

Wrong question

In response to Dr Rashid et al's Clinical Review, "Home blood testing for celiac disease,"¹ published in the February 2009 issue, I would like to point out that a major problem with all the studies on celiac disease is that the wrong question keeps getting asked. The real question is, "Does the rapid test provide any true benefit to the patient?" The real *test* question, therefore, should be, "Does a gluten-free diet work?" Although gastrointestinal specialists will gasp in shock and disbelief, this does not require a blood test or a biopsy. What difference does it make to the patient whether or not diagnosis is confirmed if they won't be able to follow a diet regimen either way? It would be nice not to have a "disease" diagnosis that will cost the system a ton of money when the treatment is a test in and of itself and actually affects patient outcomes. Save the confirmatory test (and the endoscopy) for when the diagnosis is still unclear despite an adequate trial of dietary intervention. That will free up the endoscopy suite for patients that actually need something scoped and will leave some money in the budget for interventions that will actually help patients. Insurance companies will love this test as another excuse to jack up rates for no good reason.

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Reference

1. Rashid M, Butzner JD, Warren R, Molloy M, Case S, Zarkadas M, et al. Home blood testing for celiac disease. Recommendations for management. *Can Fam Physician* 2009;55:151-3.

Response

Treating the symptoms of a patient without an attempt to make a diagnosis is bad medicine. For instance, one should not treat a 12-year-old boy with iron deficiency anemia with oral iron supplements. The cause of anemia must be established first. Although the ultimate goal of any therapy is to alleviate patients' symptoms, this must be done in the context of a clinical diagnosis. Celiac disease is a good example of such a practice.

The fact that abdominal pain or bloating improves with a gluten-free diet is no proof that the patient is suffering from celiac disease. Dietary therapies can have a substantial placebo effect in many gastrointestinal disorders. It must be remembered that celiac disease is a permanent sensitivity to gluten and the diet must be strictly gluten-free—forever—with no exceptions. Gluten sensitivity is not analogous to lactose intolerance, which is a noninflammatory, dose-related problem. Celiac disease is an all-or-nothing phenomenon: an individual either has it or does not. Even small amounts of gluten can cause intestinal mucosal injury. If this goes unchecked, the patient is at risk of developing serious complications like osteoporosis and cancer.