

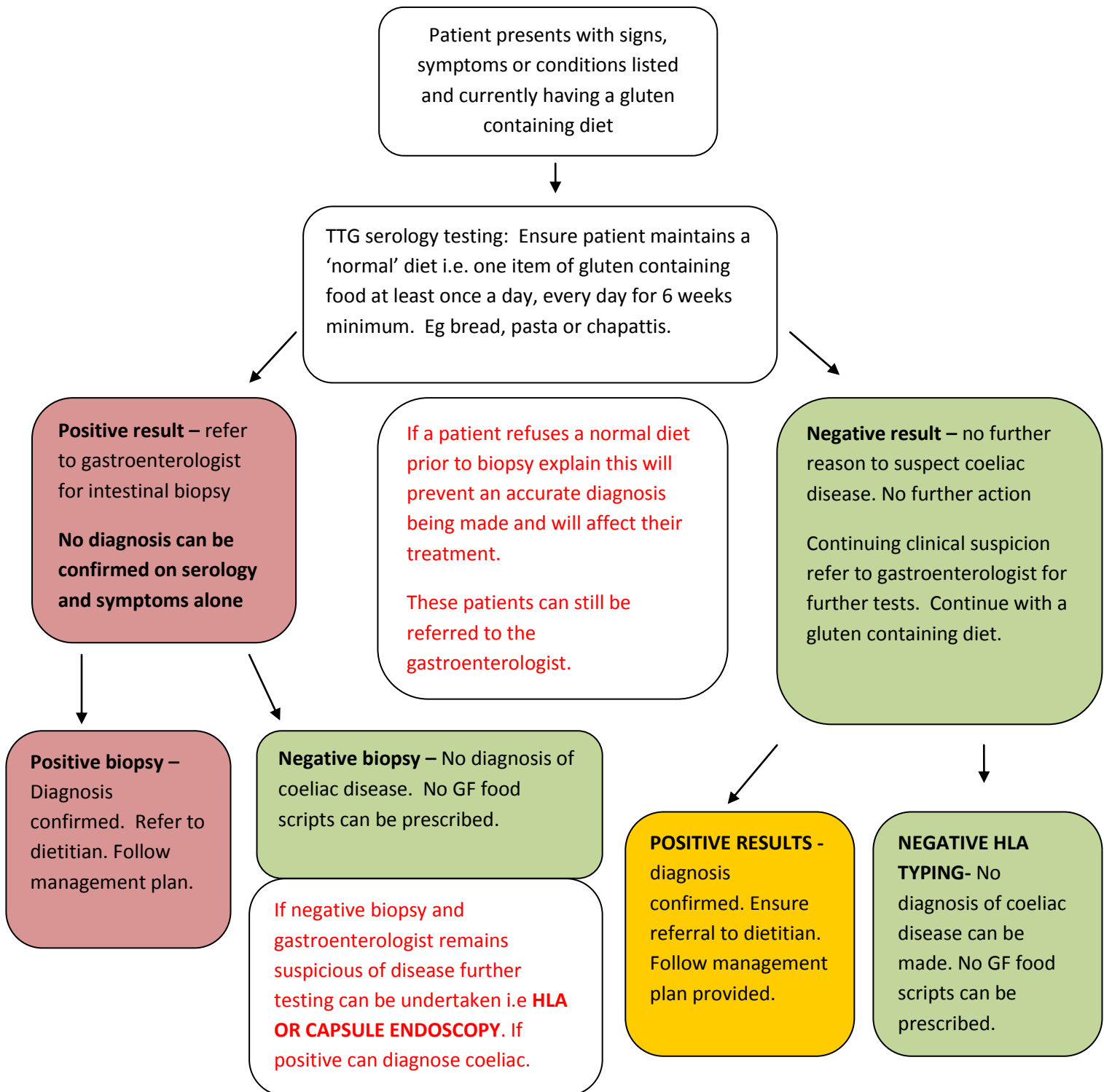
Coeliac Disease Clinical Management Pathway

Signs/Symptoms and conditions in which to offer serological testing:

ADULTS: - Chronic or intermittent diarrhoea, weight loss, unexplained anaemia or persistent/unexplained GI symptoms (inc. nausea, vomiting, pain, distension)

CHILDREN – bulky and pale stools, failure to thrive, diarrhoea, vomiting, abdominal distension, anaemia

Conditions: Irritable Bowel Syndrome Family history of Coeliac disease
Autoimmune thyroid disease Type 1 Diabetes Mellitus.



Clinical Management Plan to be set up and detailed by Gastroenterology.

Pt details

GP details

NHS number

Biopsy result and diagnosis

Follow up: each section to be filled/comments added

Follow up by secondary care:

Yes, annually.

No, refer back if pt having problems i.e. persistent symptoms despite GF diet.

GP to review annually.

Dietitian referral:

This patient has been referred into Rotherhams dietitian service for assessment and advice

Please refer this patient into Rotherhams dietitian service for assessment and advice

Vaccinations:

It is recommended that this patient receives a pneumococcal vaccination.

Bone Mineral Density:

Refer for BMD -

(If abnormal, but sub therapeutic repeat after 3 years. If normal repeat at age 55 in males and at menopause in females.)

Blood tests:

This patient should receive annual FBC to monitor calcium, iron, folate and B12

BMI:

Patients BMI should be monitored annually by the dietitian

Consider family screening if felt appropriate.

References:

NICE guidelines for coeliac disease – Recognition and assessment of coeliac disease NICE guidelines
86 May 2009

CKS – www.cks.nhs.uk

Pulse – Coeliac disease update 8th September 2010 – Dr Sohail Butt

BSG- The management of adults with coeliac disease 2010