

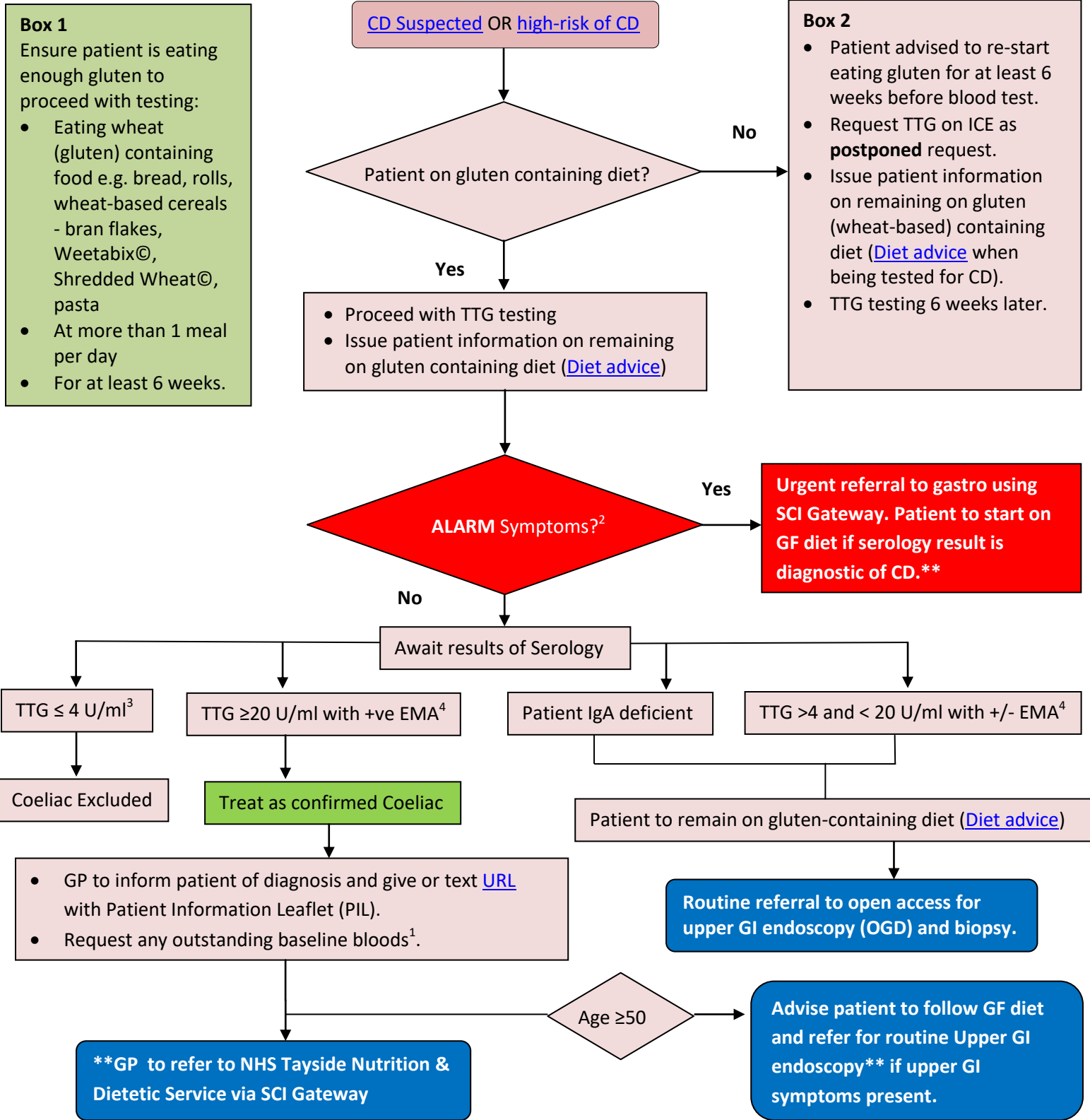
**Stage 1: Diagnostic Requests for Patients with Suspected Coeliac Disease (CD)**

**Box 1**  
 Ensure patient is eating enough gluten to proceed with testing:

- Eating wheat (gluten) containing food e.g. bread, rolls, wheat-based cereals - bran flakes, Weetabix®, Shredded Wheat®, pasta
- At more than 1 meal per day
- For at least 6 weeks.

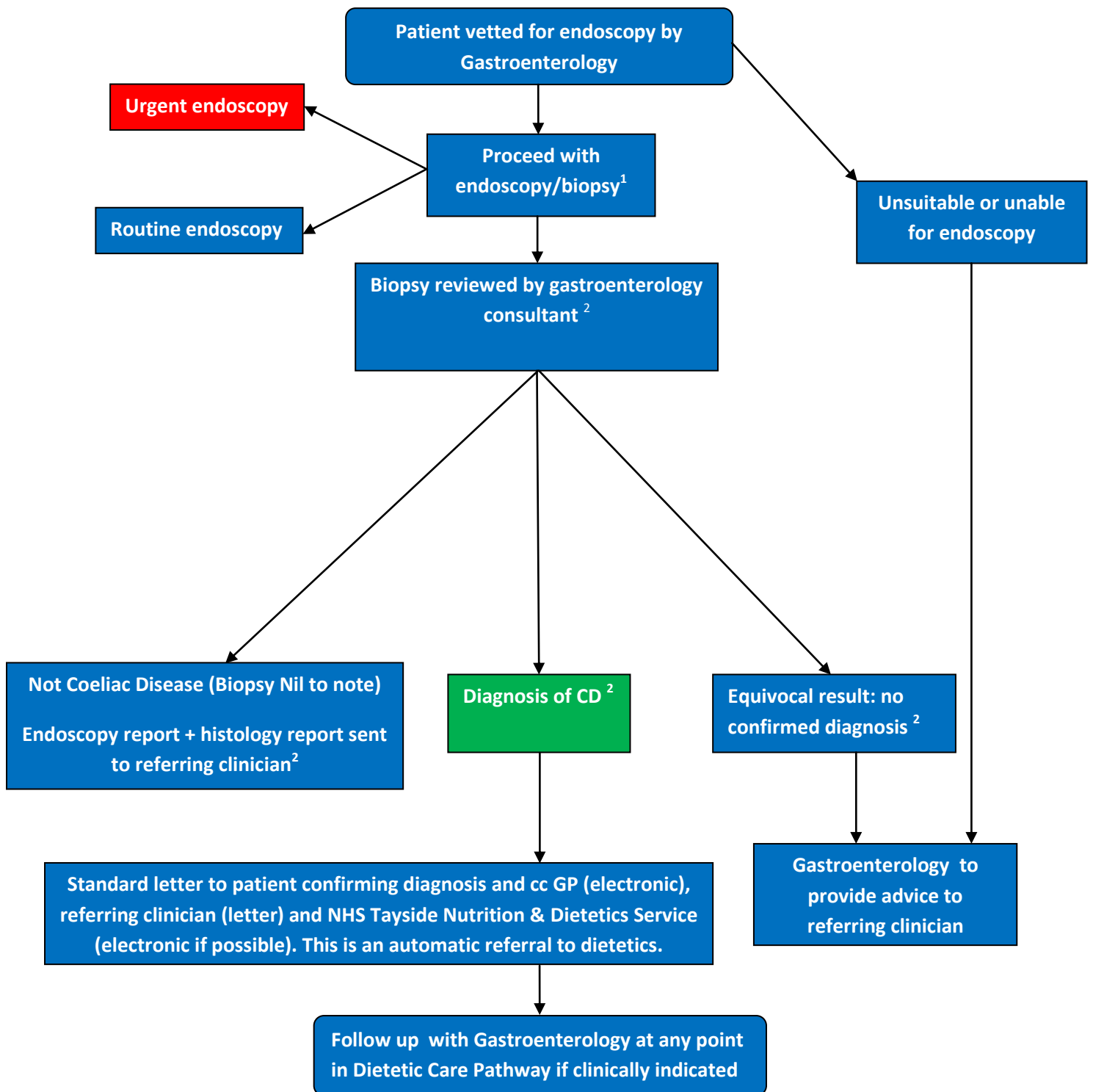
**Box 2**

- Patient advised to re-start eating gluten for at least 6 weeks before blood test.
- Request TTG on ICE as **postponed** request.
- Issue patient information on remaining on gluten (wheat-based) containing diet ([Diet advice](#) when being tested for CD).
- TTG testing 6 weeks later.



1. Coeliac Baseline bloods on ICE – includes: FBC, C+E, Iron studies, Ferritin, B12, Folate, iLFTs & Bone Group, Vitamin D and TSH.  
 2. **ALARM Symptoms** for upper or lower GI pathology as defined by [NICE NG12](#) and [Scottish Referral Guidelines for Suspected Cancer](#).  
 3. -ve TTG result and strong clinical suspicion may indicate false negative – seek Gastroenterology opinion. [IgA anti-TTG PPV 91.2%, NPV 96.8%. Sensitivity 96.8%. Specificity 91%. Dx accuracy 97.7%](#).  
 4. Ant-Endomysial Antibodies (EMA) cascade performed when TTG is >5 U/ml. If masking SMA please provide second confirmatory TTG request. [IgA EMA PPV 100%, NPV 94.4%. Sensitivity 93.7%. Specificity 100%. Dx accuracy 96.9%](#).

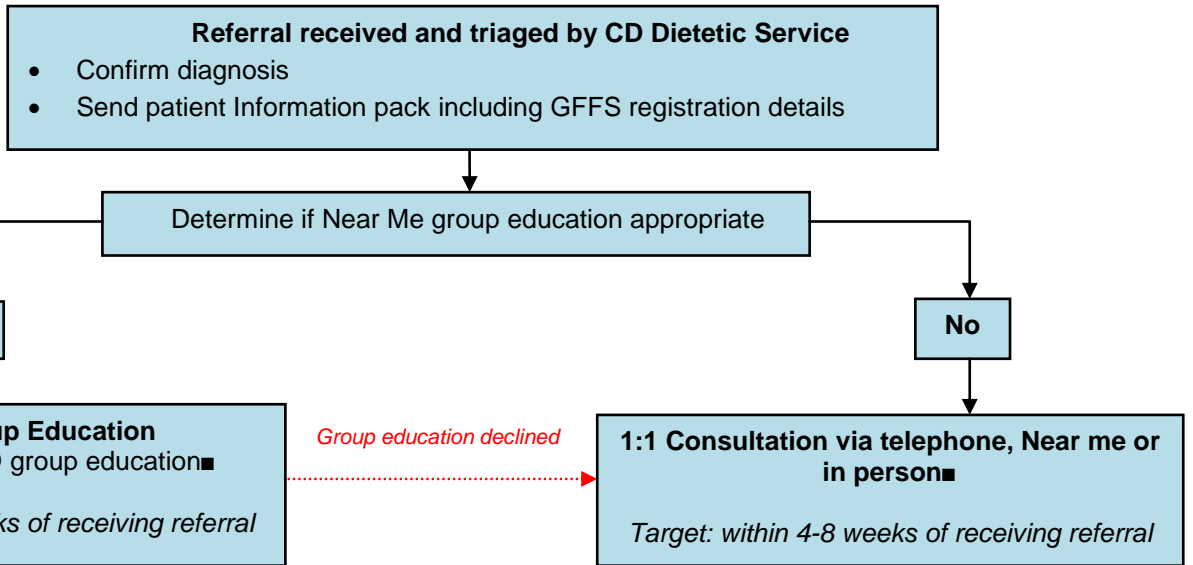
**Stage 2: Specialist Assessment of Patients by Gastroenterology**



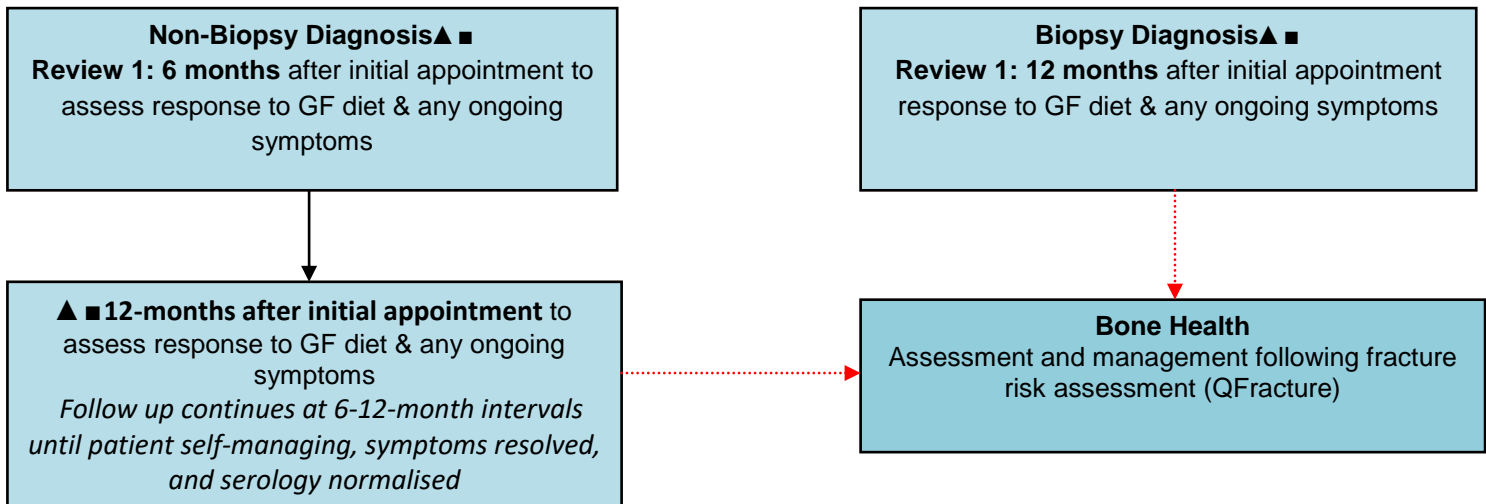
1. Patients must have standard biopsies 2x D1 and 4x D2 in separate pots (as per BSG Guidelines).  
 2. For patients referred from a secondary care non gastroenterologist, gastroenterology will not see the histology as it goes directly back to the secondary care referrer.

**Stage 3: Dietetic Care Pathway Post-Diagnosis**

**Phase 1: Initial Support**



**Phase 2: Review:** *timescales determined by nutritional risk, for low risk patients the following applies:*



**▲ See blood monitoring protocol for guidance on required investigations to support dietetic review**

**Intervention outcome:**

**Option 1: Serology negative and symptoms resolved**

- Discharge to Community Pharmacy Services(CPS) Annual Health Check\*
- Patient placed on Patient Initiated Return: fast track route for re-engagement provided via dietetics

\* Patients who opt out of GFFS do not proceed to CPS annual health checks – GP notified

**Option 2: Persistent Symptoms**

**Specialist Dietetic review:**

- Compliance
- Hypersensitivity
- Functional

■ Follow up with Gastroenterology if clinically indicated

**NHS Tayside Adult Coeliac Disease Blood Monitoring Protocol**

**Diagnostic Bloods**

- When CD suspected or high risk of CD, baseline bloods will be undertaken by the General Practitioner as per stage 1 of NHS Tayside Adults Coeliac Disease Diagnosis and Treatment Pathway.
- Bloods required:

<ul style="list-style-type: none"> <li>• TTG</li> <li>• FBC</li> <li>• C+E</li> <li>• Iron studies</li> <li>• Ferritin</li> </ul>	<ul style="list-style-type: none"> <li>• B12/Folate</li> <li>• iLFTs</li> <li>• Bone Group</li> <li>• Vitamin D</li> <li>• TSH</li> </ul>
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- The General Practitioner will be responsible for reviewing and when indicated addressing any identified abnormalities including ongoing monitoring.

**Dietetic Led Coeliac Review**

- The dietetic led coeliac service will arrange bloods via postponed request on ICE advance of 6 & 12 month review appointments.
- A letter will be issued to patients advising of the need to attend for bloods.

Dietetic review	Bloods required	Result	Action required
6 months	TTG	Evidence of improvement from baseline result	Undertake dietetic review as per agreed pathway
12 months	TTG	TTG ≤4	Undertake dietetic review as per agreed pathway
		TTG >4	Undertake dietetic review as per agreed pathway Notify GP of raised TTG result and potential need for repeat blood investigations: FBC, C&E, LFT, Ca, Vit D, Haematinics