

Celiac Disease Management: A Comparison Between a Celiac Center and the Community Setting

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AIMS

Celiac disease (CD) is an autoimmune inflammatory enteropathy in genetically susceptible persons leading to small intestinal damage. Disease management experiences of U.S. patients varies widely and are often dependent on their location. Little is known about differences in health outcomes of patients who use tertiary celiac centers vs. community healthcare services. This study reports preliminary data on gluten-free diet (GFD) adherence, quality of life (QOL) and first and second-degree relative screening in a cohort managed in a tertiary celiac center vs. community setting.

METHODS

Study cohort comprises 55 patients from a tertiary celiac center and 110 age-matched controls from a national U.S. patient advocacy organization who report not being managed by a CD specialist. All participants completed an anonymous online survey. Data collection included the validated surveys Celiac Dietary Adherence Test (CDAT) and Celiac Disease Quality of Life (CD-QOL), as well as family member screening reporting.

RESULTS

Data was analyzed using a two sample T-test. Age and sex were similar between the two populations.

65% of celiac center patients reported family member screening compared to 52% of controls (p .048). The mean CDAT score was 11.16 for the center patients vs. 11.34 for non-center (p 0.34). The mean CD-QOL score was 50 versus 53.2 for the celiac center vs. non-center (p 0.11).

	Jefferson Celiac Center	NFCA (Community)	P value
CDAT score	11.16	11.34	0.34
CD-QOL score	50	53.2	0.11
Relative Screening	65%	52%	0.048

CONCLUSION

Patients cared for by a tertiary celiac center were significantly more likely to have their relatives screened for CD than patients not cared for by a CD specialist. This is expected given the limited knowledge of CD among most physicians. However, both populations report similar GFD adherence and QOL outcomes. This may suggest that the type of resources CD patients access outside of the clinic setting impacts their health outcomes. Future analysis should explore and identify similarities and differences between the types of education pursued by patients who use tertiary and community services.

ACKNOWLEDGEMENTS

National Foundation for Celiac Awareness (NFCA)