Provincial Celiac Disease Primary Care Clinical Pathway

1. Suspected Celiac Disease (CD)

- Chronic diarrhea
- Recurrent abdominal discomfort/pain, bloating, gas, flatulence
- Irritable bowel syndrome-like bowel habit, typically diarrhea, but can include constipation or alternating bowel habit
- Iron deficiency anemia
- First-degree relative with CD
- Other common symptoms/signs (see link above for details)

Yes to any of the above

2. Alarm Features

Adults

- Onset of symptoms after age 50
- Diarrhea that awakens the patient from sleep
- Visible blood in stool
- Unintended weight loss (>5% over a 6-12 month period)
- Unexplained iron deficiency anemia in an adult. See Iron Deficiency Anemia Pathway
- Family history (first-degree relative) of colorectal cancer. See Colorectal Screening Guidelines

Pediatrics

- Visible blood in stool

Yes to any alarm features

Start workup as per **Box 3** and concurrently proceed to **Box 9**
***Do Not** wait for Lab results before referring

3. Celiac Disease Workup and Requirements for Testing and Diagnosis

3a. Investigations/Workup

Perform a medical history and physical examination to assess for:

- Other conditions that mimic CD (see IBS Pathway)
- Medications which can cause gastrointestinal (GI) side effects

Laboratory investigations

- TTG IGA is the only initial test that is required for CD
- Hemoglobin and ferritin should be tested if not performed in the last 6 months

Testing for other differentials (e.g., IBS, IBD) should be considered in the presence of significant diarrhea:

- Consider ordering Fecal Calprotectin
- Consider ordering Serum C-reactive protein

3b. Requirements for CD Testing and Diagnosis

Patient **must** be eating a gluten-containing diet before testing the TTG IGA

- Definitive lab results for CD are not possible if patient is on a gluten-free diet
- Before testing TTG IGA, recommend your patient complete a **Gluten Challenge**
- At minimum 2 servings of gluten-containing food per day x 1-2 months
  - *Examples: 2 slices of bread, 1 bagel/pita/wheat tortilla, 1 cup pasta, or 1.5 ups or cereal*

Patients with elevated TTG IGA should not start on a gluten-free diet until after biopsies are taken

- DO NOT ask patient to restrict gluten in any way

A gluten challenge in children is discouraged during certain times of development and in malnutrition

Patient eating gluten AND TTG IGA test is **POSITIVE**

Patient eating gluten AND TTG IGA test is **NEGATIVE**

Patient **NOT** eating gluten

4. Unable to diagnose CD.

5. If the TTG IGA result is positive, patient may have CD

- Refer for GI consultation/endoscopy for biopsy to confirm CD diagnosis
- Patient **MUST** consume sufficient gluten prior to biopsy (see Gluten Challenge or Testing and Diagnosis link above for details)

For pediatric patients

- A pediatric gastroenterologist can make a diagnosis without biopsy; however pediatric patients should still be referred on gluten-containing diet

Biopsy **confirms** CD

Biopsy **does not** confirm CD

6. Celiac Disease NOT Suspected

6a. Very unlikely that patient has CD

- Refer to relevant pathways for further assessment and management: IBS, Chronic Constipation, Chronic Abdominal Pain

6b. Gluten Sensitivity is NOT CD

- GI symptoms without a confirmed diagnosis of CD is referred to as 'gluten sensitivity'
- Patients with gluten sensitivity cannot have an elevated TTG IGA recorded at any time

If a positive TTG IGA is ever recorded, **see Box 5**

7. General principles of management, possibly in conjunction with a GI specialist. "C-E-L-I-A-C" *See link above for details

Consultation with a Registered Dietitian for nutrition education and for recommended vitamin and mineral supplementation

Education about the disease through Celiac Canada and about the importance of testing first-degree family members

Lifelong adherence to a strict gluten-free diet

Identification of nutrition deficiencies (see link above for details)

Access to an advocacy group such as the local chapters of Celiac Canada

Continuous long-term follow up by health professions, including annual blood work

8. if unsatisfactory response to management, consider using an advice service before referring. See referral guideline tab for details.

9. Refer for consultation/endoscopy if suggested by advice service or if a patient has alarm features (see #2 above). See referral guideline tab for details.