



Summary of NICE Guidelines

Title	Coeliac disease: recognition, assessment and management
NICE Reference	NG20
Date of Review:	October 2017
Date of Publication	September 2015 (reviewed February 2016)
Summary of Guidance (Max 250 words)	<p>Coeliac disease is an autoimmune condition associated with chronic inflammation of the small intestine. It is suggested that in the UK 1 in 100 people are affected.</p> <p>Offer serological testing for coeliac disease to:</p> <ul style="list-style-type: none">- People with any of the following: persistent and unexplained abdominal/gastrointestinal symptoms, faltering growth, prolonged fatigue, unexpected weight loss, severe/persistent mouth ulcers, unexplained iron, vitamin B12 or folate deficiency, type 1 diabetes, autoimmune thyroid disease, irritable bowel syndrome.- First-degree relatives of people with coeliac disease. <p>Investigations are to be carried out when following a gluten containing diet. Serological tests for suspected coeliac disease in children, young people and adults include:</p> <ul style="list-style-type: none">- Total immunoglobulin A (IgA) and IgA tissue transglutaminase (tTG).- IgA endomysial antibodies (EMA) if IgA tTG is weakly positive.- Consider IgG EMA, IgG deaminated gliadin peptide (DGP) or IgG tTG if IgA is deficient (total IgA <0.07g / litre). <p>Do not use human leukocyte antigen (HLA) DQ2 (DQ2.2 and DQ 2.5)/DQ8 in the initial diagnosis in non-specialist settings. Consider testing in specialist setting for example, in children not having a biopsy.</p> <p>Referral:</p> <ul style="list-style-type: none">- Young people and adults with a positive serological test should be referred to a gastrointestinal specialist for endoscopic intestinal biopsy to confirm or exclude coeliac disease, and children to a paediatric gastroenterologist.- Refer people with negative serological tests if coeliac disease is still clinically suspected. <p>Treatment:</p> <ul style="list-style-type: none">- Lifelong gluten free diet. <p>Monitoring:</p> <ul style="list-style-type: none">- Review weight, height, symptoms & adherence to diet. <p>Consider referring for an endoscopic intestinal biopsy if exposure to gluten has been excluded but serological titres are still high, change little over 12 months, or symptoms persist.</p>

Impact on Lab (See below)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Important
Lab professionals to be made aware	<input checked="" type="checkbox"/> Clinical Scientist <input checked="" type="checkbox"/> Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Clinical scientists and laboratory staff should be aware of the different immunoglobulin tests, and when they are appropriate to use. This should include clear reporting structures for clinicians. There are a broad range of symptoms associated with coeliac disease, leading it to be a high demand test.</p> <p>The guidelines state that healthcare professional should have a low threshold for re-testing individuals, particularly first degree relatives and people with type 1 diabetes, if they develop symptoms consistent with coeliac disease.</p>

Impact on Lab

- None:** This NICE guideline has no impact on the provision of laboratory services
- Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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