Background:
The prevalence of coeliac disease (CD) in Type 1 diabetes (T1DM) is estimated as 4.4-11.1% versus 0.5% in the general population.

Compliance to gluten free diet (GFD) in symptomatic patients versus those diagnosed on screening is significantly higher as expected. There is inconclusive evidence, as to the benefits GFD in T1DM-CD.

The impact of untreated CD on patients with T1DM ranges from malabsorption and frequent unexplained hypoglycaemia to no symptoms.

Methods:
Demographic details at diagnosis of CD and 1 year pre and post were retrospectively extracted from the diabetes database (DIAMOND).

A comparison was made between HbA1c, height SDS and BMI SDS at diagnosis and at 1 year pre and post diagnosis to identify if the compliance with GFD was a predictor for this.

Control group was used - T1DM without coeliac disease (duration of diabetes, age and sex matched)

Results:
Total of 20 patients with T1DM-CD (5.26%) 5 males
Average age at diagnosis 7.8 years (range 3-14.8)

Only 9 patients were symptomatic at diagnosis (iron deficiency, gastrointestinal symptoms), others were picked up through screening annually or at diagnosis

95% had duodenal biopsy, 100% had EMA and TTGs checked
89% had been seen by gastroenterology dietitian
63% of patients compliant with GFD
56% of patients had CD discussed in diabetes clinic in the last year

Comparison of patients with T1DM-CD to patients with T1DM alone (control group)
Between the two patient groups there was a significant difference in height (0.01), weight (0.04) and HbA1c (0.004) (all lower in CD group) 1 year pre-diagnosis – demonstrating the impact of undiagnosed CD

However, there was no significant difference between both groups for height, BMI SDS and HBA1c 1 year post diagnosis.

Analysis of T1DM-CD GFD compliant patients pre and post diagnosis
There was a significant increase in HBA1c 1 one year post diagnosis in those T1DM-CD compliant with GFD, perhaps reflecting lower incidence of hypoglycaemia.

Conclusion:
CD prevalence in our cohort is similar to the literature
There was better compliance with GFD in our cohort than what the literature suggested
We complied with national recommendations, however from this evaluation we are devising further tools and T1DM-CD specific resources

References