

Evidence insufficient to screen for celiac disease

March 28 2017

The U.S. Preventive Services Task Force (USPSTF) has concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for celiac disease in asymptomatic persons. The report appears in the March 28 issue of *JAMA*.

This is an I statement, indicating that evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Celiac disease is caused by an immune response in persons who are genetically susceptible to dietary gluten, a protein complex found in wheat, rye, and barley. Ingestion of gluten by persons with celiac disease causes inflammatory damage to the small intestine, which can cause gastrointestinal and nongastrointestinal illness. The estimated prevalence among U.S. adults ranges from 0.40% to 0.95%.

To issue a new recommendation, the USPSTF reviewed the evidence on the accuracy of [screening](#) for celiac disease in asymptomatic adults, adolescents, and children; the potential benefits and harms of screening vs not screening and targeted vs [universal screening](#); and the benefits and harms of treatment of screen-detected celiac disease.

The USPSTF is an independent, volunteer panel of experts that makes recommendations about the effectiveness of specific preventive care services such as screenings, counseling services, and preventive medications.

Detection

The USPSTF found inadequate evidence regarding the accuracy of screening tests for celiac disease in asymptomatic populations.

Benefits of Early Detection and Intervention or Treatment

The USPSTF found inadequate evidence on the effectiveness of screening for celiac disease in asymptomatic adults, adolescents, and children with regard to morbidity, mortality, or quality of life. The USPSTF also found inadequate evidence on the effectiveness of targeted screening in persons who are at increased risk for celiac disease (e.g., persons with family history or other risk factors), or on the effectiveness of treatment of screen-detected, asymptomatic celiac disease to improve morbidity, mortality, or quality of life compared with no treatment or treatment initiated after clinical diagnosis.

Harms of Early Detection and Intervention or Treatment

The USPSTF found inadequate evidence on the harms of screening for or treatment of celiac disease.

Summary

The USPSTF found inadequate evidence on the accuracy of screening for celiac [disease](#), the potential benefits and harms of screening vs not screening or targeted vs universal screening, and the potential benefits and harms of [treatment](#) of screen-detected [celiac disease](#).

More information: *JAMA*, [DOI: 10.1001/jama.2017.1462](https://doi.org/10.1001/jama.2017.1462)

Provided by The JAMA Network Journals

Citation: Evidence insufficient to screen for celiac disease (2017, March 28) retrieved 11 May 2024 from <https://medicalxpress.com/news/2017-03-evidence-insufficient-screen-celiac-disease.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.