

Abstract

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Undiagnosed coeliac disease and nutritional deficiencies in adults screened in primary health care.

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OBJECTIVE: To compare the nutritional parameters of individuals with a previous diagnosis of coeliac disease (CD) with those of screen-detected patients in a large cohort of adults in primary care.

MATERIAL AND METHODS: A cohort of 1900 adults (aged 18-64 years) was screened for tissue transglutaminase antibodies (TG2A) in primary care in the capital region of Finland. IgA-endomysium antibodies (EmA), HLA-DQ2/8 associated with CD were determined in positive individuals. Folate, iron, and transferrin receptor in sera were assessed in patients reporting a previous diagnosis of CD and patients positive for the above tests.

RESULTS: Twenty-two out of 1900 (1%) patients reported a previous diagnosis of CD (biopsy-based 16/22 cases; 6/22 cases diagnostic criteria unknown). Among the screen-detected cases with TG2A > or = the cut-off value, 14/32 cases were considered to have CD based on high levels of both TG2A and EmA, DQ2/8 genotype and/or biopsy results. The prevalence of CD was as high as 1:53 in the total study population (36/1900), and in women even 1:46 (2.2%). Nutritional deficiencies were rare among CD patients diagnosed earlier (low iron = 1; low folate n=1) but common among those who had an undiagnosed CD (low folate n=6; p<0.005; concomitant iron deficiency n=2). One-third of the screen-detected CD patients were obese. Screen-detected patients did not present more abdominal symptoms than those with no CD.

CONCLUSIONS: CD is common, the proportion among women possibly being as high as 2.2%. Although the great majority of screen-detected patients do not present any gastrointestinal symptoms at primary care, nutritional deficiencies such as low folate levels and iron deficiency are common.

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