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| 19765 Northwell Health ECLI Joint Venture logo_FINAL | | Endoscopy Center of Long Island-Celiac Center 711 Stewart Avenue, Garden City, NY 11530  516-227-3254 |
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**WHAT’S NEW IN CELIAC DISEASE?**

**Alan Lipp, M.D., FACG, FACP**

Beginning with this issue of our newsletter, I will be providing a recap of some of the interesting articles about celiac disease (CD) that have recently appeared in the medical literature.

A study out of the Mayo Clinic looked at the prevalence of diagnosed CD, undiagnosed CD, and people without CD avoiding gluten (PWAG) from 2009 to 2014. They found that the overall prevalence of CD did not change significantly over that time period, staying at about 0.7%. However, the prevalence of so-called “hidden CD”, the population walking around with undiagnosed CD, decreased significantly from 0.6% to 0.3%. Simultaneously, the prevalence of PWAG increased significantly from 0.5% in 2009-2010 to a whopping 1.7% in 2013-2014. The decrease in the undiagnosed CD population, and the corresponding increase in the diagnosis of CD, is likely attributable to increased awareness of CD in both the general public and physicians. It is also possible that, given the methodology of the study and the national trend toward a gluten-free diet, some people with undiagnosed CD may have been incorrectly assigned to the PWAG group. Despite this, it is clear that we are finally making inroads in finding the large undiagnosed population that we have always known was out there.

It is well known that CD and irritable bowel syndrome (IBS) share similar symptoms and there is often confusion between the two. A recent review and analysis of 66 years of medical literature looked at the prevalence of CD in patients meeting diagnostic criteria for IBS. Although a meta-analysis like this has many scientific limitations and relies on studies of varying quality, it also gives the ability to include a very large patient population. The study demonstrated a 3.3% prevalence of biopsy-proven CD among individuals with IBS –type symptoms, with a more than fourfold odds of CD, compared with healthy controls. These odds were significantly increased across all IBS subtypes, but were highest among those with IBS-D (diarrhea-predominant symptoms).

Another group performed a review and analysis of the literature to study the potential link of CD and thyroid disease. They found threefold odds of thyroid disease in patients with CD compared to control groups. Their conclusion was that patients with CD should be screened for thyroid diseases.

A group from Sweden looked to see if patients with CD were at increased risk of invasive pneumococcal disease (IPD), the bacteria that cause pneumonia. They found an estimated 46% increased risk for IPD. When they corrected for socioeconomic status, educational level, and other comorbidities (other diseases), they found similar risk, but this did not attain statistical significance in this study. Nonetheless, the trend towards increased risk led the authors to suggest that patient with CD may be considered for pneumococcal vaccination.

Lastly, the celiac group at the University of Chicago looked at “gluten-removed” beers. There is limited data regarding this new category of beverage. The group took sera from patients with CD and non-celiac controls and studied their antibody reaction to both gluten-free and gluten-removed beers. He found no response to gluten free beers, validating their safety. However, there was a reaction to the gluten-removed beer in sera from active-CD patients, but not non-celiac control subjects, possibly indicating the presence of residual peptides that are celiac specific. Our conclusion-DO NOT TRUST “GLUTEN-REMOVED” BEERS!

***NOTES FROM DR. KLEIN:***

On January 11th, Dr. Stuart Weinerman, Chief of Metabolic Bone Disease at Long Island Jewish Hospital, presented an excellent review of Calcium, Vitamin D and Osteoporosis for our celiac members at ECLI.

Dr. Weinerman emphasized the importance of bone health in the prevention of fractures and that celiac patients are more likely to develop osteoporosis and fractures.

Bone Density scans were explained as a safe and simple way to assess the stability of bone health and all celiac patients should undergo this testing. In addition, the importance of measuring Vitamin D levels was emphasized.

Calcium and Vitamin D requirements and supplements were discussed. Many present were surprised to learn that taking large doses of Calcium are usually not necessary if a healthy diet is maintained.

The multiple medical therapies available to treat osteoporosis were reviewed.

The most important take away for celiac patients however is the importance of the treatment of their celiac disease. Once this is attained the strategies to maintain bone health are the same as those for non-celiac patients.

**In anyone would like to make an appointment to see Dr. Weinerman, please call our Celiac Center at 516-227-3254 and press prompt 3.**

***NOTES FROM THE NUTRITIONIST-SOTIRIA EVERETT, E.D., RD, CDN, CSSD Registered Dietician Nutritionist***

Beware of hidden sources of gluten in the grocery store! When you are food shopping, look out for more than just breads, pasta and baked goods. Gluten can be found in products such as deli meats, salad dressings and marinades, soy sauce, frozen French fries (they are often dipped in flour), pre-seasoned and marinated meats, and even potato chips. Read ingredient lists carefully and look out for ingredients such as: malt flavoring, modified food starch, brown rice syrup, and yeast. Look for the “gluten-free” label. Be aware that the label “wheat free” does not mean gluten-free, and don’t forget about vitamin and mineral supplements. Make sure to scan the ingredients listed on the bottle and make sure they are gluten free.

**SOTIRIA EVERETT IS AVAILABLE FOR CONSULTATION, EVERY THIRD THURSDAY, AT 300 OLD COUNTRY ROAD, SUITE 31, MINEOLA, NY 11501. Please call 516-227-3254, ext. 3**

**PLEASE JOIN US ON 3/8/17**

***FOR LOSING WEIGHT THE HEALTHY WAY***

***ON A GLUTEN FREE DIET***

***PRESENTED by* SOTIRIA EVERETT, EdD,RD,CDN,CSSD**

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***RECIPES FROM CHEF BARBARA L. CALLANAN MS:***

**Gluten-Free Sautéed Fruited Chicken Breast**

***Prep: 20 minutes Cook: 1 hour Serves: 4***

**INGREDIENTS:**

3 Tablespoons Olive Oil

¼ cup chopped onion

1 clove garlic, minced

¼ cup finely chopped celery

4-6 ounce raw boneless, skinless chicken breasts

¾ cup apple juice

1 teaspoon chopped parsley, fresh or dried

**1** teaspoon ground cinnamon

¼ teaspoon black ground pepper

1 medium apple, cored and diced

1 medium pear, peeled, cored and diced

¼ cup gluten-free dried cranberries

**PREPARATION:**

In a medium size frying pan heat olive oil, add onions, celery and garlic. Saute about 3 minutes until onion and celery are tender. Add chicken and saute for about 5 minutes on each side until lightly browned. Add apple juice, parsley, cinnamon and ground pepper. Cover and simmer 30 minutes. Add diced apples, pears and dried cranberries and simmer an additional 10 minutes. Chicken is cooked when it has reached an internal temperature of 165 degrees, with no pink color and juices are running clear.

**GLUTEN-FREE MEDITERRANEAN LENTIL SALAD**

***Prep Time: 15 minutes Cook time: 30 minutes Servings: 4***

**INGREDIENTS:**

1 cup dried lentils

1 bay leaf

½ teaspoon salt

½ teaspoon poultry seasoning

1 tablespoon balsamic or red wine vinegar

Fresh-ground black pepper

3 tablespoons olive oil

1 teaspoon rosemary fresh or dried

2 tablespoons of dried red onion

1 medium ripe tomato, diced

½ cup seeded diced cucumber

3 tablespoons chopped parsley fresh or dried

½ cup reserved cooking liquid

**PREPARATION:**

1. Sort and rinse the lentils. Place in medium size sauce pan, cover with water by 3 inches and bring to a boil. Turn down to a simmer and cook until tender all the way through (adding more water if necessary). About 30 minutes. Drain lentils, discard bay leaf and reserve ½ cup of the cooking liquid cool. **You can also use canned lentils if you like (16 ounce can-drained and rinsed).**
2. Toss the lentils with the vinegar and fresh-ground black pepper. Let stand for 5 minutes. Taste and add more salt and vinegar if needed.
3. Add olive oil, rosemary, onion, tomato, cucumber and parsley. Stir to combine. If the lentils seem dry and are hard to stir, loosen them with a bit of the reserved cooking liquid.
4. Cover and refrigerate for 2 hours. Serve.

***Patient Interview: Louise Pezzello***

**At what age were you diagnosed with celiac disease?**

I was diagnosed at age 74. Before my diagnosis, I didn’t experience any of the common symptoms –anemia, dermatitis, edema-of celiac disease. At the time, I was experiencing GERD and indigestion and was just overall feeling uncomfortable. Dr. Klein took routine biopsies and the tests came back positive for celiac disease.

**Did you make any major lifestyle changes?**

Absolutely! Since I hadn’t been experiencing symptoms, before and after I made some changes I didn’t notice much of a difference. Dr. Klein explained to me exactly what was happening to my organs as a result of celiac. Had I not had these explanations, I would not have taken it very seriously, because I really was asymptomatic beforehand. Understanding that celiac disease is an autoimmune disease and essentially how the body is attacking itself really helped me realize the severity of my condition and how important these changes were. A good friend of mine also has celiac disease. She explained a lot of different complications she had experienced, as a result of celiac disease and that scared me into taking care of myself and being mindful of my disease and how I treated it.

**What advice would you give other adults diagnosed with celiac disease?**

The best advice I would pass along to others who are diagnosed with celiac disease late in life or in general, is to take the diagnosis seriously. As I mentioned, I didn’t present with any symptoms, so there wasn’t exactly motivation to make such changes. However, I realized that by making changes in my diet, I was taking better care of myself and being more attentive to my body’s needs and improving my overall health. Had I been diagnosed younger, I may not have been as quick to make these changes, but I’m 79, so I have to pay extra careful attention to my health.

With a condition like celiac disease, it is so important to do your research. Understanding your condition and the consequences of not treating it or taking care of yourself properly is so important. Dr. Klein explained to me how villi work inside the body and the role they play in nutrient absorption. For some people with celiac disease, if you eat gluten it damages the villi, basically and when you lose the villi, you lose the ability to absorb nutrients properly. A bad diet could lead to malabsorption. Patients without symptoms especially need to take it seriously and understand what the body is going through. There is an extra concern for women too, with the concern for absorption of calcium and vitamin D and the risk for osteoporosis.

In addition to recognizing the importance of the lifestyle changes and the diet, people need to realize the importance of family and friends as support. I’m very lucky to have such a supportive family and friends. Initially, I found the taste of food horrible and expensive, but it has been excellent to engage family cooking. We’re Italian, so I love to cook and often I cook gluten free for my whole family. Ronzoni makes great pasta that I love to cook for my family. Encourage your family to keep gluten free products around or try them as well. I feel less self-conscious about eating and cooking for my family because they are so supportive and the food has really gotten better

The biggest things for me, have been the support from my friends and family and also, really taking it seriously myself! Although I am not presenting with any symptoms externally, I understand that what I do is affecting me internally and that is really important to stay aware of. So, do your research and get others involved!

**FOR AN APPOINTMENT WITH A CELIAC SPECIALIST**

**CALL 516-227-3254, EXT 3**