

DIETETIC-LED MANAGEMENT OF COELIAC DISEASE



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Coeliac disease affects approximately one percent of the Western European population (1) and is one of the most common gastrointestinal conditions seen. The only treatment for this condition is the strict life-long exclusion of gluten from the diet.

This however, is extremely challenging for the patient, particularly, for those who have very mild symptoms or are asymptomatic.

The follow-up care of patients with coeliac disease (after the diagnosis) varies hugely within the UK, ranging from patients with coeliac disease being seen in specialist clinics, to the other extreme of being discharged back to the community without any provision of a specialist service (either in primary or secondary care). In addition, the individuals providing the follow-up care could be family practitioners, gastroenterology consultants, nurse specialists or dietitians.

The British Society of Gastroenterology recommends that patients should receive life-long follow up through an annual review (2) because of potentially serious long-term complications such as lymphoma (3) and osteoporotic fractures (4), although the risk of these is small (5). The dietitian is best placed to provide this, to ensure that even experienced patients with coeliac disease do not inadvertently consume gluten. The Annual review is also essential to promote an overall balanced diet and discuss any nutritional issues or possible deficiencies which may arise. Evidence suggests that patients seen in a

dietetic-led coeliac clinic have improved outcomes (6) and that dietetic follow-up is the method of management preferred by the patient (7).

Within Southern Derbyshire, the dietitian takes the lead for the management of patients with coeliac disease across the whole of the patient pathway.

NEW PATIENT PATHWAY

Following discussions with Southern Derbyshire CCG and the gastroenterology consultants at the Royal Derby Hospital, major changes have been made to the local pathway for diagnosis and management of patients with coeliac disease. This has resulted in less hospital appointments, less unnecessary endoscopies and direct referral into dietetic services reducing the time to treatment implementation.

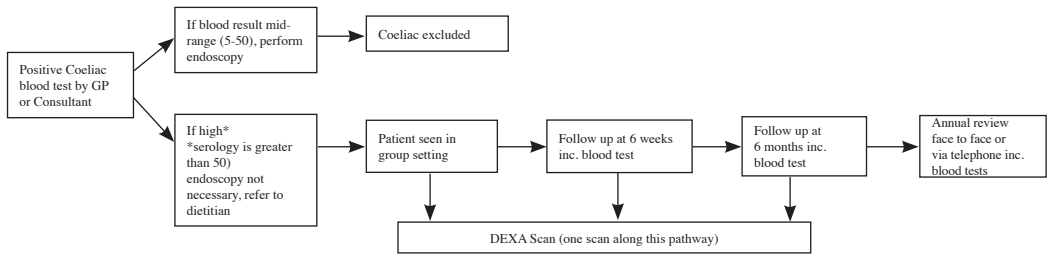
There is emerging evidence which indicates that if a coeliac serology blood test is over five times the normal range (above 50u/ml), then an endoscopy is not required. We have used this information to structure our new pathway (Figure 1).

DIETETIC-LED GROUP PATIENT EDUCATION SESSIONS

We have been offering dietetic-led group patient education sessions, as ▶

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Figure 1:



an alternative to individual outpatient clinic consultations, for our newly diagnosed coeliac patients since 2010. This was initiated to accommodate the increased number of referrals that we were receiving into the department for newly diagnosed patients. Due to capacity problems at that time, we were unable to offer these patients a one-to-one consultation.

Group sessions run every three weeks for 90 minutes; they are very informal and designed for patients to share their experiences. During the session, the condition and dietary management is introduced in detail, covering subjects such as hidden sources of gluten, cross contamination, the use of prescribable products and how to maintain a healthy gluten-free diet. Additional guidance is provided on the importance of ensuring adequate intakes of calcium and iron, how and when to introduce pure gluten-free oats and the appropriate use of barley malt extract. Group members are encouraged to ask questions throughout.

A pack of written information is provided to each attendee which contains our Gluten Free Diet Sheet, starter pack cards from various manufacturers, up-to-date prescription list and current guidance on units, as well as information regarding calcium and iron intakes.

A display, consisting of gluten-free food packages (both prescribable and supermarket free from ranges) is arranged for patients to look at and discuss.

Occasionally, a representative from one of the gluten-free manufacturers will attend and samples will be provided for the patients. Individuals are also encouraged to join Coeliac UK - the associated charity for patients with the coeliac condition.

Those who were felt not to be appropriate for the group, e.g. requiring interpreter servic-

es, or those not wishing to attend a group session, are given an appointment for a one-to-one consultation.

At the group session, the dietitian has access to all patients' biochemistry, so individual discussions regarding coeliac serology levels, along with iron, vitamin B12 and vitamin D can take place and, if necessary, supplementation can be discussed. There is also a check to see if referral for DEXA scan has been made.

A patient evaluation rounds the session off at the end of the 90 minutes. Feedback has always been positive (Table 1).

Table 1: Patient feedback from patient evaluation of coeliac group education sessions - 2014

"Very well presented."
 "I found it more useful than I had expected."
 "Very helpful."
 "I've thoroughly enjoyed the session."
 "I found today really helpful, nice to talk to others in the same situation."

The group sessions not only offer practical advice on how to maintain a gluten-free diet, but help patients with the social and psychological elements associated with any long-term condition.

Following on from the group session, as per the pathway above, patients are offered appointments to be followed up at eight weeks, six months and 12 months post diagnosis.

FOLLOW-UP DIETETIC-LED CLINICS

We have been operating follow-up dietetic-led coeliac clinics since 2007, with a clinic scheduled every week. Patients attending are those returning for their six-week, six-month, or 12-month

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*Gluten-Free Foods: a revised prescribing guide 2011

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Following on from the group session, as per the pathway above, patients are offered appointments to be followed up at eight weeks, six months and 12 months post diagnosis.

follow-up, or annual review, unless more frequent attendance has been identified. All care is managed by the dietitian, including the monitoring and interpretation of biochemistry and the requesting of DEXA scan and analysing of the results. This meets national guidelines for the surveillance of these patients with coeliac disease and is in line with the BSG guidelines for the management of the condition (2).

Prior to the appointment, all patients will have had the following blood tests: full blood count, ferritin, vitamin B12, folate, calcium, coeliac serology and vitamin D.

Each clinic appointment is a one-to-one consultation lasting 20 minutes. There is a re-

view of adherence to the gluten-free diet, assessment of changes to symptoms, discussion of blood results, along with weight check and thorough dietary assessment, including adequacy of calcium intake in light of DEXA results. At the six-month appointment, consideration will be made to the introduction of pure gluten-free oats and there will be a review of the gluten-free prescription process to ensure there are no outstanding issues or problems.

If any red flag symptoms (unintentional weight loss, altered bowel habits, blood in stools) are identified at the clinic appointment, then discussion will take place with a gastroenterologist and referral made as appropriate.

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Questions relating to: *Dietetic-led management of coeliac disease*

Type your answers below and then **print for your records** or print and complete answers by hand.

Q.1	Describe coeliac disease (CD) and its symptoms.
A	
Q.2	What is the treatment for coeliac disease?
A	
Q.3	What are the risks of non-adherence to treatment?
A	
Q.4	Why is lifelong follow-up of CD patients recommended by the British Society of Gastroenterology?
A	
Q.5	Summarise the new patient pathway for CD as used in Southern Derbyshire.
A	
Q.6	What have the positive results been of this new patient pathway?
A	
Q.7	When would an endoscopy not be required in diagnosis of CD?
A	
Q.8	Summarise what the dietetic-led group education sessions in Derby offer a CD patient.
A	
Q.9	What biochemistry and investigations are reviewed by the dietitian prior to a consultation with a patient with coeliac disease and what is the relevance of this monitoring?
A	

Please type additional notes here . . .