

Dear Doctor,

**A close relative of your patient has been diagnosed with coeliac disease  
Have you considered screening your patient?**

- 1st degree relatives have a 10% or greater chance of also being affected by coeliac disease.
- Typical symptoms include gastrointestinal upset, lethargy or anaemia, but symptoms often go unrecognised, or the patient may be truly asymptomatic.
- Early diagnosis and treatment of coeliac disease is important to reduce morbidity such as osteoporosis, malignancy, subfertility and general malaise.
- Targeted screening is the most effective way to detect coeliac disease.

**How to test:**

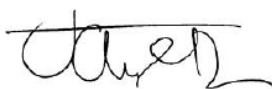
1. Confirm your patient is consuming a gluten-containing diet for accurate results (see over page for management if they are following a gluten free diet).
2. Request the following blood tests:
  - Coeliac serology, specifically:
    - i. Transglutaminase-IgA (tTG-IgA)
    - ii. Deamidated gliadin peptide-IgG (DGP-IgG)
  - HLA-DQ2/8 genotyping (also known as Coeliac disease HLA typing) (useful when screening high-risk individuals e.g. those with a positive family history)

**How to interpret:**

- If tTG-IgA and/or DGP-IgG is positive refer to a gastroenterologist for confirmatory small bowel biopsy. ***Serology alone is insufficient to diagnose coeliac disease.***
- A positive HLA-DQ2/8 gene test is not diagnostic of coeliac disease in isolation (approximately half of the general population are positive).
- ***A negative HLA-DQ2/8 gene test has strong negative predictive value (<1% likelihood of coeliac disease being present) and means coeliac disease can be excluded.***
- If coeliac serology is negative but the patient is symptomatic and positive for HLA-DQ2 and/or HLA-DQ8 then consider referral to a gastroenterologist for further work-up.
- A HLA-DQ2 and/or HLA-DQ8 positive relative with normal coeliac serology is at-risk for the future development of coeliac disease and follow-up is warranted. Repeat screening is recommended if they become symptomatic (*suggestive symptoms indicated over the page*).

Thank you for your care.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Jason Tye-Din".

Dr Jason Tye-Din MBBS, FRACP, PhD  
Chair, Medical Advisory Committee of Coeliac Australia

**Sydney**  
Suite 1205, 52 Alfred St. S,  
Milsons Point NSW 2061

**Brisbane**  
PO BOX 611,  
Cannon Hill QLD 4170

**T:** 1300 458 836  
**E:** info@coeliac.org.au  
**W:** www.coeliac.org.au