

Recommendations updated for management of celiac disease

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In clinical guidelines published in the January issue of the *American*

Journal of Gastroenterology, updated recommendations are presented for the evaluation and management of patients with celiac disease (CD), defined as a permanent immune-mediated response to gluten present in wheat, barley, and rye.

Alberto Rubio-Tapia, M.D., from the Cleveland Clinic, and colleagues updated the 2013 American College of Gastroenterology Guideline on the Diagnosis and Management of Celiac Disease recommendations for the evaluation and management of patients with CD.

The authors present key concepts from eight recommendations. Multiple biopsies of the duodenum are necessary for CD diagnosis. For differential diagnosis of other malabsorptive disorders or enteropathies, esophagogastroduodenoscopy and duodenal biopsies can be useful. For monitoring cases with a lack of clinical response or relapse of symptoms despite a [gluten-free diet](#) (GFD), upper endoscopy with intestinal biopsies is helpful.

For adults in the absence of symptoms after two years of starting a GFD, follow-up biopsy could be considered for the assessment of mucosal healing. For assessing diet adherence, the standard of care involves an interview with a dietician with expertise in GFD. Technologies to detect gluten in food may not differentiate between clinically significant and trivial gluten exposure. For most individuals with CD, oat consumption seems safe, but it may be immunogenic for a subset of patients.

"When exercising clinical judgment, particularly when treatments pose significant risks, [health care providers](#) should incorporate this guideline in addition to patient-specific medical comorbidities, [health status](#), and preferences to arrive at a patient-centered care approach," the authors write.

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