## Are you 1 in 100?

Many people with coeliac disease do not realise they have it.

evastated is how Gill Keuskamp felt at being diagnosed with coeliac disease in her late fifties. "It's very daunting, because you think, 'Gosh, what am I going to eat?' What's going to happen?" But fast forward five years and Keuskamp, now president of the Coeliac Society of New Zealand says, "I wish I'd been diagnosed earlier." Keuskamp's diagnosis set in motion a series of dietary and lifestyle changes that significantly improved her health and well-being.

Coeliac disease (CD) is an intestinal intolerance to gluten; gluten is a rubbery, elastic protein found in wheat, rye, barley, triticale and oats. The lining of a healthy small intestine is like a shagpile carpet, with small, finger-like projections known as villi comprising the raised pile. These villi are covered in cells that absorb nutrients from our food. But gluten damages the intestinal lining of people with CD, flattening the villi so the intestine looks more like a threadbare carpet. This reduces nutrient absorption and can lead to iron, folic acid, calcium and vitamin deficiencies.

Keuskamp's doctor was concerned about her recurring anaemia and sent her for testing that diagnosed CD. The most common symptoms of CD are diarrhoea, fatigue, weakness and lethargy, anaemia (due to iron or folic acid deficiency) and abdominal bloating. Other symptoms include flatulence, cramping, nausea, vomiting, and for some, weight loss. In children, CD can cause poor weight gain, retarded growth and irritability.

Exactly what causes CD isn't clear; a combination of genetic and environmental factors are probably involved. About 10% of all first-degree relatives of known coeliacs also have the disease. It's estimated that 1 in 100 people has CD. Yet about 80% of people with CD are undiagnosed, says the Coeliac Society of NZ.



Which is why the 2009 Coeliac Awareness Week theme is: "Are you 1 in 100?"

Left undiagnosed and untreated, CD increases the risk of chronic poor health, osteoporosis, infertility, miscarriage, depression, dental enamel defects and gastrointestinal cancers.

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ppropriate diagnosis is important, says Keuskamp, as a number of other health conditions have similar symptoms. GPs can order an initial blood test to check for antibodies to gluten, but a small bowel biopsy test (endoscopy) by a specialist is the gold standard for diagnosis. A tiny piece of the small bowel lining is removed and microscopically examined to determine if villi flattening has occurred. It's crucial that people don't self-diagnose and commence a gluten-free diet before testing, says Keuskamp, as the tests will come up negative even if the person has CD.

There is no cure for CD, but once it's



positively diagnosed, a gluten-free diet will allow the gut lining to recover and repair itself and normal absorption of nutrients to resume. Gluten-containing grains, such as wheat, are used in bread, pasta, biscuits and crackers and must be avoided. While the presence of gluten in these foods is relatively obvious, many other processed foods (for example, sauces and potato chips) can also contain gluten. Individuals with CD must learn how to decipher nutrition labels and identify any undisclosed gluten to avoid consuming it, as even trace amounts of gluten will produce symptoms and complications.

Although the list of foods to avoid may seem daunting, Keuskamp recommends focusing on the foods you can eat, such as fresh meat, poultry and fish, fresh vegetables and fruits, dairy products, rice and potatoes, seeds and many gluten-free grains (for example, amaranth, buckwheat and quinoa). There are also many gluten-free products in the marketplace and excellent support from the hospitality industry. "The chefs in New Zealand are just brilliant," says Keuskamp. "Our gluten-free options in New Zealand are fantastic and we often get emails from people who've been here from overseas saying how wonderful New Zealand is and how there was hardly a cafe or restaurant they went into that didn't know what gluten-free means." The only question that remains then is – are you the 1 in 100? ■

Coeliac Awareness Week - May 24-30. For more information talk to a dietitian or contact the Coeliac Society of New Zealand, www.coeliac.co.nz, phone (09) 820 5157. Email: nutrition@listener.co.nz. or write to "Nutrition", c/o Listener, PO Box 90783, Victoria Street West, Auckland.