

# for your digestion

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## Gluten-free: Just a fad, so very sad, or not that bad?

Cassandra Shockley, F.N.P., Eugene Gastroenterology Consultants, P.C.

*"Let food be thy medicine and medicine be thy food."  
– Hippocrates*

In the past 10 years, people's awareness of gluten-related disorders has soared. Celebrities are advocating gluten-free lifestyles for enhanced energy, vitality and overall well-being. Gluten-free products are proliferating, making up one of the fastest-growing and most profitable segments of the food industry.

So how much of the gluten-free movement is just a fad? And what do we know for certain about celiac disease? I'd like to dispel three common myths.

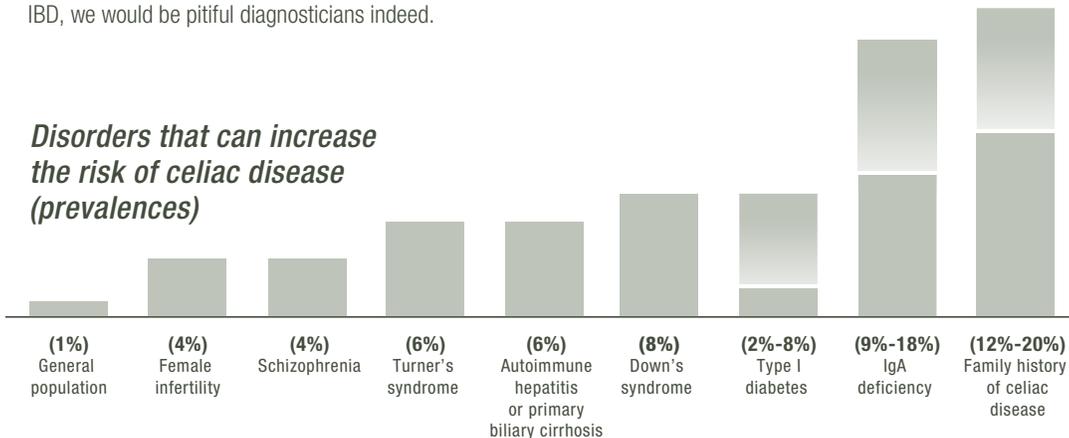
### Prevalence

**Myth No. 1:** Gluten-related disorders are rare.

**Fact:** Celiac disease is present in 1 percent of Americans – that's about 3 million people. Put into perspective, this is the entire population of Nevada, and would fill Autzen Stadium 60 times. The prevalence of celiac disease is similar to that of other autoimmune disorders, such as lupus and rheumatoid arthritis. It's twice as common as inflammatory bowel disease (Crohn's disease and ulcerative colitis, combined).

The misperception that gluten-related disorders are rare leads to a lower level of suspicion by health care providers. That, in turn, perpetuates under-diagnosis. It is estimated that 97 percent of those with celiac disease are undiagnosed. The average length of time for a symptomatic patient to come to diagnosis is six to ten years. If we had a similar rate of diagnosis for SLE, RA or IBD, we would be pitiful diagnosticians indeed.

### Disorders that can increase the risk of celiac disease (prevalences)



Keep in mind that patients with the disorders in the graph shown below are at significantly higher risk of having celiac disease. (Gastroenterology 2006; 131:1977)

The onus is on all providers to keep a high level of suspicion, which would lead to more liberal testing for celiac disease. Early diagnosis and treatment, which means avoiding gluten, is important to decrease the frequency of complications, such as GI lymphoma, osteopenia/osteoporosis, iron-deficiency anemia, infertility, diabetes, thyroid disorders and neurologic manifestations.

### Symptoms

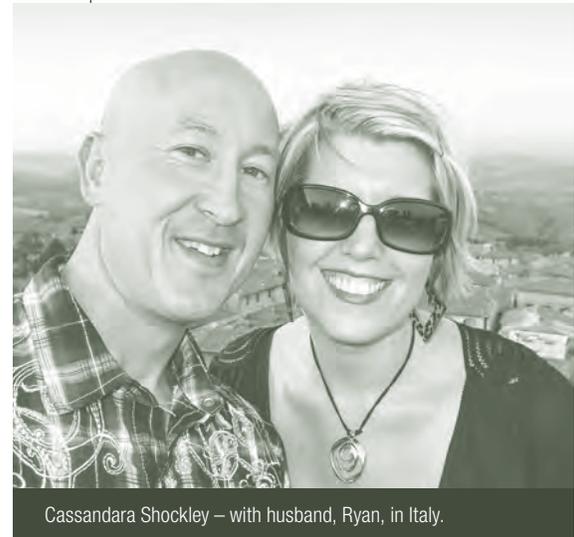
**Myth No. 2:** Patients with gluten-related disorders usually have diarrhea or weight loss.

**Fact:** Only 35 percent of newly diagnosed patients have chronic diarrhea. About 11 percent of children and up to 40 percent of adults with celiac disease were actually overweight at the time of diagnosis, contradicting the stereotype of the slender, malnourished patient. (Am J Gastro 2006; 101:2356)

In a landmark prevalence study on celiac disease, 60 percent of children and 40 percent of adults were completely asymptomatic at the time of diagnosis. (Arch Int Med 2003, 163(3):286)

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*We invite your comments and suggestions for topics in future editions. Also, if you would rather receive this newsletter electronically or not at all, email newsletter@eugenegci.com.*



Cassandra Shockley – with husband, Ryan, in Italy.

### Meet Cassandra Shockley, F.N.P.

*Cassandra Shockley, F.N.P., has been gluten free since 2006. This lifestyle change eliminated her GERD and skin issues and improved her general health.*

*Joining Eugene Gastroenterology Consultants in 2012, Cassandra has been a valuable addition to the practice, seeing patients for a broad range of digestive issues. Cheerful and empathetic, Cassandra is skilled in GI screening and follow-up care, but has a deep passion for diagnosing and treating gluten-related disorders. Outside of work, she spends time with her husband, two children and two yellow labs. She loves the challenge of hunting down gluten-free and grain-free recipes, as well as gluten-free restaurants when traveling – leading to such discoveries as the Helmut Newcake bakery in Paris. "Many ask how I can live without gluten? I say, 'C'est la vie!'"*





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It's best to think of gluten-related disorders as a spectrum. At one extreme is the patient with a paucity of symptoms who has no serological markers of any autoantibodies; the other extreme is the patient with floriid diarrhea, weight loss, iron-deficiency anemia, dermatitis herpetiformis and other autoimmune conditions – and who has diagnostic laboratory findings (elevated IgA anti-endomysial and tissue transglutaminase antibodies).

Most patients fall somewhere in between and may exhibit less specific complaints: bloating, nausea, vomiting, malaise, fatigue, mental “fogginess,” arthralgias, bowel irregularity, heartburn, dyspepsia and increased intestinal gas.

Consider the possibility of a gluten-related disorder early on – and test accordingly.

### Treatment

**Myth No. 3:** It is impossible to follow a gluten-free diet.

**Fact:** Avoiding the consumption of gluten is fundamentally life-changing and challenging. But it is

easier now to adopt a gluten-free diet than ever before. The availability of gluten-free products has mushroomed.

In 2004, the Food Allergen Labeling and Consumer Protection Act became law, making it possible for those with celiac disease to determine easily if a product contains gluten or not. Now there are more than 2,000 gluten-free food items in the United States, most of them widely available in mainstream grocery stores. Sales of gluten-free products are increasing by 15 to 20 percent annually. The gluten-free industry's annual revenue in 2010 was \$1.7 billion, as estimated by the U.S. Department of Agriculture.

Today, it's not that difficult for celiacs to go “against the grain.”

In recognition of Celiac Awareness Month, coming up in May, we urge all providers to maintain a high level of suspicion for possible gluten-related disorders, and to test for them liberally and often – paying special attention to those patients at high risk.

### What's up yours?

Just a reminder that March is Colorectal Cancer Awareness Month. So be asking this question of yourself and your patients – anyone over 50 years of age. Remember, African-Americans and those with a family history of close relatives with colon cancer are at higher-than-average risk and should be screened earlier. Colonoscopy saves lives. If you would like a free What's Up Yours? wristband encouraging colonoscopy, please come by our office soon. Supplies are going fast.



Ron is the histotechnologist at Eugene Gastroenterology Consultants. Ron processes all tissue specimens obtained in endoscopic procedures. EGC's in-office histopathology lab is exclusively dedicated to GI pathology and creates the opportunity to develop a “center for excellence.” Having a laboratory adjacent to the endoscopic suite allows direct communication with the gastroenterologist, and enables us to control all aspects of the specimen preparation to ensure the quality of each patient's biopsies. It also enables prompt turnaround, typically 24 to 36 hours from submission to final reporting.



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