THE UNIVERSITY OF CHICAGO
CELIAC
DISEASE CENTER

Symptoms

Celiac disease affects people differently. There are more than 200 signs and symptoms of celiac disease, yet a significant percentage of people with celiac disease have no symptoms at all. The undamaged part of their small intestine is able to absorb enough nutrients to prevent symptoms. However, people without symptoms are still at risk for some of the complications of celiac disease.

Symptoms may or may not occur in the digestive system. For example, one person might have diarrhea and abdominal pain, while another person has infertility or anemia. Some people develop celiac disease as children, others as adults.

Symptoms of celiac disease may include one or more of the following:

- Recurring abdominal bloating and pain
- Chronic diarrhea/constipation
- Vomiting
- Liver and biliary tract disorders ("Transaminitis", fatty liver, primary sclerosing cholangitis etc.)
- Weight loss
- Pale, foul-smelling stool
- Iron-deficiency anemia that does not respond to iron therapy
- Fatigue
- Failure to thrive or short stature
- Delayed puberty
- Pain in the joints
- Tingling numbness in the legs
- Pale sores inside the mouth
- A skin rash called dermatitis herpetiformis (DH)
- Tooth discoloration or loss of enamel
- Unexplained infertility, recurrent miscarriage
- Osteopenia (mild) or osteoporosis (more serious bone density problem)
- Peripheral Neuropathy
- Psychiatric disorders such as anxiety, depression

How do these symptoms tend to appear in children and adults?

Children tend to have the more classic signs of celiac disease, including growth problems (failure to thrive, chronic diarrhea/constipation, recurring abdominal bloating and pain, fatigue and irritability.

Adults tend to have symptoms that are not entirely gastrointestinal in nature. Recent research has demonstrated than only a third of adult patients diagnosed with celiac disease experience diarrhea. Weight loss is also not a common sign. The most common sign of celiac disease in adults is iron deficiency anemia that does not respond to iron therapy.

Who should be tested for celiac disease and how often?

1. Children older than three years of age and adults, regardless of symptoms, if related to a close relative with biopsy confirmed celiac disease. A close relative is considered to be a parent, sibling or child. An aunt/uncle, grandparent or cousin with celiac disease may raise an individual's risk for celiac disease somewhat, but not much higher

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than the risk of the average population.

2. In children younger than three, with symptoms, antibody testing may not always be accurate. However, young children with symptoms (especially failure to thrive or persistent diarrhea) should be evaluated by a pediatric gastroenterologist. Children need to be eating wheat or barley based cereals for some time, up to one year before they can generate an autoimmune response to gluten and have their blood tested.

3. Any individual who has a related autoimmune disorder, regardless of celiac symptoms, should be tested for celiac disease and if negative the test should be repeated on a periodic basis. These conditions include insulin-dependent diabetes mellitus (requiring insulin therapy), Hashimoto's thyroiditis, Turner's syndrome, Williams syndrome, Graves disease and Sjogren's disease.

4. Any person with Down Syndrome should be tested on a periodic basis.

5. Any individual who has experienced persistent miscarriage or infertility where a medical cause could not be found needs to be tested for celiac disease.

6. There are many other symptoms that could indicate the presence of celiac disease, including persistent gastrointestinal symptoms, bone density problems, dental enamel hypoplasia, fatigue, and others. If you are concerned about your symptoms, ask your doctor about testing.

Why do I need to be tested more than once?

Celiac disease can develop, in a person at risk, at any time. There are three factors that come together to cause celiac disease to occur—an over-responsive immune system, genetic predisposition, and factors in an individual's environment.

We know that people are born with the genes for celiac disease, and that gluten is what turns on the autoimmune response. However, the factors in an individual's environment act in unpredictable ways. Some people can eat gluten for fifty years and then develop celiac disease, while others eat gluten for only nine months before they are diagnosed. Many individuals have silent celiac disease, which means that the absence of symptoms does not indicate they are healthy.

What is known is that the early diagnosis of celiac disease can prevent the development of other autoimmune disorders and additional complications in many people. Regular antibody testing is the key to early diagnosis.

For more information contact the University of Chicago Celiac Disease Center at 773.702.7593 or www.CeliacDisease.net.

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