

Screening at-risk adolescents for celiac disease proves cost-effective

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The current standard practice of screening adolescents who are either symptomatic or at high-risk for celiac disease proves to be more cost-effective than universal screening. Additionally, the strategy is successful in preventing bone loss and fractures in celiac patients, according to a new study in *Clinical Gastroenterology and Hepatology*, the official clinical practice journal of the American Gastroenterological Association.

As many as 70 percent of untreated [celiac patients](#) experience decreased [bone mineral density](#), which can lead to increased risk of osteoporosis and non-traumatic hip and vertebral fractures. Stanford University researchers sought to understand the cost-effectiveness of universal screening for celiac disease versus screening only patients who are at risk for or showing symptoms of celiac disease, given the high risk, and associated costs, of non-traumatic hip and [vertebral fractures](#) if untreated or undiagnosed.

"Our study showed that conducting systematic screening of patients at risk of celiac disease is more cost effective than screening all adolescents for the disease," said KT Park, MD, MS, division of gastroenterology, hepatology and nutrition, department of pediatrics, Stanford University, and co-lead study author. "We determined that adopting a universal screening strategy fails to increase the long-term quality of life of the population as a whole, and introduces potential harm from unnecessary endoscopic evaluations of healthy individuals."

While the two methods proved similar in lifetime costs and quality of life measurements, screening only those who are at risk or who are showing symptoms was ultimately more cost effective—by a margin of \$60— in preventing bone loss and fractures among patients with undiagnosed or subclinical disease.

"There is an ongoing clinical concern in the GI community that the current practice of celiac [disease screening](#) misses a considerable proportion of asymptomatic patients due to the frequency of silent or inactive disease," added Dr. Park. "However, implementing universal screening to prevent bone disease and subsequent non-traumatic fractures alone in undiagnosed or untreated celiac disease patients does not appear to be a viable health policy alternative to the standard of care."

Further analysis of risk and cost of other potential consequences of undiagnosed and untreated celiac disease, such as anemia, infertility and malignancy, could change the cost-effectiveness of [universal screening](#) for celiac disease.

Provided by American Gastroenterological Association

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