## Celiac Disease Patient Script

Principles of treatment and education of patients with a newly confirmed diagnosis of celiac disease:

## 1. Adhere to a gluten-free diet for life

This includes strict avoidance of all food products containing wheat, barley, and rye. Pure oats are safely tolerated by most patients with celiac disease, but should be introduced with caution and close monitoring for adverse effect.

## 2. Referral to a registered dietitian for initial nutritional assessment and dietary counseling

In the first year after diagnosis, follow up appointments with a dietitian are encouraged for clinical monitoring and dietary review.

## 3. Engagement in local chapter of the Canadian Celiac Association

This is an important source of medically sanctioned patient education materials and practical tips for access and adherence to a gluten-free diet.

## 4. Patient sharing information and educating family members

First-degree relatives of patients with celiac disease have a higher risk of celiac disease, even in absence of usual symptoms, and should be encouraged to talk to their doctors about celiac screening.

## 5. Testing and correction of micronutrient deficiencies

This includes (but is not limited to) assessment of iron, folate, vitamin D, and vitamin B12. Treatment of identified deficiencies should be verified by repeat measurement.

## 6. Bone densitometry at time of diagnosis should be considered

## 7. Annual monitoring

During yearly routine review, General Practitioners should assess adherence to gluten-free diet, gastrointestinal symptoms, body weight, and anti-tissue transglutaminase IgA levels. Anti-TTG IgA levels should decline to normal or near-normal levels within one year of starting a glutenfree diet; failed normalization of serologies suggests dietary gluten contamination.
8. Referral back to gastroenterology if there is lack of clinical response or relapse of symptoms despite gluten-free diet.

Thank you.


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