

Growth screening could help detect celiac disease in kids

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Screening for five growth parameters helped detect celiac disease (CD) with good accuracy in both boys and girls because growth falters in most children with CD, according to an article published online by *JAMA Pediatrics*.

CD is an immune-mediated disorder brought on by gluten and characterized by a variety of nonspecific symptoms including poor growth, short stature and poor weight gain. CD is underdiagnosed during childhood and universal blood screening is not recommended for its diagnosis, according to the study background.

Antti Saari, M.D., of the University of Eastern Finland, and coauthors sought to develop cutoffs for screening for growth disorders and to test them for screening children with CD. In a reference population of 51,332 healthy children, five growth-screening parameters were developed: height <u>standard deviation</u> score and body mass index standard deviation score distance from the population mean, distance from target height, change in height standard deviation score, and change in <u>body</u> mass index standard deviation score. These parameters were also evaluated in 177 children with CD by analyzing growth data from birth until CD diagnosis.

The authors found that CD was detected with good accuracy when a combination of all five parameters was used for screening. The five screening parameters in combination performed better than any of the parameters alone. Overall, girls with CD were shorter than the reference



population two years prior to the diagnosis of CD and boys were shorter than the reference population one year prior to diagnosis.

"Growth failure remains an early and common feature in patients with CD and an up-to-date growth reference and well-established growthmonitoring program could facilitate the early diagnosis of CD. In addition, population-based screening for CD can be performed with good accuracy when several screening parameters for abnormal growth are used simultaneously in combination with the use of longitudinal growth data. Owing to the complex nature of evidence-based growth screening, this process should ideally be performed using computerized screening algorithms integrated into electronic health record systems," the study concludes.

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