



Change of Testing for Coeliac Disease

Based on feedback from local specialists, Pathlab has changed its testing protocols for coeliac disease. From 12th May 2021, Pathlab will perform a total IgA and IgA anti-tissue transglutaminase (TTG) as the initial screening tests for coeliac disease for both adults and children. IgG anti-deamidated gliadin peptide (DGP) will only be performed automatically if the total IgA is less than 0.2g/l.

IgG DGP or IgA endomysial antibodies (EMA) will otherwise only be performed if a request is made from a specialist or by primary care on behalf of a specialist. Requests can be made through immunology@pathlab.co.nz within one week of testing the sample.

Once the diagnosis of coeliac disease is made, it is important to follow the appropriate guidelines for testing and regular review. Follow up, support and education around a lifelong gluten free diet is important. Patients with the diagnosis of coeliac disease are eligible to join Coeliac New Zealand who have a number of helpful resources including Apps to help manage coeliac disease safely.

Please also note:

- The diagnosis of coeliac disease requires that the patient continue to eat a full gluten containing diet when performing the coeliac serology and duodenal biopsy, as both will normalise on a gluten free diet.
- Coeliac disease screening should be considered for patients with the following presentations:
 - Abdominal symptoms including pain, nausea, persistent/intermittent diarrhoea, abdominal distension, large foul-smelling stool, constipation.
 - Unexplained/persistent iron deficiency.
 - Short stature.
 - Lethargy / fatigue.
 - Delayed puberty.
 - Weight loss.
- The following conditions are associated with a higher risk of coeliac disease and screening is recommended (please check with the specialist whether screening for coeliac disease has already occurred):
 - Family history of coeliac disease (first degree relative, where the risk has been estimated at 10%).
 - Dermatitis herpetiformis (if the diagnosis is confirmed on skin biopsy, a duodenal biopsy is not required for confirmation).
 - Type 1 diabetes.
 - Selective IgA deficiency. The diagnosis of selective IgA deficiency requires that the total IgA be **UNDETECTABLE**. In most laboratories that is **less than 0.04-0.05g/l**. Levels above this are not considered selective IgA deficiency.
 - Down and Turner syndrome.
 - Autoimmune thyroid disease.

Dr Richard Steele, Andrew Soepnel
Immunology

Please ensure all members of your institution receive a copy of this clinical update.

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