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THE BETTER HEALTH NEWS

IRRITABLE BOWEL & CELIAC DISEASE

GLUTEN

The symptoms of irritable bowel syndrome (IBS) may be due to celiac disease in some patients. Research appearing in the *Lancet* (November 3, 2001;358:1504-1508) compared 300 patients with celiac disease to 300 healthy controls. Of the IBS patients, 66 patients with had positive antibody results, indicating gluten sensitivity. Of the 66, 14 had celiac disease (11 EMA [epithelial membrane antigen] positive, three EMA negative). Nine patients with positive antibody results were lost to follow-up or refused biopsy (only one EMA-positive patient refused biopsy), and 43 had normal duodenal mucosa. Only two of the controls had celiac disease. Compared with matched controls, IBS was significantly associated with celiac disease.

Research appearing in *Gastroenterology* (2004;126 (7):1721-1732) suggests that many patients with irritable bowel syndrome (IBS) may have celiac sprue (sensitivity to gluten, a protein present in wheat, oats, rye and other grains). As many as 75% of the patients with celiac sprue have IBS symptoms. When screening for celiac sprue in 4000 subjects with no symptoms, one in 133 was found to be gluten intolerant. The incidence may be as much as seven times higher in patients with IBS.

If gluten sensitivity is an issue, giving digestive enzymes may be a good idea. A double-blind, placebo-controlled study appearing in the *Scandinavian Journal of Gastroenterology* (2005; 40(11): 1304-12) looked at the use of digestive enzymes in 21 patients with celiac disease (seen on biopsy). All of the subjects were on a gluten-free diet and their disease was in remission. They were randomly divided into two groups, with one group receiving digestive enzymes and the other receiving a placebo. Both groups were then given crackers on a daily basis (0.9 grams of gluten/day). After a 10-week washout period, the roles were reversed with the placebo group getting the supplement and vice-versa. Eight of the 21 patients (38%) had more than 5 episodes of moderate to severe symptoms during either of the gluten challenge periods, and in these, symptoms scores were ameliorated during enzyme therapy compared with the placebo period ($p<0.02$).

PREGNANT? TEST FOR GLUTEN SENSITIVITY

We all know that the mother's diet can affect the health of her fetus. If the mother is sensitive to gluten and does not know it, there can be serious health repercussions for the unborn baby. For one thing, the birth weight is affected. Research appearing in the journal *Human Reproduction* (2010 Feb;25 (2):528-34) looked at this issue. A total of 1,504,342 babies were born to 836,241 mothers during the study period. Of those, 1105 babies were born to women with diagnosed celiac disease and 346 were born to women with undiagnosed celiac disease. Women with untreated celiac disease delivered smaller babies and had a greater risk of having a VSGA (very small for gestational age--in the 5th percentile of birth weight) as compared to women diagnosed with celiac disease who avoided gluten. Women with untreated celiac disease also had a higher risk delivering preterm.

Another study, appearing in *Gastroenterology* (2005 Aug;129 (2):454-63) had similar findings. A national register-based cohort study restricted to women aged 15-44 years with singleton live born infants was used. They identified 2078 offspring to women who had received a diagnosis of celiac disease; 1149 offspring to women diagnosed prior to birth and 929 offspring to women diagnosed after infant birth. Main outcome measures included: intrauterine growth retardation, low birth weight (<2500 g), very low birth weight (<1500 g), preterm birth (<37 gestational weeks), very preterm birth (<30 gestational weeks), and caesarean section. There was an association between undiagnosed celiac disease and a risk of intrauterine growth retardation, low birth weight, preterm birth and Caesarian section.

There may even be a connection between mental health and maternal gluten sensitivity. In a study appearing in *The American Journal of Psychiatry* (VOL. 169, No. 6, june 1, 2012), the authors analyzed archival dried blood spots obtained from newborns to assess whether levels of immunoglobulin G (IgG) directed at dietary antigens were associated with a later diagnosis of a nonaffective psychotic disorder. The study population consisted of individuals born in Sweden between 1975 and 1985 with verified register-based diagnoses of nonaffective psychoses made between 1987 and 2003 and comparison subjects matched on sex, date of birth, birth hospital, and municipality. A total of 211 case subjects and 553 comparison subjects consented to participate in the study. Data on factors associated with maternal status, pregnancy, and delivery were extracted from the Swedish Medical Birth Register. Levels of IgG directed at gliadin (a component of gluten) and casein (a milk protein) were analyzed in eluates from dried blood spots by enzyme-linked immunosorbent assay (ELISA). Odds ratios were calculated for levels of IgG directed at gliadin or casein for nonaffective psychosis.

The authors found that anti-gliadin IgG (but not anti-casein IgG) above the 90th percentile level observed among comparison subjects were associated with nonaffective psychosis (odds ratio=1.7, 95% CI=1.1–2.8). This association was not confounded by differences in

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maternal age, immigrant status, or mode of delivery. However, gestational age at birth, ponderal index, and birth weight were not related to maternal levels of anti-gliadin IgG.

Research appearing in *Schizophrenia Bulletin* (2011 Jan;37(1):94-100) looked at the connection between celiac disease and mental disorders. Celiac disease and schizophrenia have approximately the same prevalence, but epidemiologic data show higher prevalence of celiac disease among schizophrenia patients. The study's goal was to evaluate antibody prevalence to gliadin (AGA), transglutaminase (tTG), and endomysium (EMA) in a group of individuals with schizophrenia, compared to a normal group. AGA, tTG, and EMA antibodies were assayed in 1401 schizophrenia patients who were part of the Clinical Antipsychotic Trials of Intervention Effectiveness study and 900 controls. Psychopathology in schizophrenia patients was assessed using the Positive and Negative Symptoms Scale (PANSS). Logistic regression was used to assess the difference in the frequency of AGA, immunoglobulin A (IgA), and tTG antibodies, adjusting for age, sex, and race. Linear regression was used to predict PANSS scores from AGA and tTG antibodies adjusting for age, gender, and race. Among schizophrenia patients, 23.1% had moderate to high levels of IgA AGA compared with 3.1% of the comparison group. Moderate to high levels of tTG antibodies were present in 5.4% of schizophrenia patients vs 0.80% of the comparison group. Adjustments for sex, age, and race had trivial effects on the differences. Regression analyses failed to predict PANSS scores from AGA and tTG antibodies. Persons with schizophrenia have higher than expected titers of antibodies related to CELIAC DISEASE and gluten sensitivity.

GLUTEN AND MENTAL HEALTH

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The authors found that anti-gliadin IgG (but not anti-casein IgG) above the 90th percentile level observed among comparison subjects were associated with nonaffective psychosis (odds ratio=1.7, 95% CI=1.1–2.8). This association was not confounded by differences in maternal age, immigrant status, or mode of delivery. However, gestational age at birth, ponderal index, and birth weight were not related to maternal levels of anti-gliadin IgG.

It is health that is real wealth and not pieces of gold and silver.

Mahatma Gandhi

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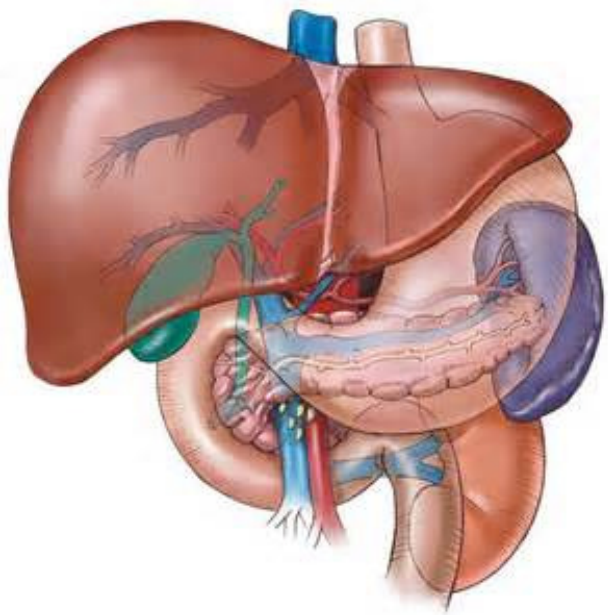
GLUTEN AND LIVER FAILURE

In a study published in the journal *Gastroenterology* (April 2002;122:881-888), describes case histories of four patients with liver disease who also had celiac disease (gluten allergy). Gluten free diets reversed the liver dysfunction in these cases (one patient did not adhere to a gluten-free diet and the disease progressed until he needed a liver transplant). Two of the patients who managed to stay on the gluten-free diet, maintained good liver function. The researchers then looked at the prevalence of celiac disease in patients awaiting liver transplant and found that 4% of 185 patients had celiac disease.



Celiac disease is characterized by gluten insensitivity; it damages the small intestine and interferes with nutrient absorption. Symptoms often include abdominal pain, gas, fatigue, and diarrhea. It is associated with other immune system disorders as well, including autoimmune hepatitis. The authors of this study believe that celiac disease should be investigated for all cases of autoimmune hepatitis or any hepatitis of unknown origin.