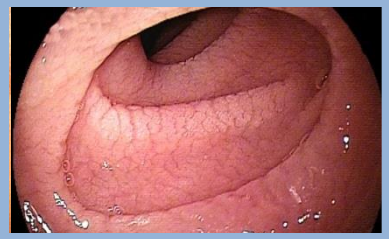
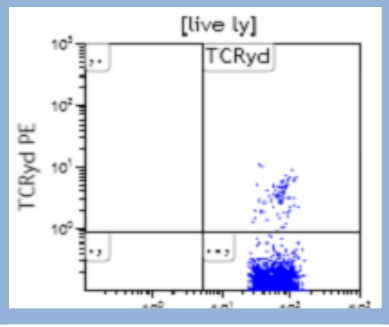
Follow up of adults with CeD

C.J. Mulder VUmc

London 15 March 2018





VUmc

Preventing Complications in Coeliac Disease

Best Practice & Research Clinical Gastroenterology 29 (2015) 459–468

Contents lists available at ScienceDirect

Best Practice & Research Clinical Gastroenterology

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Preventing complications in celiac disease: Our experience with managing adult celiac disease

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Mulder, CJ et al. Best Practice & Research

Preventing Complications in Coeliac Disease

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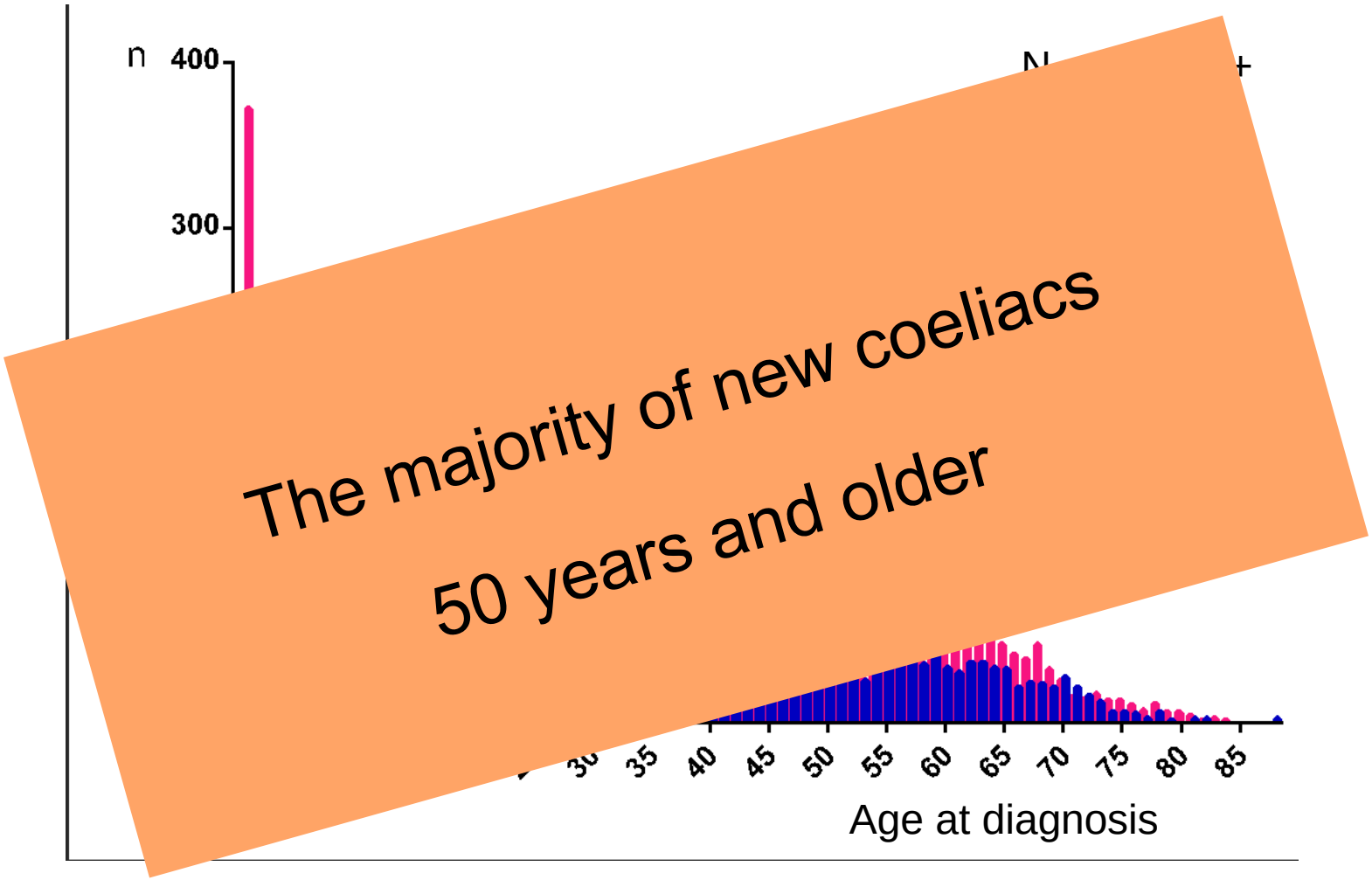
Coeliac disease is, rather than being rare and incurable until the 1950s, is quite common in screening and readily treatable.

Mulder, CJ et al. Best Practice & Research

Age at diagnosis



2016 v Gils, JGLD

What is coeliac disease: obesity ?

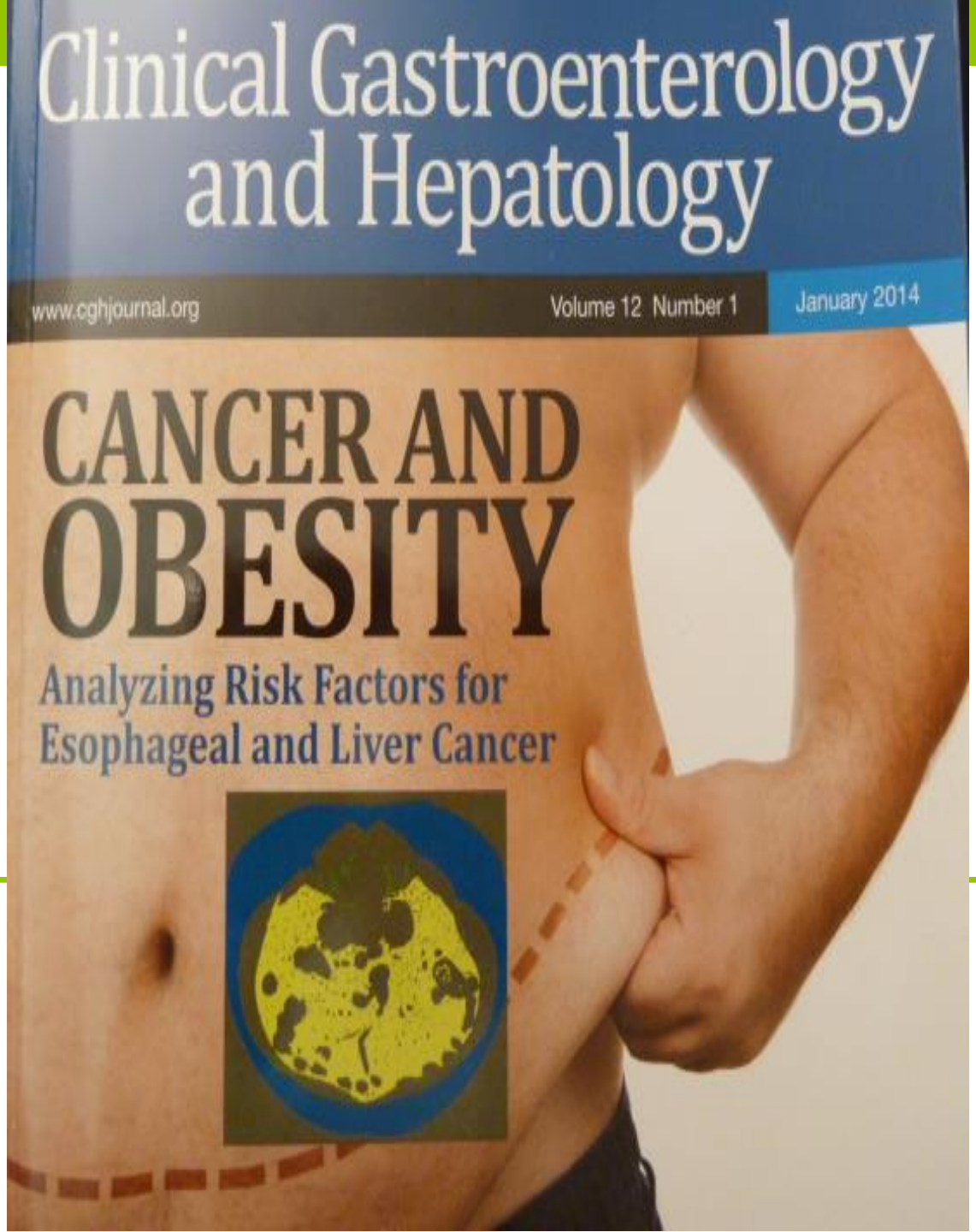
- BMI > 30

- FAMILY SCREENING?

- Dyspepsia
- IBS
- Rheuma

- Grandfather CD 85 yrs
- 2 daughters CD 30/32
- 3 Granddaughters CD
  2,3,8 yrs

40% of our new coeliacs: BMI ≥25



- New
- New

Cancers
Problems

Malignancies in coeliac disease

- B-cell Non-Hodgkin Lymphoma +
  - Females in their 20-30's
- EATL +
  - Patients in their 60's
- Small-Bowel Cancers +
- Esophageal squamous Cancer +
  - Patients in their 60's

- Breast Cancer -
- Colorectal Cancer -

T. van Gils, UEG 2017

OPEN ACCESS

ORIGINAL ARTICLE

Causes of death in people with coeliac disease in England compared with the general population: a competing risk analysis

Alyshah Abdul Sultan, Colin J Crooks, Tim Card, Laila J Tata, Kate M Fleming, Joe West

▶ Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/gutjnl-2014-308285).

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ABSTRACT

Introduction Quantifying excess cause-specific mortality among people with coeliac disease (CD) compared with the general population accounting for competing risks will allow accurate information to be given on risk of death from specific causes.

Method We identified from the Clinical Practice Research Datalink all patients with CD linked to Office for National Statistics between 1998 and 2012. We selected controls by frequency matching from the registered general practice population within 10-year age bands. We calculated the adjusted cumulative incidence (including adjustment for competing risks) and excess

Significance of this study

What is already known on this subject?

- Coeliac disease (CD) affects 1% of the European population yet only approximately 0.2% are clinically diagnosed.
- There is a lack of contemporary knowledge about the causes of death among clinically diagnosed patients which may be useful in determining strategies to reduce some of the associated mortality.

CM: Mucosal healing not important?

Predictors of persistent villous atrophy

- Persistent VA in adult >> children
- Persistent VA in M IIIc >> M IIIa
- Persistent VA ≥ 70 >> 40 - 49 years

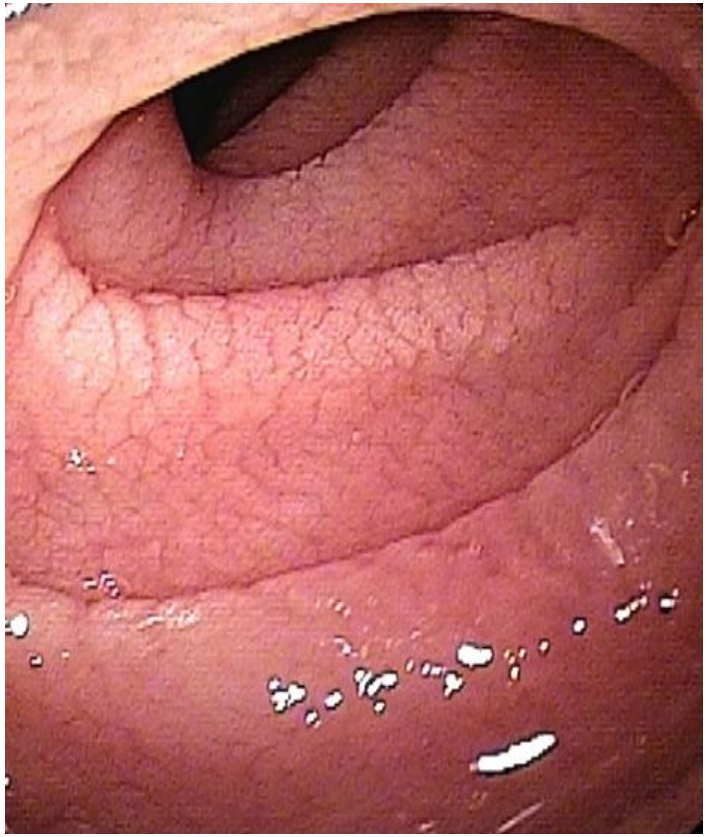
CM: Different approach for different coeliacs

"Sweden": Lebwohl et al APT 2014

Diagnostic Criteria

- Serology
- Genotype
- Histology

What about:
EMA + tTgA++ MO?



DDW Nijeboer 2015

Do we need tTgA 2, 3, 6 ?

- Coeliac disease tTgA2
- Skin rash dermatitis herpetiformis tTgA3
- Gluten ataxia tTgA6

Hypothesis:

"Non-Cirrhotic Portal Hypertension" tTgA?

CMC Vellore

"Organ-specific CD" tTgA?

Prof. C.E. Eapen

Follow up in general

- What to do?
- Are all coeliacs equal? Age of diagnosis?
- When to do: - Dexa 30 – 50 years
  - Colo population screening
  - CT spleen/ atherosclerosis

- Lack of data about your attitude
- Evidence based data?

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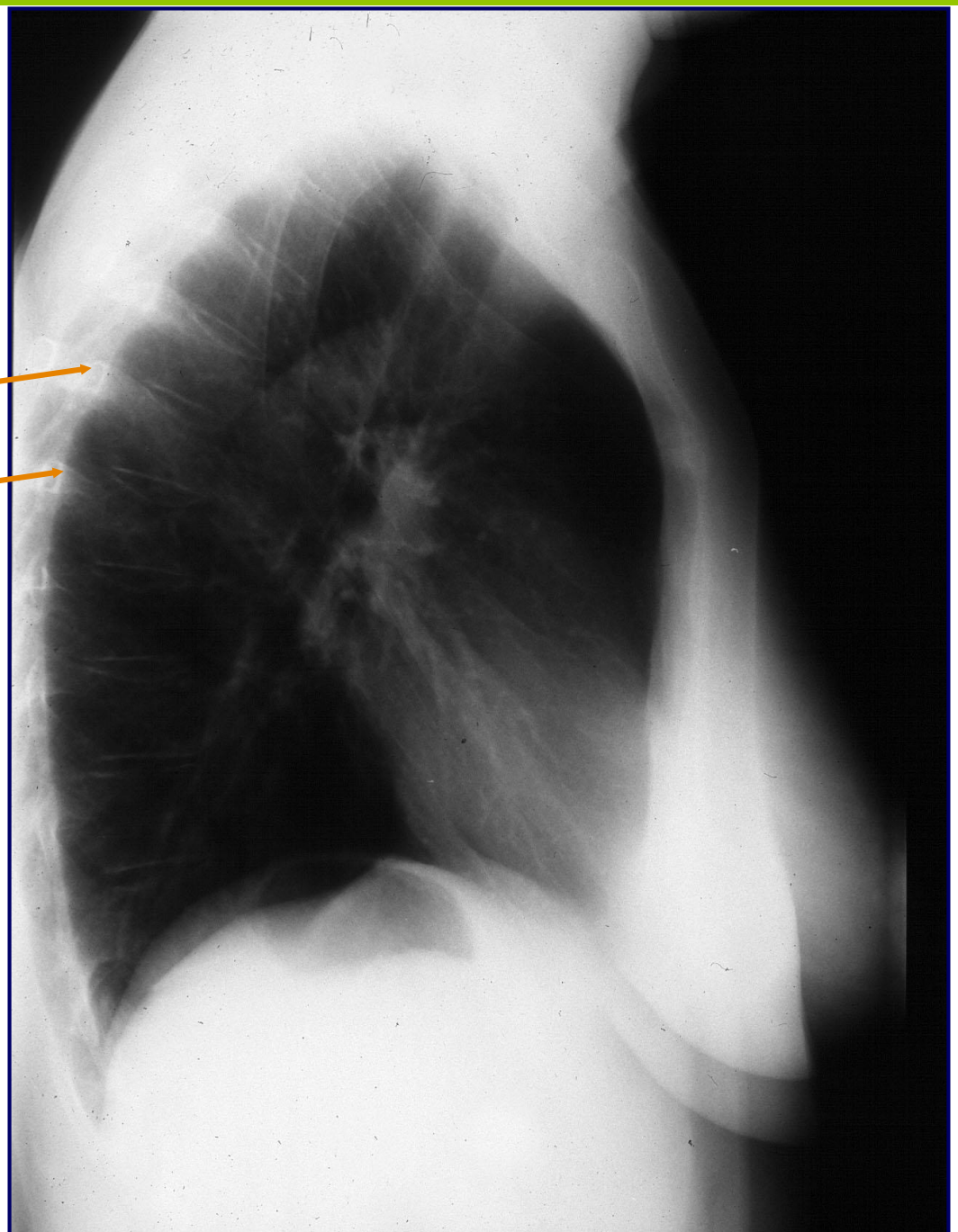
Key end points in Clinical Follow Up

1. Weight normalisation
2. Prevention of overweight
3. Disappearance of fatigue
4. Mucosal healing in all diagnosed >> 40 yrs

Preventing Complications Mulder CJ
Best Practice and Research 2015

Delayed

Diagnosis



collapse

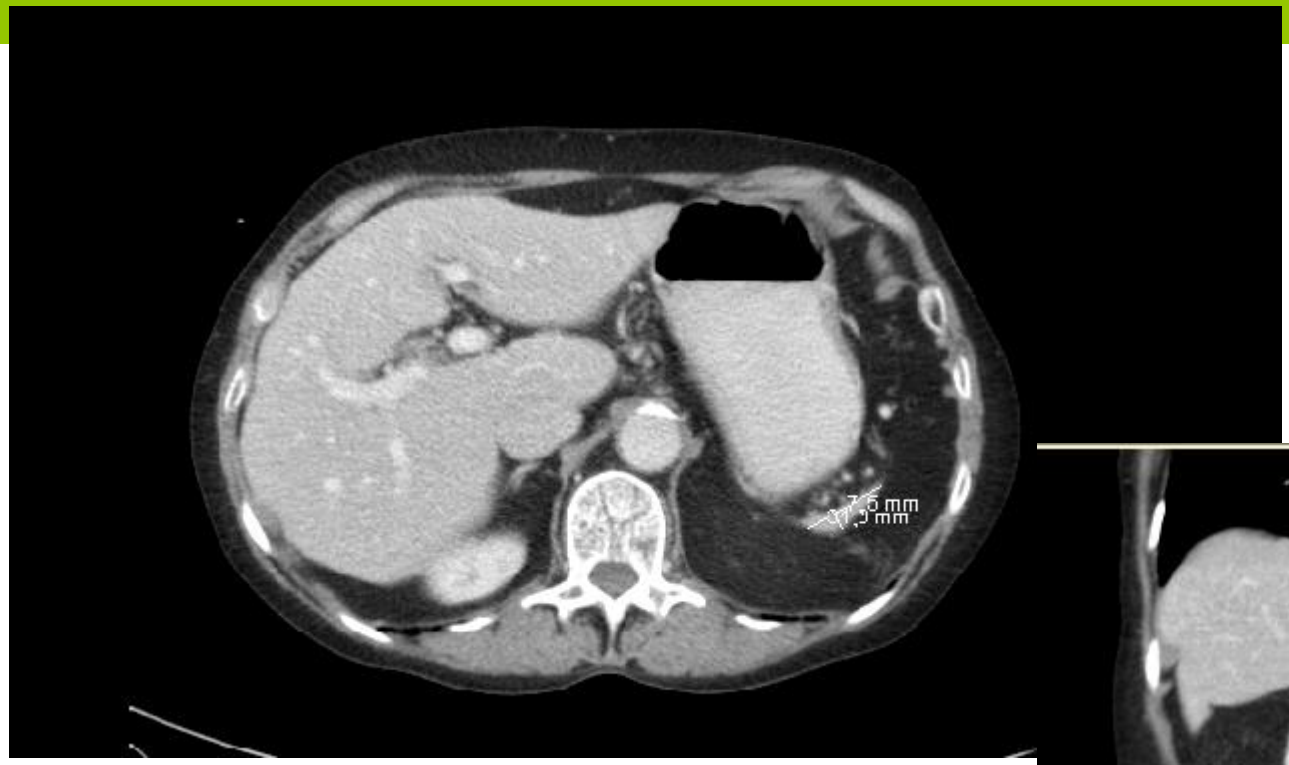
> 60 yrs

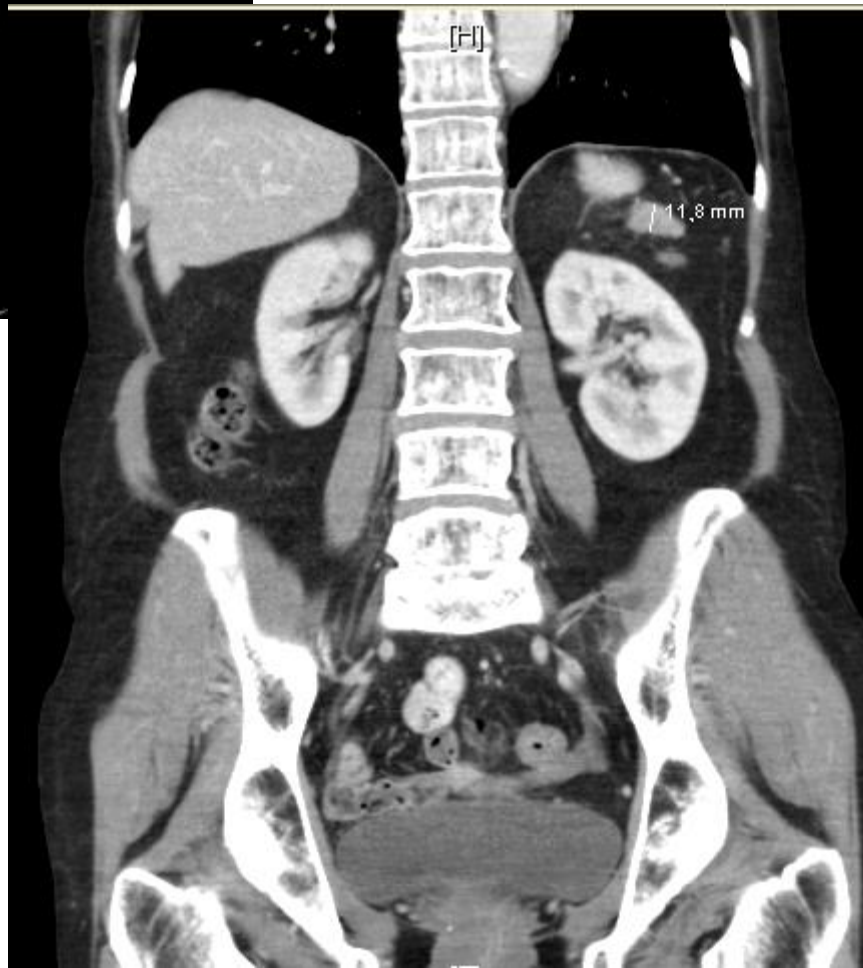
>> 70 yrs

Coeliac UK and bones

- Calcium and Vit D
- >> 50 years Osteoporotics + → ++
  - → Bisphosphonates 4x60 mg i.v./yr
  - → Ca D_3
- Zoledronic Acid 1 x 5 mg

We need trials





No Spleen?

Corazza, Corazza,
Corazza, Corazza 1980’s

Hyposplenism = compromised host

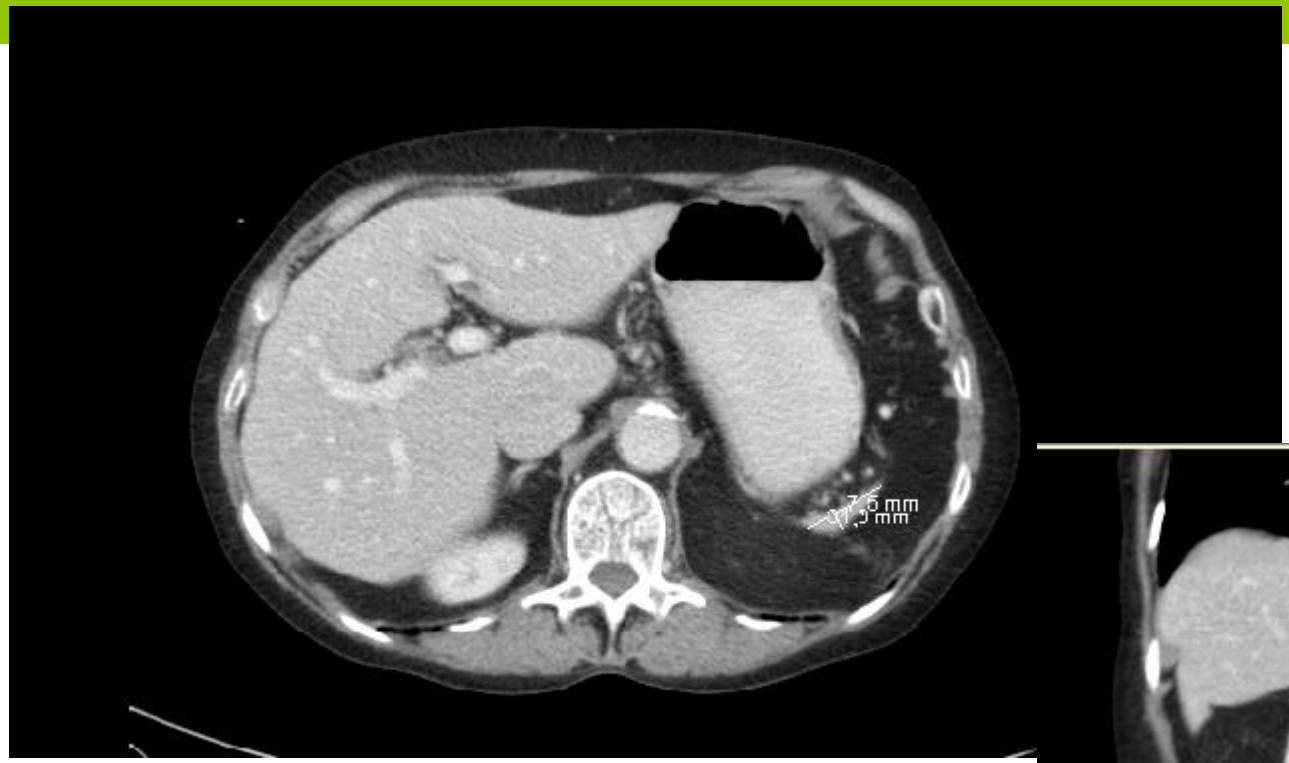
- The spleen in coeliacs before diagnosis is enlarged

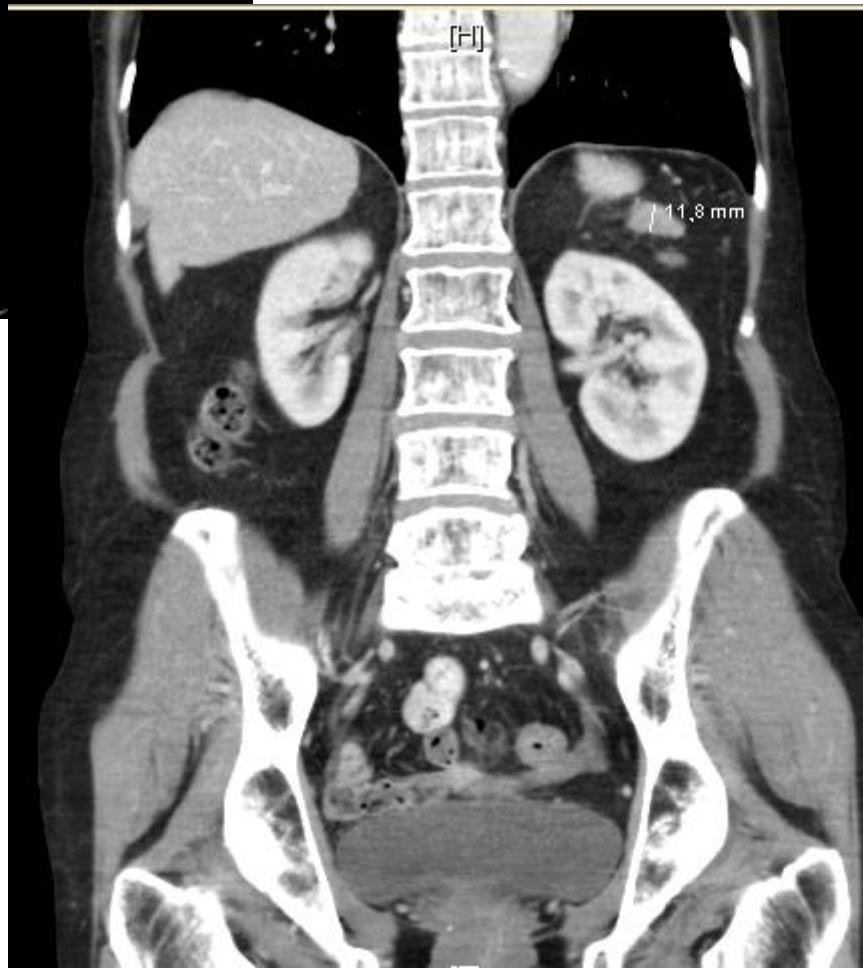
In RCD II the spleen is smaller

When to vaccinate?

"<<100 cc?"

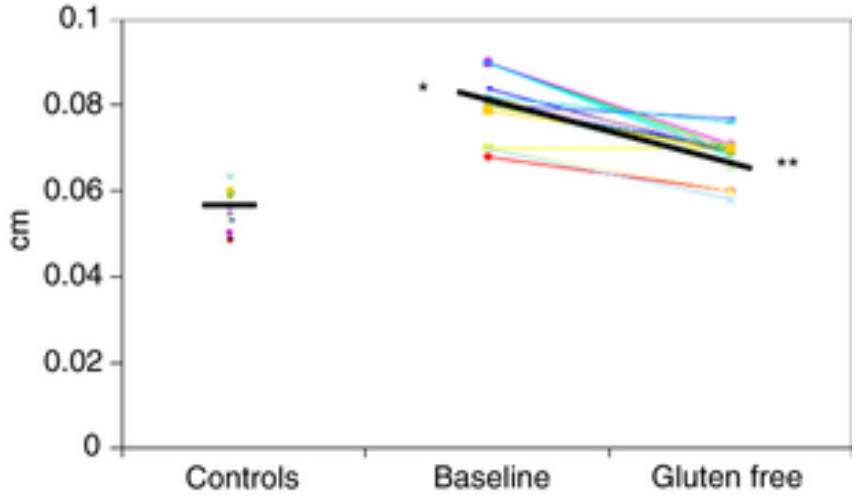
Tom van Gils 2015





Atherosclerosis “in coeliacs”

Young adults with coeliac disease may be at increased risk of early atherosclerosis



Intima-media thickness in 20 coeliacs at disease diagnosis (CD baseline) and in 22 controls; additional testing was performed in coeliacs after 6–8 months of gluten-free diet (*P < 0.005 coeliacs vs. controls; **P < 0.03 gluten-free coeliacs vs. baseline coeliacs).

Alimentary Pharmacology & Therapeutics 2013

Coeliac UK and atherosclerosis

How to prevent complications?

- Aspirin 100 mg daily
- Cholesterol ≤ 4 mmol/L
    - Statins
    - Statins
    - Etc.

Altoma 2007 Clin GE Hep

RCD II	EATL	CD
64 ys ± 8 yrs	64, ± 6 yrs	
DQ_2, DQ_2 50 %	DQ_2, DQ_2 70%	DQ_2, DQ_2 20 %

"*Hypothesis*" DQ_2DQ_2 Higher Mortality?

DQ_2 Hetero ↘

DQ_8 Hetero ↘ ↘

AP&T Alimentary Pharmacology and Therapeutics

Optimising delivery of care in coeliac disease – comparison of the benefits of repeat biopsy and serological follow-up

L. M. Sharkey*, G. Corbett*, E. Currie†, J. Lee†, N. Sweeney‡ & J. M. Woodward*

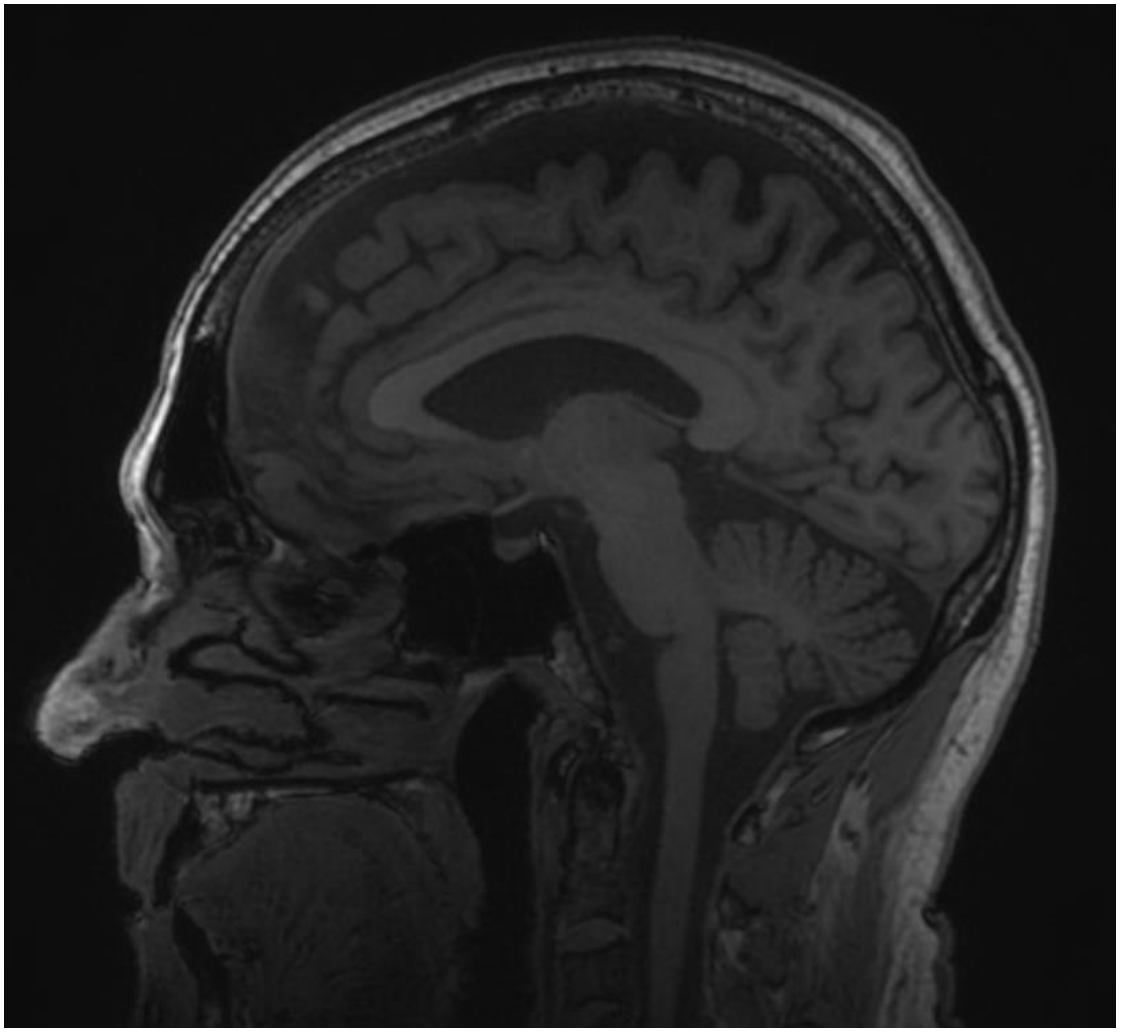
Conclusions

Serology appears to be a poor surrogate marker for mucosal recovery on a gluten-free diet; dietary assessment fails to identify a potential gluten source in many patients with ongoing villous atrophy.

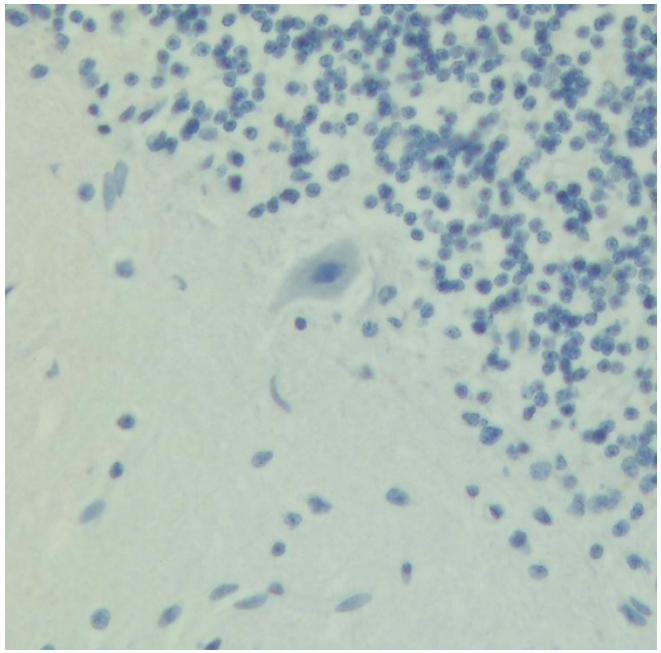
The benefits of re-biopsy on diet include stratification of patients with coeliac disease suitable for early discharge from secondary care or those requiring more intensive clinical management.

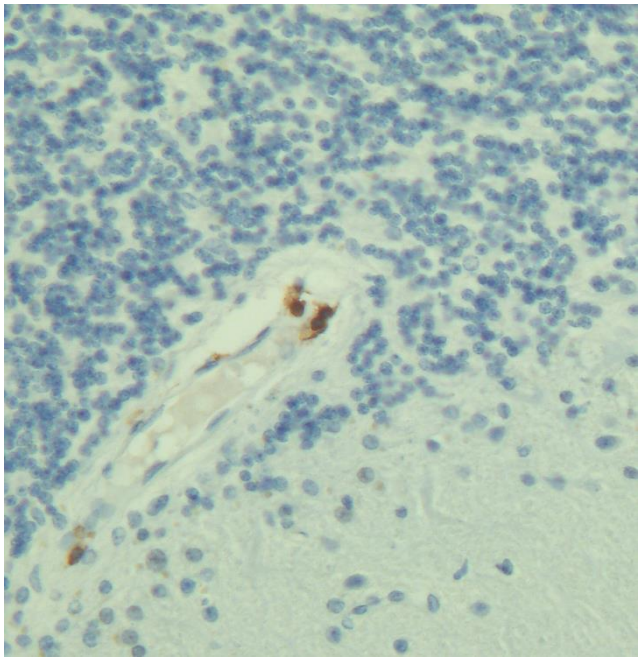
Alimentary Pharmacology & Therapeutics OCT 2013

MRI Glutenataxia



Purkinje cells crushed by T-cells?





Conclusion

Mucosal healing and mortality:

- It is more than malignancies
- Mortality depends on pre-existent damage
- Morbidity control at diagnosis mandatory

London, thank you for your attention.