

Diagnosis and Management of Celiac Disease (2023)

About the Guideline

- This 2023 guideline is an update to the 2013 guideline and was developed in compliance with the Institute of Medicine standards for practice guidelines.
- The guideline developers and authors come from a variety of institutions' gastroenterology, hepatology, digestive disease, and nutrition departments.
- Eight key questions that providers reported facing in the care of patients with celiac disease (CD) were used to develop the guidelines (two referencing children, three referencing adults, three referencing general population).

Key Clinical Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you work in an acute care setting.

Recommendations

- To confirm a diagnosis of CD in both adults and children, an esophagogastroduodenoscopy (EGD) with multiple duodenal biopsies (1 to 2 from the bulb, and 4 from the distal duodenum) is recommended.
 - For symptomatic adults and children unable to have an EGD, a high-level tissue transglutaminase IgA (tTg-IgA) level in one blood sample and positive endomysial antibodies (EMA) in a second blood sample can be considered a diagnosis of CD.
- Intestinal mucosal healing, as evidenced by intestinal biopsies, is the suggested endpoint goal of gluten-free diet (GFD) therapy.
- Because of a lack of evidence supporting the use of gluten detection technology to improve the quality of life or enhance diet adherence, its use is not recommended.
- There is no recommendation for or against probiotics in the treatment of CD due to a lack of sufficient evidence.
- Uncontaminated/pure oats added to a GFD is recommended for individuals with CD.
 - Monitor for oat tolerance and reaction to the oat protein avenin.
- Patients with CD should receive the pneumococcal vaccination.
- Case finding is recommended in the clinical practice to increase detection of CD.
 - Mass community screening for CD is not recommended since screening of asymptomatic individuals does not meet the major World Health Organization mass screening criteria.
- In children younger than two years of age and not IgA-deficient, the preferred single test for CD detection is a tTg-IgA test.
 - In IgA-deficient children, testing for CD is recommended using IgG-based antibodies (deamidated gliadin peptide, or tTg).

Reference

Rubio-Tapia, A., Hill, I. D., Semrad, C., Kelly, C. P., Greer, K. B., Limketkai, B. N., & Lebowitz, B. (2023). American College of Gastroenterology Guidelines Update: Diagnosis and Management of Celiac Disease. *The American journal of gastroenterology*, 118(1), 59–76. <https://doi.org/10.14309/ajg.000000000002075>