

# GP Management Plan for Coeliac Patients

To establish a diagnosis of coeliac disease it is important to record the following:

1. Small intestinal biopsy (Gold-standard for diagnosis) demonstrating villous atrophy, crypt hyperplasia and intraepithelial lymphocytosis, with date; and
2. Coeliac serology (transglutaminase antibody and/or anti-gliadin antibody and/or deamidated gliadin peptide antibody and/or anti-endomysial antibody) that is positive prior to treatment, with date. Note that false negative results occur in 10-15%.

Note: HLA-DQ2/8 genotyping showing presence of at least one of the coeliac susceptibility genes HLA-DQ2.5, HLA-DQ2.2, or HLA-DQ8 is supportive of coeliac disease but has poor positive predictive value. Therefore, definitive diagnosis rests on small intestinal histology.

**Note** - If criteria for a formal diagnosis have not been satisfied, refer to gastroenterologist.

Issue/Health need	Goal- changes to be achieved	Actions/ Tasks/Services Service	Provider Responsible for treatment/services
<b>1. Genera</b>			
Assist in patient's knowledge & management of coeliac disease	Patient to have good control & minimal complications of coeliac disease.	Education, evaluation & review of the patient & education of their informal carer.	GP / Educator
<b>2. Disease specific care</b>			
Dietary compliance and nutrient assessment	Maintain strict gluten free diet that is nutritionally balanced.	GP/nurse to assess diet and refer for specialist dietary evaluation if necessary.	Patient GP/ educator/ Dietician
Coeliac disease activity (symptoms, serology and histology)	Control of coeliac related symptoms eg. GI upset (bloating, diarrhoea, constipation, pain), lethargy, weight loss, headaches resolving within first 3-6 months of treatment and controlled thereafter.	GP to review 4 monthly for first year, then annually thereafter. If persistent symptoms after 6 months on gluten free diet, refer to dietician for assessment of gluten free diet adequacy. Consider referral to specialist to exclude other causes for symptoms.	Patient GP/Educator Dietician Gastroenterologist
	Normalisation of transglutaminase (tTG)-IgA and deamidated gliadin peptide (DGP)-IgG antibodies after 9-12 months on gluten free diet and controlled thereafter.	GP to check 4 monthly for first year and annually thereafter. If elevated after the first year, consider deliberate/ inadvertent gluten in diet and refer to dietician for assessment of gluten free diet adequacy.	GP Dietician
	Healing of small bowel mucosa on gluten free diet.	Gastroscopy performed 18-24 months after diagnosis. If persistent damage remains, refer to dietician for assessment of gluten free diet adequacy and gastroenterologist to determine need for adjunctive therapies.	Gastroenterologist Dietician GP

<p>Complication screening Consider: Nutrient deficiencies Type 1 diabetes Autoimmune thyroid disease Autoimmune liver disease Osteoporosis</p> <p>Be mindful of other complications such as: Sjogren's syndrome Pernicious anaemia Rheumatoid arthritis Addison's disease</p>	<p>Normal values for: Iron studies B12 Folate Zinc Vitamin D</p>	<p>GP to check 4 monthly for first year and annually thereafter. Replace nutrients as required (dietary changes and/or supplements).</p>	<p>GP Dietician Patient</p>
	<p>Normal values for: TSH LFTs FBE/UEC Fasting glucose levels</p>	<p>GP to check 4 monthly for first year and annually thereafter. If TSH abnormal consider referral to endocrinologist. If LFTs abnormal consider referral to gastroenterologist.</p>	<p>GP Endocrinologist Gastroenterologist</p>
	<p>Normal bone density (BMD) on DEXA scanning.</p>	<p>GP or gastroenterologist to order DEXA within 1st year of diagnosis. Vitamin D and Calcium intake to be encouraged if BMD lowered. GP to refer to endocrinologist if osteoporosis present.</p>	<p>GP Gastroenterologist Endocrinologist</p>
<p>Immunisation</p>	<p>Ensure influenza &amp; pneumococcal (age &gt; 50) vaccination is up to date.</p>	<p>GP / nurse to provide vaccination.</p>	<p>GP / nurse</p>
<p>Family screening</p>	<p>All first-degree relatives screened for coeliac disease (irrespective of symptom status).</p>	<p>GP/nurse to recommend patient advise relevant family members they be screened.</p>	<p>GP / nurse</p>
<p>Mental wellbeing</p>	<p>Coping with diagnosis including demands of gluten free diet and lifestyle changes.</p>	<p>GP / Mental health nurse to assess psychological impact of coeliac disease on patient and refer to clinical psychologist for counselling if necessary.</p>	<p>GP Mental Health Nurse Psychologist</p>
<p><b>3. Medication review</b></p>	<p>Correct use of medication and ensuring they are gluten free.</p>	<p>Patient education Review medications</p>	<p>GP Pharmacist Consulting Pharmacist</p>
<p><b>4. Lifestyle</b></p>			
<p>Weight and waist circumference</p>	<p>Your target: BMI &lt; waist circumference  Ideal: BMI <math>\leq 25</math> kg/m<sup>2</sup>, waist circumference &lt;94cm (M), &lt; 80cm (F)</p>	<p>Monitor Review 6 monthly  OR  As per Lifescripts action plan</p>	<p>Patient GP / nurse /educator Dietician</p>
<p>Physical activity</p>	<p>Your target:  Ideal: Exercise at least 30 minutes walking or equivalent 5 or more days per week</p>	<p>Patient exercise routine  OR  As per Lifescripts action plan</p>	<p>Patient to implement GP to monitor Exercise physiologist Physiotherapist</p>
<p>Smoking</p>	<p>Complete cessation</p>	<p>Smoking cessation strategies</p>	<p>Patient GP Nurse Quit counsellor</p>
<p>Alcohol intake</p>	<p>Your target: &lt; standard drinks per day Ideal: <math>\leq 2</math> standard drinks per day (men) <math>\leq 1</math> standard drinks per day (women)</p>	<p>Reduce alcohol intake Patient education  OR  As per Lifescripts action plan</p>	<p>Patient GP</p>

Record that have explained the steps involved in the GMP outlined above and agreement to proceed and review date. Copy of GP Management Plan given to patient and to providers with patient consent and to patient record:

Name and contact details of Service Providers	Type of Service	Required treatment and services including patient actions	Discussion and agreement of goals with provider
	General Practice Assistance with obtaining optimal health.	Coordination of care by regular assessment, treatment, referral & review	Yes
	Dietitian Assistance with obtaining optimal nutrition.	Provision of appropriate dietary & food handling advice, review & support of patient & carer	Yes
	Gastroenterologist Assistance with obtaining optimal gastrointestinal health.	Examination, education, treatment & review of the patient in association with the GP.	Yes
	Pharmacist Consulting Pharmacist Assist the patient & carer with complex medication regimes, to avoid known drug interactions & adverse drug interactions.	To provide only gluten free medications. Provide advice on the appropriate use of medications, of known interactions with prescribed & non prescribed medication & keeping a record of previous medication & previous adverse reactions.	Yes
	Psychologist Assistance with obtaining optimal mental health.	Assessment, education & non medication based treatment in association with GP.	Yes
	Physiotherapist	Provide advice explanation, specific exercises & activities to obtain optimal fitness, pain free mobility, strength & balance.	Yes

SUGGESTED REVIEW DATE: \_\_\_\_\_ No less than 14 weeks

Has a copy of Team Care Arrangement been given to other providers with patient consent?

Has a copy of Team Care Arrangement been added to patient record:

Have Referral Forms for Medicare & Allied Health care services been completed:

*Sourced from Coeliac Australia website*

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