1.** Recommend a gluten challenge: your patient needs to return to a gluten containing diet (equivalent of 4 slices of bread per day (2 for a child) for at least 6 weeks before testing).

**Option 2.** If your patient is reluctant or unable to complete a gluten challenge, offer HLA-DQ2/8 gene testing. If HLA DQ2/8 gene testing is negative coeliac disease can be safely excluded. If it is positive, then option 1 is the only feasible diagnostic approach.

**Symptoms and signs that should prompt testing for coeliac disease:**

- Chronic or intermittent gastrointestinal symptoms such as diarrhoea, constipation, abdominal pain, bloating or flatulence
- Prolonged fatigue ("tired all the time")
- Iron deficiency anaemia or nutritional deficiency
- Sudden or unexpected weight loss
- Dental enamel defects or mouth ulcers.
- Low-trauma fracture or premature osteoporosis
- Infertility
- Abnormal LFTs (especially elevated transaminases)
- Peripheral neuropathy, ataxia or epilepsy

**High-risk associations that should prompt testing for coeliac disease:**

- Family history of coeliac disease (10-20% risk)
- Autoimmune thyroid disease
- Type 1 diabetes
- Other autoimmune disease e.g. Addison's disease, Sjogren's syndrome, autoimmune liver disease
- Dermatitis herpetiformis (an itchy, blistering skin condition)
- Immunoglobulin A (IgA) deficiency
- Down's syndrome
- Turner syndrome

**Once coeliac disease has been diagnosed:**

1. Refer to a dietitian with a special interest in coeliac disease for nutritional education
2. Download the chronic disease management template to guide ongoing medical follow-up:  
<http://www.coeliac.org.au/health-professionals/>
3. Provide a membership referral letter for Coeliac Australia for ongoing support

**References:**

1. Anderson RP. *Aust Fam Physician*. 2005 Apr;34(4):239-42;
2. Kenrick K and Day AS. *Aust Fam Physician*. 2014 Oct;43(10):674-8;
3. Steele R et al. *Postgrad Med J*. 2011 Jan;87(1023):19-25;
4. Tye-Din JA et al. *Intern Med J*. 2015 Apr;45(4):441-50;
5. NICE guidelines, UK (2009). <https://www.nice.org.uk/guidance/cg86>