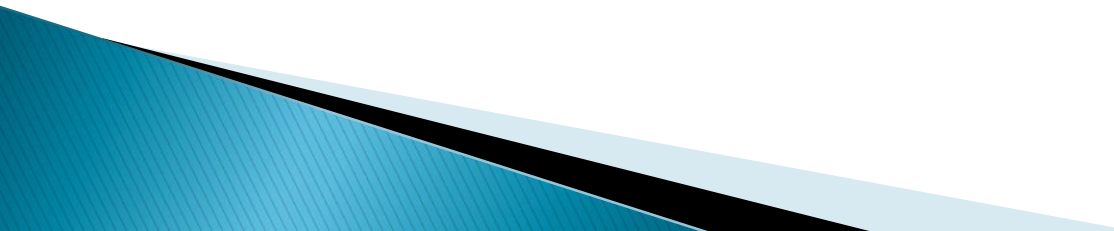


Helping to diagnose coeliac disease in primary care

Dr Geraint Preest

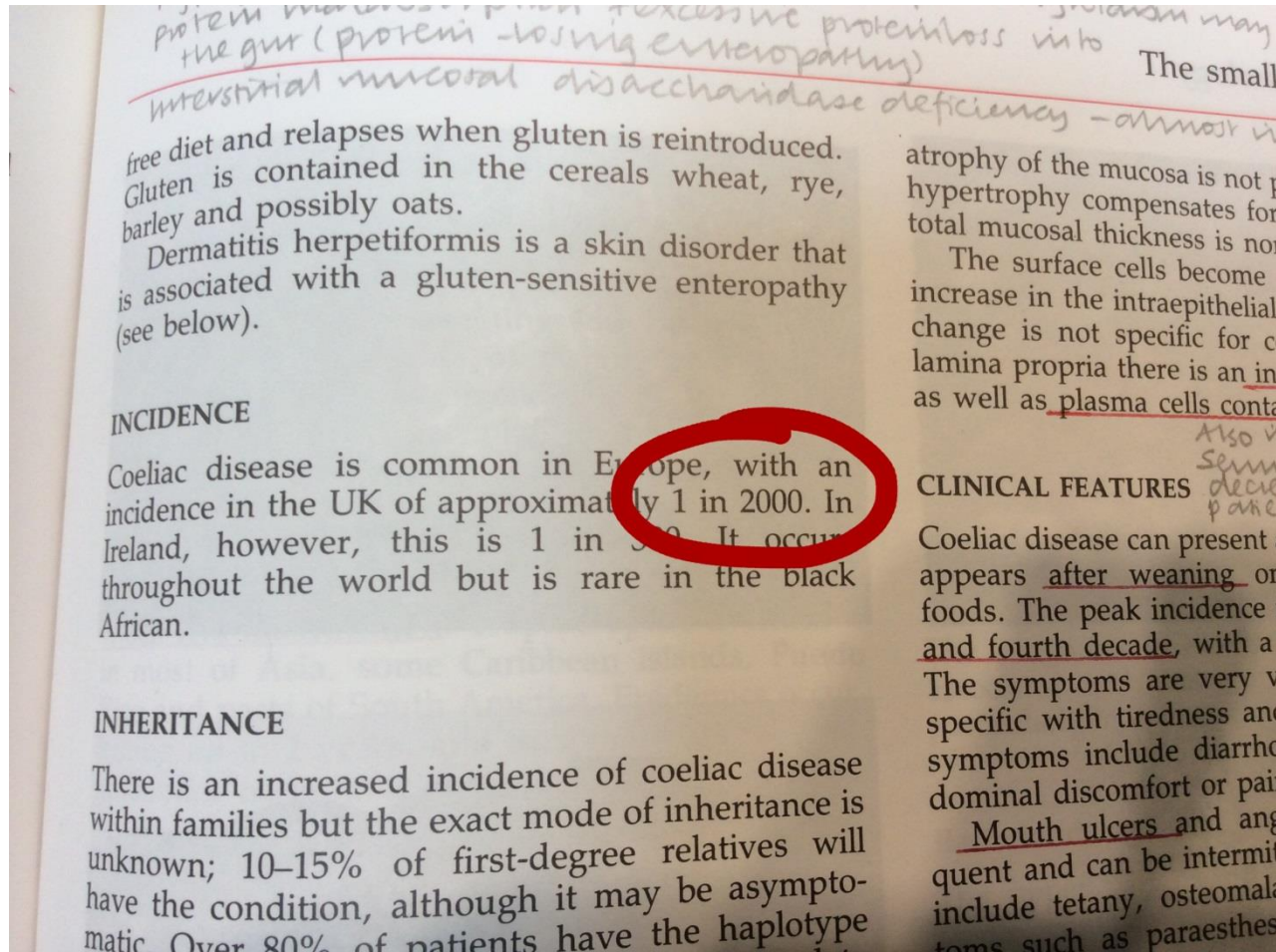
Declaration of interests

- ▶ GP partner – Pencoed Medical Centre
 - ▶ Clinical Editor BMJ onExamination
 - ▶ Coeliac UK– Health Advisory Council
- 

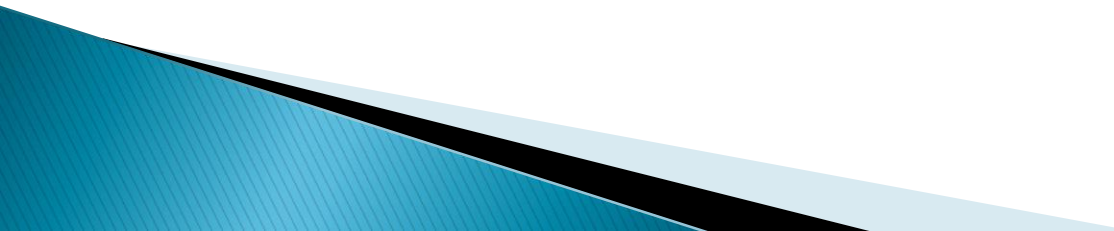
Pencoed Medical Centre



Kumar & Clark 1990



Coeliac disease – My generation of Drs

- ▶ Seldom seen
 - ▶ Paediatric condition
 - ▶ Children with failure to thrive
 - ▶ Easy to treat when the diagnosis is made
- 

1 in 100

Audit at my practice

1 in 400

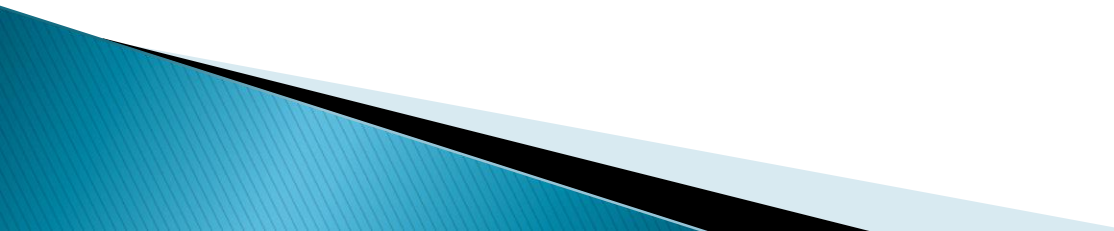


**The diagnosis has to be made in
primary care**

Barriers to diagnosis.....



Barriers to diagnosis

- ▶ Education
 - ▶ GP workload
 - ▶ Informatics
- 


Education

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 **30 minutes** ★★★★★ (13) GPs, GP trainees [More](#)

Guideline focus: coeliac disease (NICE)

[Start module](#) [Add to portfolio](#)

GP Dr Michael Forrest gives a summary of the updated National Institute for Health and Care Excellence (NICE) guidance NG20, "Coeliac disease: recognition, assessment and management," outlining the practical implications for GP surgery and everyday practice.


Reviews

- "Good review, helped to highlight who we should be testing for this condition"
08.02.2016
GP/Family Physician, General Practice, GB
"Good module for regular use in GP surgery."
07.02.2016
GP/Family Physician, General Practice, GB
"Good helpful module"
06.02.2016
GP/Family Physician, General Practice, GB
"well thought out module, gave me new pointers and insight."
05.02.2016
GP/Family Physician, General Practice, GB
"Nice"

Learning outcomes

- After completing this module you will be able to:
- Know which patients with coeliac disease to refer to a dietitian
 - Understand which tests to order and the importance of a positive result
 - Feel confident in the management of coeliac disease

Diagnosis and Management of Coeliac Disease and its Immunological Comorbidities

Your progress 



GPs and practice teams play an important role in diagnosing, managing and referring people with coeliac disease. Untreated coeliac disease can have important consequences, including small bowel lymphoma and osteoporosis.

This course was developed in partnership with Thermo Fisher Scientific

Time to complete this course:
30 minutes

Date of publication:
December 2015



 **Diagnosis and Management of Coeliac Disease and its Immunological Comorbidities eCertificate**

Not available unless:

- The activity **1. Pre Course Assessment** is marked complete
- The activity **2. Diagnosis and Management of Coeliac Disease** is marked complete
- The activity **3. Post Course Assessment** is marked complete

When you have completed the all the activities a link to your eCertificate will appear above.

Education – onExamination

A 61-year-old woman is seen with longstanding gastrointestinal symptoms. She has a past medical history of irritable bowel syndrome diagnosed as a young adult. She takes hyoscine butylbromide 10-20 mg QDS PRN and loperamide 2 mg PRN for her symptoms. She is also a type 1 diabetic diagnosed at the age of 10.

She has suffered chronically with intermittent abdominal pains and bloating and also gets periodic bouts of diarrhoea. These symptoms have occurred for 'years'. Her latest blood tests, which were done routinely as part of her diabetic annual review, show a modest anaemia (haemoglobin 105 g/L). The liver function tests show a slight persistent elevation of ALT and ALP which on looking back has been the case for the last six to seven years and has not deteriorated significantly. Her thyroid function, bone profile and ESR are all within normal limits. Her HbA_{1c} is satisfactory at 50 mmol/mol.

There has been no significant change in her gastrointestinal symptoms recently. She has never had any rectal bleeding or mucus passed per rectum. Her weight is stable. She reports no acute unwellness but does feel more tired than usual over the last few months. She follows a 'normal' diet. Clinical examination reveals no focal abnormalities. She denies any obvious source of blood loss with no reported gastro-oesophageal reflux, haematemesis, haemoptysis or haematuria. Urine dipstick testing shows no blood.

She has no family history of bowel cancer but her mother and one of her maternal aunts both suffered with irritable bowel syndrome.

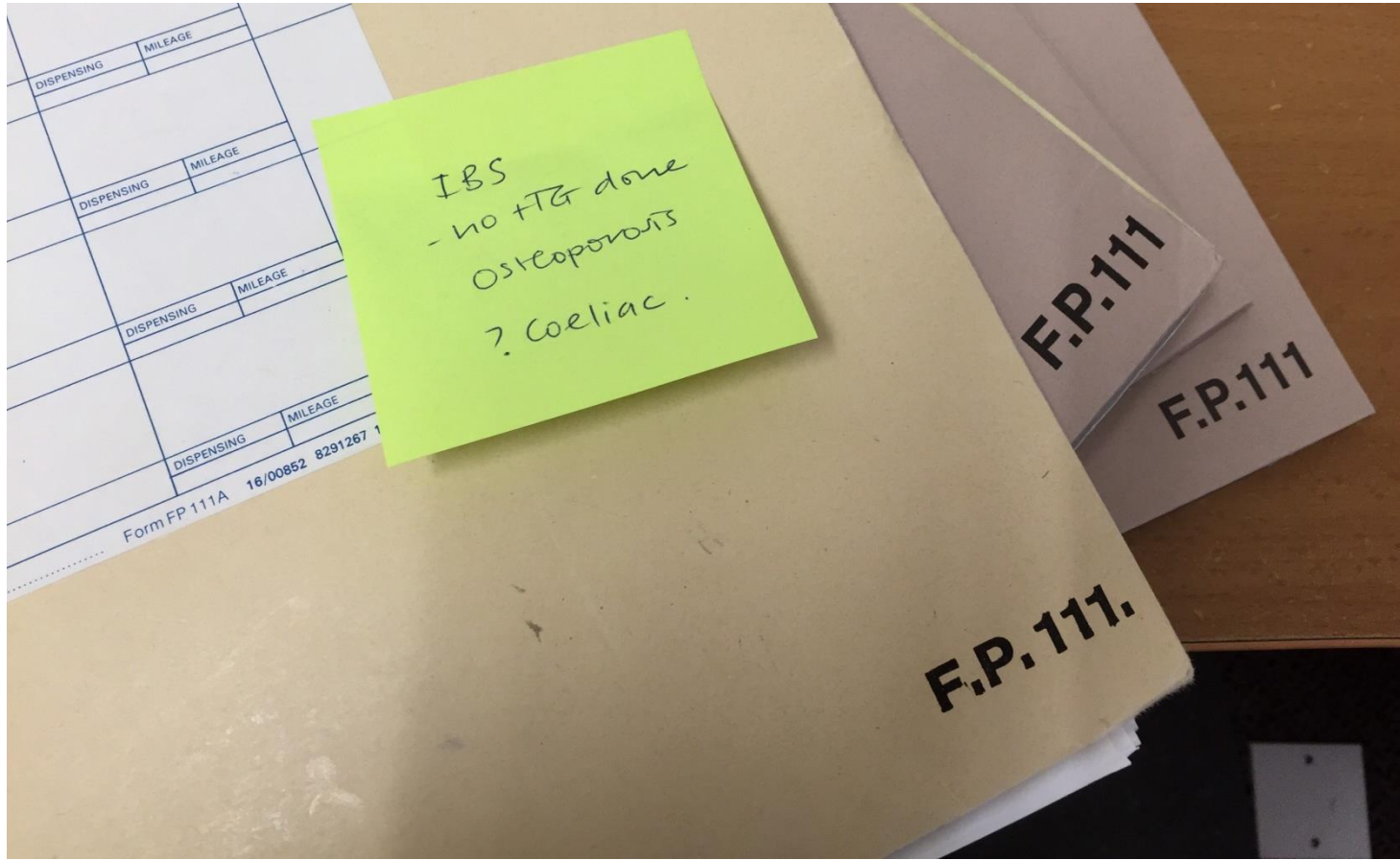
Follow-up blood tests show low ferritin and folate levels.

What is the most appropriate next step in her management?

(Please select 1 option)

- | | |
|-----------------------|---|
| <input type="radio"/> | Arrange testing for coeliac disease |
| <input type="radio"/> | Reassure her that no further investigation or treatment is needed as her symptoms are chronic |
| <input type="radio"/> | Refer her urgently to a lower gastrointestinal specialist |
| <input type="radio"/> | Start oral iron replacement and monitor her full blood count |
| <input type="radio"/> | Titrate her insulin to achieve tighter glycaemic control |

Submit answer



IBS
- no tTG done
osteoporosis
? coeliac.

DISPENSING	MILEAGE

Form FP 111A 16/00852 8291267 1

F.P. 111.

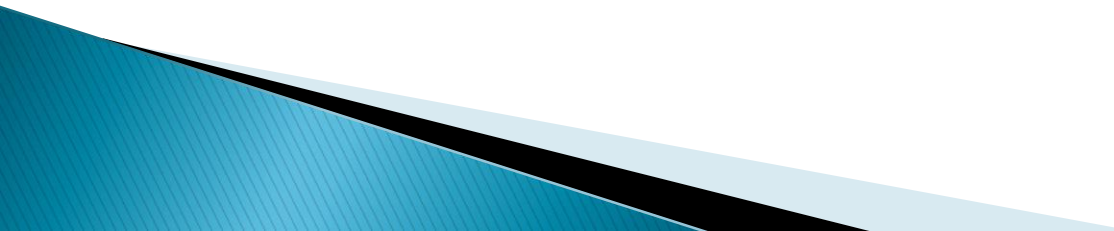
F.P. 111

F.P. 111

Is there a way to alert GPs?

- ▶ Across all platforms (Vision, EMIS etc)
- ▶ Ability to alert during consultation “live”

Informatica Audit+

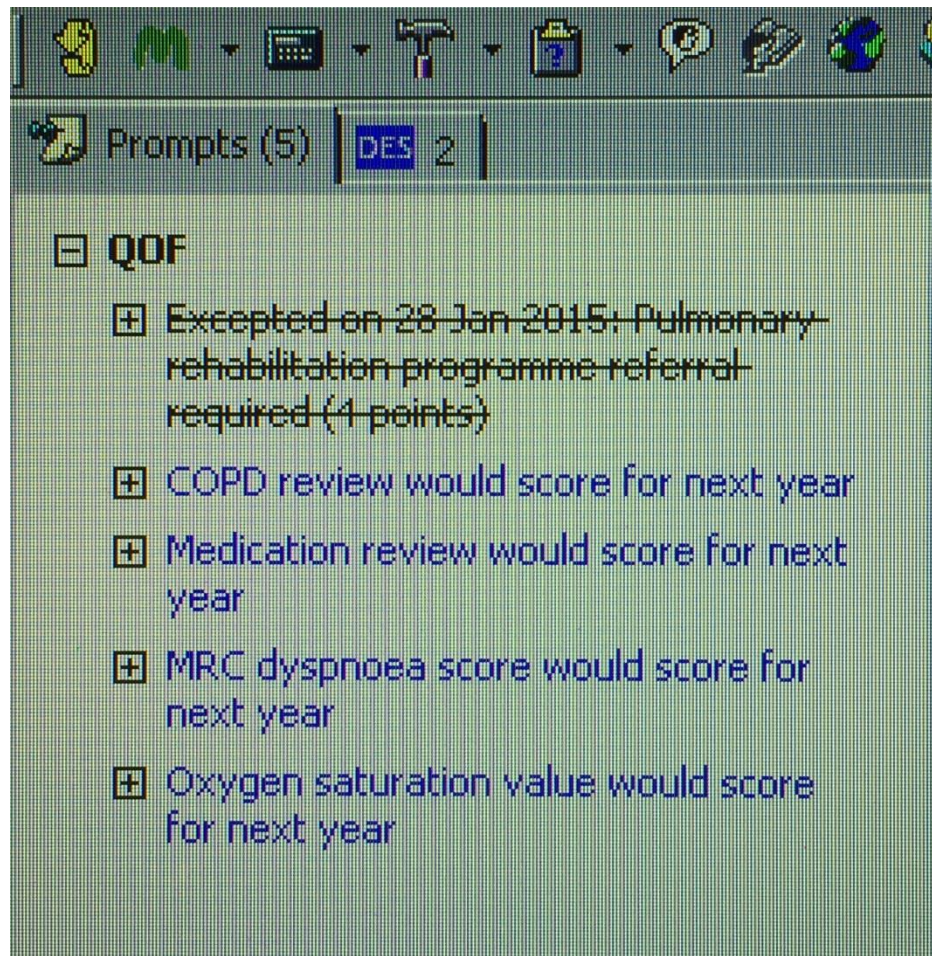
- ▶ Was a BMJ company now independent
 - ▶ Software to help GPs handle QOF
 - ▶ Alerts – Live “state of play”
 - ▶ Auditing tools
- 

QOF – 81 indicators

Stroke and TIA (STIA)

Indicator	Points	Achievement thresholds
Records		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	
Initial diagnosis		
STIA008. The percentage of patients with a stroke or TIA (diagnosed on or after 1 April 2014) who have a record of a referral for further investigation between 3 months before or 1 month after the date of the latest recorded stroke or the first TIA	2	45–80%
Ongoing management		
STIA003. The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	5	40–75%
STIA007. The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a	4	57–97%

Example of an alert



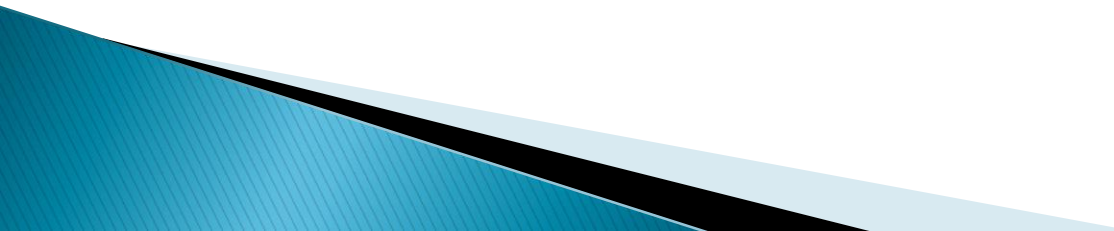
The screenshot shows a software interface with a toolbar at the top containing icons for a person, a magnifying glass, a calendar, a hammer, a calendar with a question mark, a speech bubble, a hand, and a globe. Below the toolbar, the text 'Prompts (5)' is displayed next to a blue button labeled 'DES 2'. The main content area is titled 'QOF' and contains a list of five prompts, each with a plus sign icon to its left:

- [-] Excepted on 28 Jan 2015: Pulmonary rehabilitation programme referral required (4 points)
- [-] COPD review would score for next year
- [-] Medication review would score for next year
- [-] MRC dyspnoea score would score for next year
- [-] Oxygen saturation value would score for next year

**Could this be adapted to alert GPs
about the possibility of coeliac
disease?**



Adapting Audit+ to pick up “high probability” patients

- ▶ IBS
 - ▶ Antispasmodics & meds
 - ▶ FTT
 - ▶ Autoimmune Thyroid disease
 - ▶ T1 Diabetes
 - ▶ Dermatitis Herpetiformis
 - ▶ Prolonged fatigue
 - ▶ Weight loss
 - ▶ Unexplained B12, iron, folate deficiency
 - ▶ Osteoporosis
 - ▶ Reduced BMD
 - ▶ Ataxia
 - ▶ Subfertility
 - ▶ Recurrent miscarriage
 - ▶ Downs syndrome
 - ▶ Turners syndrome
 - ▶ Recurrent mouth ulcers
- 

Audit+ Coeliac pop-up

Prompts (2) DES 1 1

[-] This patient has five entries in their record that indicate a risk of Coeliac Disease. Consider screening this patient for Coeliac disease.

- Acquired hypothyroidism recorded on 16 Nov 2003
- Tired all the time recorded on 18 Jan 1998
- Abnormal weight loss recorded on 23 Jul 2009
- FOLIC ACID 5mg tablets issued on 16 May 2015
- Osteoporosis recorded on 11 Sep 1999
- IBANDRONIC ACID 150mg tablets issued on 1 Jun 2015

[+] Audit

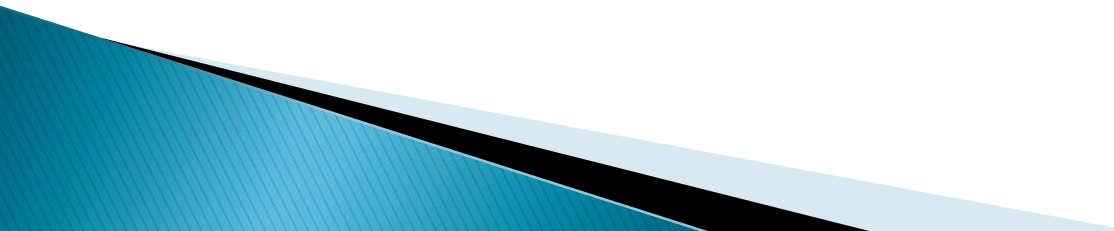
[+] Coding

[+] Exceptions

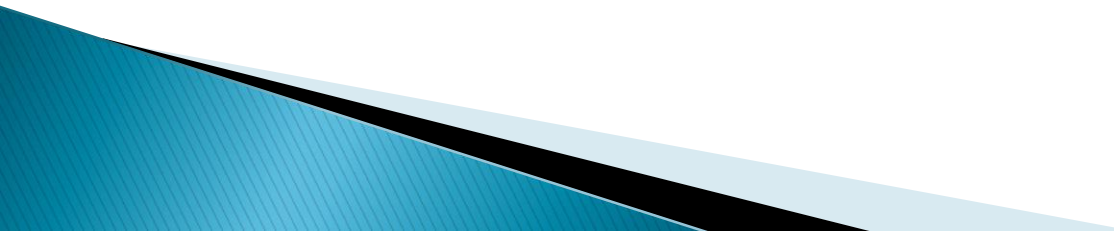
- Do not show me this prompt again for this patient.

That was the easy bit.....

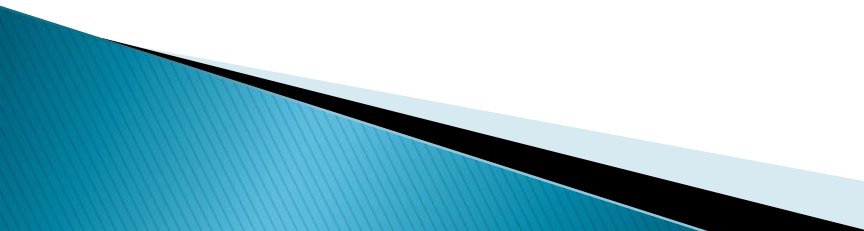
- ▶ Persuade BMJ/Informatica to do it
- ▶ Persuade NWIS to run it
- ▶ Persuade DQS committee to allow it
- ▶ Persuade GPs to use it
- ▶ Show GPs how to use it



Summary

- ▶ A system to flag up patients with risk factors for coeliac disease
 - ▶ Can flag “live” or by planned audit
 - ▶ GP can decide whether to test for CD (tTG)
- 

The future

- ▶ Informatica now independent of BMJ
 - ▶ Show “how to use” film to all Welsh GPs
 - ▶ Run the software on every GP system in Wales
 - ▶ Gather data from selected practices about
 - Testing
 - Diagnosis rates
 -and finally
- 

Film

**There are an estimated 24,000
undiagnosed coeliacs in Wales...**

**New software from Audit+ to help
you make the diagnosis**

Thank you

