

Level 1

## **Non Responsive Celiac Disease**

### **KEY POINTS:**

- Non responsive celiac disease (NRCD) is described as ongoing symptoms suggestive of celiac disease (CD) even after withdrawal of gluten for 6-12 months.<sup>1</sup> These symptoms can include abdominal pain and discomfort, bloating, diarrhea, constipation and weight loss.
- To rule out NRCD, a person must be on a GFD for 6-12 months without clinical improvement.<sup>1</sup>

### **NRCD is a very common problem and is diagnosed in the following manner:**

1. A diagnosis of celiac disease (CD) must be confirmed by blood tests and by directly evaluating the small bowel<sup>1</sup> (see “Endoscopy”)
2. Look for voluntary or accidental exposure to gluten once the diagnosis of CD is confirmed.
  - Ongoing gluten ingestion is the most common cause of NRCD. Continued exposure to gluten will cause inflammation in the small bowel and in other organs in your body.
  - The guidance of an expert dietitian will help you follow a gluten-free diet and discover possible sources of hidden gluten.
3. Look for other possible causes of ongoing symptoms. The most common causes are<sup>2</sup>:
  1. Functional problems of the bowel (irritable bowel syndrome) including fructose malabsorption
  2. Refractory CD
  3. Lactose intolerance
  4. Microscopic colitis
  5. Disruption of the intestinal flora (small intestinal bacterial overgrowth)

Finding the specific cause of your symptoms is key to managing your treatment.

## TAKE HOME MESSAGES:

1. Symptoms caused by CD usually resolve over time with a strict gluten-free diet.
2. Active CD is most commonly caused by continuous, accidental gluten ingestion.
3. A celiac doctor and dietitian can help determine the cause and treatment of your symptoms.

## References:

1. Rubio-Tapia A, Hill ID, Kelly CP, Calderwood AH, Murray JA; ACG clinical guidelines: diagnosis and management of celiac disease. *AM J Gastroenterol.* 2013; 108(5): 656-676.
2. Leffler D, Dennis M, Hyett B, Kelly E, Schuppan D, Kelly C. Etiologies and predictors of diagnosis in nonresponsive celiac disease. *Clin Gastroenterol Hepatol.* 2007; 5(4): 445-450.

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