



## **Medical Dietary Advice for MC Patients May Improve as Attitudes Change Regarding the Diagnosis of Gluten Sensitivity**

By now, researchers have well established the fact that gluten sensitivity causes major digestive system disruptions not only for patients who have celiac disease, but also for those who have other inflammatory bowel diseases (IBDs), including microscopic colitis (MC). Although some MC patients have both MC and celiac disease, most of us apparently have non-celiac gluten sensitivity.

### **Celiac disease was described roughly 2000 years ago.**

But it was not until the 1940s that the Dutch pediatrician Willem Karel Dicke theorized that wheat protein is the actual cause of the problem. His breakthrough discovery was accidental. During World War II, when bread was rationed for civilians, pediatric celiac patients improved significantly. And after the war, when bread became available, again, pediatric celiac patients relapsed. The wheat free diet that he suggested inspired the research that eventually discovered gluten to be the cause of celiac disease, in 1953.



### **The gluten-free diet began to gain popularity.**

But as time passed, some people began to adopt the gluten-free diet (for various reasons) without a doctor's celiac diagnosis. Some people were adopting a gluten-free diet in order to lose weight, for example. As the trend gained momentum, doctors became very protective of their turf, and various entities in the medical community began to launch campaigns trying to discourage people from adopting a gluten-free diet without an official medical diagnosis of celiac disease.

Remember back not very many years ago, when doctors were attempting to discourage patients (who didn't have a celiac disease diagnosis) from adopting a gluten-free diet, by writing articles describing all the disadvantages and health risks associated with adopting a gluten-free diet without an official medical celiac diagnosis? Back then, if a patient happened to be following a gluten-free diet, gastroenterologists actually expected that patient to submit to a gluten challenge that required eating a slice or two of wheat bread (or an equivalent amount of gluten in some other form), daily, for a month or two, before testing for celiac disease could be performed. Some gastroenterologists still follow that policy.

### **But a gluten challenge can be torture for patients.**

Theoretically, a gluten challenge is intended to result in sufficient small intestinal damage so that the gastroenterologist can perform an endoscopy examination, and take biopsy samples from the epithelia of the small intestine for analysis under a microscope, in order to make an accurate determination of whether or not the patient actually has celiac disease. In practice, however, the procedure leaves a lot to be desired.

To begin with, gluten sensitive patients have to needlessly suffer for weeks or months with the miserable symptoms of active celiac disease. And often, for some patients, a month or two of eating gluten will not cause sufficient intestinal damage for an official diagnosis of celiac disease, because of the strict (Marsh three) criteria required for a positive diagnosis, even though a gluten challenge will typically cause plenty of miserable clinical symptoms.

### **So, what happens then?**

The gastroenterologist incorrectly advises the patient that he or she does not have celiac disease, despite the fact that they're sick, miserable, and may be confined to the bathroom, whenever they eat gluten. Consequently, gluten challenges have never been popular among patients. A gluten challenge is somewhat similar to playing Russian roulette, except that the odds of losing are much worse — in a gluten challenge, the patient loses every time.

### **Fortunately, public opinion against that medical practice has prevailed.**

Some of the articles written a few years ago almost seemed like vicious, unjustified attacks against patients who chose to cut gluten out of their diet without the official blessing of the medical community. Looking back at the prevailing attitude during those years, one can't help but wonder why doctors assumed that they should be dictating diet choices for the general public, in the first place. And even for celiacs, back then, the gluten-free diet was incorrectly portrayed as an unhealthy diet, in general, by most nutritional authorities, and even the medical community.

### **That attitude may even have spilled over onto medical treatments of MC.**

It's certainly possible that this general bias against the gluten-free diet may have had a lot to do with why gastroenterologists have traditionally been so adamant about denying that gluten sensitivity has anything to do with MC, let alone Crohn's disease and ulcerative colitis. And now that non-celiac gluten sensitivity is recognized, and the extremely poor diagnostic rate for celiac disease, plus the fact that no approved diagnostic method is available for non-celiac gluten sensitivity should be well known, many gastroenterologists are still dragging their feet, regarding

the need for a diet that excludes gluten and other food sensitivities when treating MC. It appears that they are so confused by research data, and their inability to diagnose non-celiac gluten sensitivity, that they really aren't sure what to do.

### **Thankfully those old articles seem to have disappeared from the Internet.**

If they're still out there, they're not showing up in Internet searches. The only example I was able to locate with a brief search of the Internet was an article published in the Journal of Nutrition and Metabolism, in 2019, titled "A Gluten-Free Diet, Not an Appropriate Choice without a Medical Diagnosis" (Diez-Sampedro, Olenick, Maltseva, and Flowers, 2019).<sup>1</sup>

### **Clinicians' attitudes seem to have changed.**

For example, a recent medical express article, based on a question-and-answer session with Dr. Jeffrey Katz, a gastroenterologist at University Hospital, and a professor in the Department of medicine there, contains information that basically contradicts the information that was in most of those earlier articles that attempted to discourage people from adopting a gluten-free diet without a celiac diagnosis (Case Western Reserve University, 2023, September 14).<sup>2</sup>

When asked if there were any health benefits associated with a gluten-free diet for individuals who did not have celiac disease, or gluten sensitivity, Dr. Katz answered,

*"The simple answer is NO. However, there are a lot of people who have neither celiac disease or gluten sensitivity, yet feel better when they avoid gluten. These people certainly can remain healthy on a gluten-restricted diet, but they do not typically need to as strictly avoid all gluten as patients with celiac disease.*

*There are no health benefits to gluten. Patients with celiac disease who strictly avoid all gluten are healthy and live a normal life as long as they avoid all gluten in the diet."*

For those of us who remember those earlier articles, this complete turnaround of the prior medical attitude comes as a pleasant surprise. Note the first sentence in the last paragraph of the above quote, **"There are no health benefits to gluten."** Kudos to Dr. Katz, for setting the record straight.

And when asked for his opinion on the reason for the increased availability of gluten-free products, he responded by noting how beneficial that has been in making the lives of celiac patients so much easier. And he pointed out that while the increase in gluten sensitivity may be associated with an increased awareness of celiac disease, it might also be associated with how our bodies deal with the processing, additives, chemicals, and nanoparticles in processed foods today. "We just don't know."

And he offered the following advice regarding adopting a gluten-free diet without an official diagnosis:

*"So if, after some careful attention, a person is convinced they feel worse when they eat gluten, I would trust their assessment. Because there is no health consequence of eating gluten-free food, it is fine for them to do so, and the availability of gluten-free products makes it that much easier (though a bit more expensive)."*

Again, kudos to Dr. Katz for his refreshingly candid and helpful advice.



**According to a press release issued by the Mayo Clinic in 2012,** regarding a major celiac study in which he participated, the Mayo's chief celiac guru, Dr. Joseph Murray, pointed out that roughly 80% of people who are following a gluten-free diet, are doing so without a diagnosis of celiac disease, yet clinicians were only diagnosing one out of every five or six patients who have celiac disease (Mayo Clinic, 2012, July 31).<sup>3</sup> And of course, back then, they weren't willing to admit that non-celiac gluten sensitivity even existed (apparently the Mayo began to acknowledge its existence at some point during 2015). And in fact, non-celiac gluten sensitivity is more common than celiac disease.

**New diagnostic criteria for celiac disease are more considerate for patients.**

The American College of gastroenterology recently published updated clinical guidelines for diagnosing and managing celiac disease, and Dr. Rubio Tapia, the director of the celiac disease program at Cleveland Clinic, discussed them in an article published in a recent Gastroenterology & Endoscopy News article (Tapia, 2023, May 15).<sup>4</sup>

**The new guidelines include the following recommendations:**

Note that several of the recommendations include options (designated as A and B), meaning that clinicians and patients can select one or the other.

**1A.** Ideally, they recommend an EGD with multiple duodenal biopsies for diagnostic confirmation.

EGD stands for esophagogastroduodenoscopy, which is used to examine the lining of the esophagus, stomach, and the duodenum.

**1B.** Alternately, a combination of a high-level tissue transglutaminase (TTG) IgA result, with a positive endomysial antibody (EMA) result can be used as a substitute method for diagnosing children or symptomatic adults who are unwilling or unable to undergo upper GI endoscopy.

In other words, they recommend accepting blood test results in lieu of the endoscopy procedure in cases where patients choose to decline the endoscopy procedure.

**2.** A goal of intestinal healing as an endpoint of gluten-free diet (GFD) therapy.

**3.** Their guidelines recommend against the routine use of gluten detection devices (food testing).

**4.** They make no recommendations either for or against the use of probiotics due to insufficient evidence.

**5.** They recommend that celiac patients should eat oats, while monitoring for reactions to cross contaminated oats, and avenin (the primary protein in oats).

This appears to be a counterproductive recommendation, since so many of us (MC



patients) react to the avenin in oats, suggesting that celiac patients may react, also. Simply avoiding oats eliminates all the unnecessary monitoring worries.

**6.** They recommend that celiac patients should be vaccinated against pneumococcal disease.

This refers to the current pneumonia vaccines.

**7A.** They recommend improved awareness among clinicians in order to achieve better celiac disease diagnostic rates.

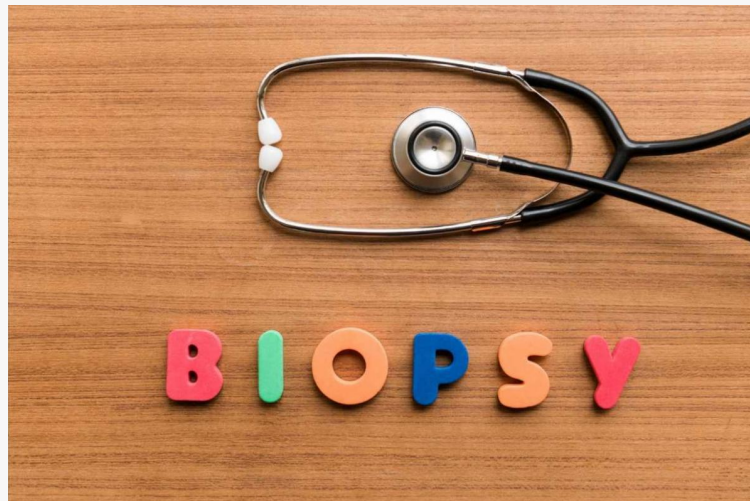
This recommendation will probably fall on deaf ears.

**7B.** They recommend against mass screening for celiac disease.

**8A.** For children younger than two, they recommend the TTG IgA test as the preferred single test for diagnosing celiac disease.

**8B.** For children who have selective IGA deficiency, they recommend TTG IgG, or \*DGP IgG testing.

(\*DGP stands for deamidated gliadin peptide)



### **New research shows that biopsies are not necessary.**

Recently published research from Salerno, Italy verifies that serology alone, can provide reasonably adequate evidence for celiac diagnoses (Ciacci, et al., 2023, September 8).<sup>5</sup> Their research data showed that a high TTG IgA result (alone) was sufficient for a celiac diagnosis.

### **Undiagnosed celiac disease is common among children of celiacs.**

Interestingly, a study was recently completed in Australia, where 1st degree relatives of celiac patients were tested for celiac disease. 202 1st degree relatives of 134 celiac patients were tested (University of Queensland, 2023, October 6).<sup>6</sup> 62 of the 1st degree relatives of celiacs were children. 81% of them had celiac genes (DQ2 or DQ8), and of those, 11% of them had biopsy confirmed celiac disease.

Approximately 1.4% of Australia's population have celiac disease (similar to the rest of the world), but as the study showed, children have roughly 8 times the risk of developing celiac disease (and their disease is likely to be undiagnosed) when compared with someone in the general population, if one of their parents has celiac disease. And obviously, the possibility exists that even more of them might develop celiac disease later in life.

In contrast to that finding, parents of celiacs in the study showed a very low prevalence of undiagnosed celiac disease (1.4%), suggesting that celiac disease diagnosis is typically deferred until adulthood (in other words, celiac disease was more likely to have already been diagnosed in adults who were related to celiacs in the study).

### **Progress in diagnosing gluten sensitivity has been incredibly slow.**

The general attitudes of clinicians, regarding the diagnosis of gluten sensitivity, have changed

drastically over recent decades. The problem began roughly 10,000 years ago. Gluten sensitivity became a problem for the human digestive system when agriculture was first developed during the Neolithic period of our history. Because the human digestive system evolved during the Paleolithic period, we were unable to completely digest the primary protein in the main agricultural crop (wheat) of the Neolithic period, namely, gluten. Most people are fortunate, and the undigested portion of gluten simply passes through their digestive system without causing any immune system problems. For the rest of us, though, gluten disrupts our digestion so severely that we have to completely avoid it, or learn to live with the potentially debilitating symptoms of gluten sensitivity.

It has taken the medical community thousands of years to pinpoint the problem, but in recent decades diagnosing the problem and treating it has become much easier for gastroenterologists and patients alike. Clinicians still desperately need a way to diagnose non-celiac gluten sensitivity, but in the absence of that capability, at least they're finally recognizing (and beginning to accept) that even some people who don't have celiac disease, and aren't sensitive to gluten, feel better if they avoid gluten. Gastroenterologists have finally decided to cut these patients a little slack, and stop trying to punish people who would rather avoid gluten., even though they don't have a formal medical diagnosis of celiac disease. And hopefully, these attitude changes regarding gluten sensitivity will inspire gastroenterologists to stop telling MC patients that gluten has nothing to do with MC

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