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Dear Life-Span Members:

*This is a very helpful 1996 abstract, dealing with presenting signs and symptoms in 50 adult celiacs in Denmark (includes eye-opening blood analysis information as well). Notice that **the majority of these celiacs had the same symptoms as children.** Notice also all **the abnormal blood analyses and how the IgG and IgA anti-gliadin immunoassay is recommended as the best screening test--able to pick up approximately 4 out of every 5 of these celiacs.***

My notes have been italicized.

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Bodé S; Gudmand Hoyer E Dept. of Medical Gastroenterology, University of Copenhagen, Denmark. Symptoms and haematologic features in consecutive adult coeliac patients. Scand J Gastroenterol, 1996 Jan; volume 31:1: pages 54-60.

Abstract

BACKGROUND: The aim of this study was to determine in a homogeneous adult population from Denmark, which is known to have very low incidence rates of coeliac disease [*compared to the much higher prevalence found in the Finnish (1:85), Irish (1:122), Italians (1:186) and Americans (1:111 healthy adults = more than twice as common as cystic fibrosis, Crohn's disease and ulcerative colitis combined)*],

- 1) the percentage of patients presenting with mild or atypical symptoms
[most celiacs today are reported to present with atypical (nonabdominal) symptoms];
- 2) a possible change in clinical pattern over time; and
- 3) the delay in diagnosis
[US has one of slowest rates of CD diagnosis -- 1:111 adults with celiac disease vs. 1:4800 rate of diagnosis; delays in diagnosis of 8 to 15 years not uncommon].
- 4) the age and sex distribution.

METHODS: The symptoms, delay in diagnosis, age, sex, and haematologic features of 50 consecutive adult coeliac patients, diagnosed by the same person in a uniform manner, are presented.

RESULTS:

- 1) The median age was 40.5 (range, 17-82) years.
- 2) The male-to-female sex ratio was 1:2.8.
- 3) The median delay in diagnosis was 3 years.
- 4) Fifty-eight per cent of the 50 adult celiacs reported symptoms that could be attributed to coeliac disease during childhood.

Presenting signs & symptoms (at time of diagnosis) were:

- **tiredness, 78%**
- borborygmus (A rumbling noise produced by the movement of gas through the intestines), 72%
- abdominal pain, 64%
- diarrhoea, 56%
- weight loss, 44%
- *[Notice that 56% presented with normal (or excessive?) weight. In Ireland study the majority of adult celiacs are overweight or obese at time of diagnosis]*
- vomiting, 16%
- constipation, 12%
- bone pain, 12%
- *[up to 70% of undetected children and adult celiacs have significant loss of bone density--osteopenia or osteoporosis]*
- and dermatitis herpetiformis, 10%
- Weight gain after treatment was experienced by 84%
-

Blood Analysis Results

As a group the coeliac patients had many abnormal blood analysis results, but many patients had several test results inside the normal range.

- Only 22% had anemia *[Iron deficiency, folic acid deficiency and/or B12 deficiency anemias]*.
- Liver involvement was not an uncommon feature (19% had abnormal liver enzyme changes = increased transaminase levels).

Low blood values were observed:

- plasma folate (49%)
- c-folate (35%)
- serum calcium (43%)
- serum iron (32%)
- plasma coagulation factors (II, VII, X) (32%)
- serum zinc (31%) *[Had they done hair analysis, they would have also found low hair zinc and a reduction in the diameter of the hair shaft along with cuticular erosions--both reversed on a gluten-free diet].*
- serum albumin (26%)
- serum protein (21%)
- plasma magnesium (13%)
- plasma vitamin B12 (11%)

High/low blood antibody values:

- high total IgE, 71%
[interesting: high total IgE is seen mostly in type 1, immediate-onset allergies and parasitical infections]
- High/low: IgM, 65%/14%;
- High: IgA, 21%;
- IgG levels were 3% high/8% low;

The gliadin antibody test [IgG and IgA anti-gliadin immunoassay] was the best screening test (81% positive; that is, -81% sensitivity. Other studies have reported a 90% sensitivity--if they have celiac, the test is positive).

No changes in clinical pattern were demonstrated during the period.

CONCLUSION: The percentage of patients presenting with anemia (22%) and other haematologic signs of malabsorption was one of the lowest reported ever. This emphasizes the highly variable and subtle clinical expression of adult coeliac disease.