

# DOWNLOAD PDF STRATEGIES FOR PREVENTION OF CELIAC DISEASE

## HOGEN ESCH, C.E. . [ET AL.]

### Chapter 1 : Frontiers in Celiac Disease : W. Kiess :

*Strategies for Prevention of Celiac Disease. C.E. Hogen Esch. of this thesis were to measure some of the environmental factors considered to play a role in the prevention of celiac disease.*

Eur J Gastroenterol environmental factors, on the risk of developing coeliac Hepatol CD Coeliac disease CD is an autoimmune enteropathy. The has a strong genetic component, and is one of the aetiology of CD is complex and not fully understood yet. The only treatment is adherence to a gluten-free population. Genome-wide association studies have recently identified The prevalence of CD among the European population has 26 non-HLA loci that might be involved in the been estimated at 0. The health immunological responses [17â€”20]. For these reasons, the prevention of the CD [4]. Notably, a gluten-dependent occurrence of disease is strongly warranted [14]. To develop strategies for diabetes mellitus type I and thyroid-related antibodies primary prevention, the underlying genetic and immuno- has been shown [23]. Unauthorized reproduction of this article is prohibited. To achieve this factors may also contribute to the development of CD. The study of Norris et al. This period in infancy is thought to be important 3 The role of infant nutrition, with respect to gluten for the development of the immune system and also introduction and breast-feeding. Data from the PreventCD also makes a special effort to disseminate its Swedish CD epidemic, which arose in the mids, findings and raise awareness of CD. In the case of this epidemic, the Participants and funding incidence rate of symptomatic CD among children below PreventCD www. Belgium, abruptly approximately a decade later. PreventCD has months, the interval during which breast-feeding is been funded by a grant from the European Commission commonly discontinued. The decline of the epidemic was preceded by a rein- The study entitled ETICS Exploring the Iceberg of CD statement of the earlier recommendation, and to reduce patients in Sweden has been partly incorporated into the gluten content in commercial infant foods. Additional studies also suggest that infant nutrition may have a significant impact on the subsequent risk of developing CD, and other autoim- Design mune disorders [32,34,35,37]. These findings corroborate PreventCD encompasses two distinct study populations the need to develop prevention strategies, particularly Fig. The family study is a multicentre study among as the current guideline recommends the introduction of infants from families with high risk of CD, whose parents gluten only after 6 months [38]. The Swedish study is based on the CD research project, PreventCD, which aims to develop screening for CD carried out among the general popula- strategies for the prevention of CD and other auto- tion after the epidemic [30,35]. The immunological immune diseases by optimizing infant feeding practices. The objective of PreventCD is to reduce the number of people suffering from CD by developing primary preven- Family study tion strategies. The hypothesis is that it is possible to Participants induce tolerance to gluten by exposing infants to small A cohort of at least newborns with an increased quantities of gluten, preferably while they are still being genetic risk of CD is enrolled for eligibility Fig. Flow chart of the PreventCD Family study structure. CD, coeliac disease; HLA, human leucocyte antigen. Moreover, this amount is a Allowing for dropouts and crossovers, this study aims to requirement for immunomodulatory effects and for the include a total of genetically susceptible children. The randomization codes in formula feeding. The gluten interven- basis for a period of 8 weeks. The period of 8 weeks was tion product contains 1. These analyses are performed at Neither the participating family nor the researchers know the Department of Immunohaematology and Blood whether the child is receiving gluten or placebo. In case of health complaints, extra Diagnosis of coeliac disease check-ups take place and, if required, the randomized Children with elevated levels of antibodies indicating CD intervention is discontinued. The small- into the diet of their child until the age of 10 months. Villanacci, Spedali Civili, Brescia, Italy. The A timetable of all follow-up activities is presented in findings of all mucosal specimens are graded according to Table 1. Health status, anthropometrics and nutritional the revised Marshâ€”Oberhuber classification [44,45]. All data generated from the age. Any difference will be tested using the Cochranâ€” family study are entered into a central SQL server Mantelâ€”Haenszel test, stratified by

the different HLA database, using the web-based data management applica- genotypic subgroups [46]. Total serum IgA is measured locally in all the epidemic " and thus belong to birth cohorts, which children using the local standard cutoff point. Samples differ with respect to dietary exposure during infancy, and from children with IgA deficiencies are subjected to with respect to the prevalence of clinically diagnosed CD additional analyses for gliadin IgG and anti-human tTG- at comparable ages [30,31,34,35]. These serological measure- Power of the study ments are performed at Phadia GmbH. In determining the sample size, the priority was to detect any considerable difference in CD prevalence at the age of Breast milk 12 years " including both previously diagnosed cases and Breast milk samples are collected monthly after birth for those detected by screening " between the birth cohorts of quantitative and qualitative analysis of gluten content. Biopsies are taken either by endoscope or Field work by capsule, and mucosal specimens are evaluated The study is supervised from the ETICS project office in according to local clinical routines. The screening of the first cohort and graded according to the revised Marsh"Oberhuber that of the second cohort cover the same geographical classification [44,45]. The children fill out a at age 12 years. The prevalence will be determined by questionnaire at school, and take home another ques- including both previously diagnosed cases and those tionnaire for their parents to fill out. The two cohorts will also be compared with respect to the prevalence of autoimmunity other than CD, as will be done for the Parental and child questionnaires following groups within each cohort: For this purpose, polyclonal gluten-specific Autoimmunity other than coeliac disease T-cell lines are generated from the biopsies for sub- Blood samples from all identified CD cases " plus sequent testing against a panel of gluten peptides, samples from four controls per case " are analyzed for which spans all the currently known T-cell-stimulatory markers associated with insulin-dependent diabetes, such gluten peptides; and as islet-cell antibodies IA2 , insulin autoantibodies and 4 Immunohistochemistry analysis, including detection glutamyldecarboxylase antibodies. The samples are also of tTG-specific immunoglobulin bound to the small tested for thyroid peroxidase antibodies, as a marker for intestinal tissue. These serological measurements are performed at Phadia GmbH. Moreover, children and in children from the general population. The PreventCD study is funded by approach [50]. PreventCD aims to enhance public participation in, and general awareness of, its studies by widely disseminating Competing interest: PreventCD runs a website www. Recent advances in coeliac com and publishes a newsletter every 6 months with the disease. Curr Opin Gastroenterol ; Natural variation in toxicity of wheat: Gastroenterology Irrespective of whether or not the hypothesis of induction ; J Exp Med ; Paediatric Gastroenterology, Hepatology and Nutrition. University of Utrecht; Treatment of celiac disease. Ned Tijdschr Geneesk ; Ethical considerations Dietary compliance and health-related quality of life in patients with coeliac disease. Eur J committees of the participating centres. The population Gastroenterol Hepatol ; For the entire Coeliac disease in the year An iceberg of childhood coeliac disease in The Netherlands. Mortality in celiac disease. Nat Rev Gastroenterol appointed to provide guidance on ethical issues and Hepatol ; 7: Small- ensure compliance with the International Conference on intestinal histopathology and mortality risk in celiac disease. Harmonisation and Good Clinical Practices regulations. Cost-effectiveness analysis of screening phenomenon that would set in if a genetically susceptible for celiac disease in the adult population. Med Decis Making ; person would consume gluten-containing food. Aliment risk of developing CD and other autoimmune disorders Pharmacol Ther ; Concordance, disease progression, and heritability of coeliac disease in novative research regarding the primary prevention of Italian twins. Genetics in coeliac disease. Taking full advantage of A genome-wide association study for celiac disease identifies risk variants in genomics techniques, PreventCD is expected to eluci- the region harboring IL2 and IL Nat Genet ; Gastroenterology ; immune response. The histopathology of coeliac Multiple common variants for celiac disease influencing immune gene disease: Gastroenterol Hepatol ; Greco L, et al. HLA related genetic risk for coeliac disease. Incidence of autoimmune diseases in celiac disease: Clin Gastroenterol Hepatol ; 6: J Pediatr Gastroenterol Nutr ; Prevalence of celiac disease: Scand J Gastroenterol ; Nat Rev Genet ; Weaning practices in children celiac disease. Acta Paediatr ; Effective detection of human leukocyte antigen risk alleles in celiac feeding history shows distinct differences between Swedish celiac and disease

**DOWNLOAD PDF STRATEGIES FOR PREVENTION OF CELIAC DISEASE  
HOGEN ESCH, C.E. . [ET AL.]**

using tag single nucleotide polymorphisms. PLoS One ; reference children. *Pediatr Allergy Immunol* ; 7:  
Towards preventing celiac disease-an feeding and gluten intake on coeliac disease. *Arch Dis Child* ;  
epidemiological approach. *Pediatric and adolescent medicine*.

**Chapter 2 : The Prevent Celiac Disease Study | The Patient Celiac**

*ABSTRACT Celiac disease (CD) is an autoimmune disorder caused by ingestion of gluten in genetically predisposed individuals. It is a chronic, multiorgan disease in which small-intestinal mucosal damage may lead to malabsorption of nutrients. In the last years, several studies suggested a protective.*

Read Course Content 1. European Society for Pediatric Gastroenterology, Hepatology, and Nutrition guidelines for the diagnosis of coeliac disease. J Pediatr Gastroenterol Nutr. Last accessed November 16, The spectrum of celiac disease: Nat Rev Gastroenterol Hepatol. History of celiac disease. When was celiac disease born? The Italian case from the archeologic site of Cosa. Food safety in the kitchen. Mahadov S, Green PH. Celiac Disease and Diabetes. Smith MM, Goodfellow L. The relationship between quality of life and coping strategies of adults with celiac disease adhering to a gluten-free diet. Lippincott, Williams and Wilkins; Professional Guide to Diseases. Lippincott Williams and Wilkins; Celiac Disease Prevalence in Women. Alterations of digestive function in children. McManus R, Kelleher D. N Engl J Med. Marsh MN, Hinde J. Inflammatory component of celiac sprue mucosa. Lange Smart Charts Physiology. Current Trends in Diabetes Management: A Guide for the Health Care Professional. Risk factors in familial forms of celiac disease. Celiac disease and autoimmunity in the gut and elsewhere. Gastroenterol Clin North Am. The influence of gluten: The PreventCD Study design: Eur J Gastroenterol Hepatol. American Gastroenterological Association Institute. American Gastroenterological Association Institute medical position statement on corticosteroids, immunomodulators, and infliximab in inflammatory bowel disease. American Gastroenterological Association AGA Institute technical review on the diagnosis and management of celiac disease. Clinical features and diagnosis of celiac disease. Getting Tested for Celiac Disease. American Gastroenterological Association medical position statement: National Digestive Diseases Information Clearinghouse. Reddick, BK, Crowell K. What blood tests help diagnose celiac disease? Celiac disease diagnosis and management: Diagnosing celiac disease by video capsule endoscopy VCE when esophagogastroduodenoscopy EGD and biopsy is unable to provide a diagnosis. ICCE consensus for celiac disease. Duodenal bulb biopsies in celiac disease: Adherence to biopsy guidelines increases celiac disease diagnosis. Video capsule enteroscopy in the diagnosis of celiac disease: Small intestinal histopathology and mortality risk in celiac disease. Systemic autoimmune disorders in celiac disease. Duration of exposure to gluten and risk for autoimmune disorders in patients with celiac disease. Undiagnosed coeliac disease and risk of autoimmune disorders in subjects with type 1 diabetes mellitus. Cataldo F, Marino V. Increased prevalence of autoimmune diseases in first-degree relatives of patients with celiac disease. Celiac disease and autoimmune thyroid disease. Clinical and immunological features of celiac disease in patients with type 1 diabetes mellitus. Expert Rev Gastroenterol Hepatol. FA Davis Company; Celiac disease-associated autoimmune endocrinopathies. Clin Diagn Lab Immunol. Prevalence of silent celiac disease in patients with autoimmune thyroiditis from Northern Sardinia. Coeliac disease in patients with autoimmune thyroiditis. Celiac disease in children with autoimmune thyroid disease. Endocrinological disorders and celiac disease. Am J Med Gen. Skin Manifestation of Celiac Disease. Affective disorders and quality of life in adult coeliac disease patients on a gluten-free diet. Health-related quality of life in adult coeliac disease in Germany: Psychologica morbidity of celiac disease: United European Gastroentero J. Anxiety but not depression decreases in coeliac patients after one-year gluten-free diet: Psychological correlates of gluten-free diet adherence in adults with celiac disease. Women and celiac disease: Stazi AV, Trinti B. Reproductive aspects of celiac disease. Ann Ital Med Int. Celiac disease and reproductive disorders: Celiac disease and obstetric complications: Am J Obstet Gynecol. Coeliac disease and lymphoma. Eur J Gastroenterol Hepatol. Increasing incidence of enteropathy-associated T-cell lymphoma in the United States, â€” Celiac Disease and Cancer. Association between migraine and celiac disease: Prevalence of migraine in patients with celiac disease and inflammatory bowel disease. Bone mass and mineral metabolism alterations in adult celiac disease: Bone metabolism in celiac disease. Low bone mineral density in adult

**DOWNLOAD PDF STRATEGIES FOR PREVENTION OF CELIAC DISEASE**  
**HOGEN ESCH, C.E. . [ET AL.]**

patients with coeliac disease. Prevalence and clinical picture of celiac disease in Turner syndrome. *J Clin Endocrinol Metab.* Turner Syndrome and celiac disease: Chin RL, Latov N. Peripheral neuropathy and celiac disease. *Curr Treat Options Neurol.* Liver dysfunction in celiac disease. Liver involvement in celiac disease. Coeliac disease in Williams syndrome. Celiac disease in patients with Williams-Beuren syndrome. Emerging therapeutic options for celiac disease: The immunopathogenesis of celiac disease reveals possible therapies beyond the gluten-free diet.

# DOWNLOAD PDF STRATEGIES FOR PREVENTION OF CELIAC DISEASE

## HOGEN ESCH, C.E. . [ET AL.]

### Chapter 3 : - NLM Catalog Result

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

European Society for Pediatric Gastroenterology, Hepatology, and Nutrition guidelines for the diagnosis of coeliac disease. *J Pediatr Gastroenterol Nutr.* Last accessed November 16, The spectrum of celiac disease: *Nat Rev Gastroenterol Hepatol.* History of celiac disease. When was celiac disease born? The Italian case from the archeologic site of Cosa. Food safety in the kitchen. Mahadov S, Green PH. Celiac Disease and Diabetes. Smith MM, Goodfellow L. The relationship between quality of life and coping strategies of adults with celiac disease adhering to a gluten-free diet. Lippincott, Williams and Wilkins; Professional Guide to Diseases. Lippincott Williams and Wilkins; Celiac Disease Prevalence in Women. Alterations of digestive function in children. McManus R, Kelleher D. *N Engl J Med.* Marsh MN, Hinde J. Inflammatory component of celiac sprue mucosa. Lange Smart Charts Physiology. Current Trends in Diabetes Management: A Guide for the Health Care Professional. Risk factors in familial forms of celiac disease. Celiac disease and autoimmunity in the gut and elsewhere. *Gastroenterol Clin North Am.* The influence of gluten: The PreventCD Study design: *Eur J Gastroenterol Hepatol.* American Gastroenterological Association Institute. American Gastroenterological Association Institute medical position statement on corticosteroids, immunomodulators, and infliximab in inflammatory bowel disease. American Gastroenterological Association AGA Institute technical review on the diagnosis and management of celiac disease. Clinical features and diagnosis of celiac disease. Getting Tested for Celiac Disease. American Gastroenterological Association medical position statement: National Digestive Diseases Information Clearinghouse. Reddick, BK, Crowell K. What blood tests help diagnose celiac disease? Celiac disease diagnosis and management: Diagnosing celiac disease by video capsule endoscopy VCE when esophagogastroduodenoscopy EGD and biopsy is unable to provide a diagnosis. ICCE consensus for celiac disease. Duodenal bulb biopsies in celiac disease: Adherence to biopsy guidelines increases celiac disease diagnosis. Video capsule enteroscopy in the diagnosis of celiac disease: Small intestinal histopathology and mortality risk in celiac disease. Systemic autoimmune disorders in celiac disease. Duration of exposure to gluten and risk for autoimmune disorders in patients with celiac disease. Undiagnosed coeliac disease and risk of autoimmune disorders in subjects with type 1 diabetes mellitus. Cataldo F, Marino V. Increased prevalence of autoimmune diseases in first-degree relatives of patients with celiac disease. Celiac disease and autoimmune thyroid disease. Clinical and immunological features of celiac disease in patients with type 1 diabetes mellitus. *Expert Rev Gastroenterol Hepatol.* FA Davis Company; Celiac disease-associated autoimmune endocrinopathies. *Clin Diagn Lab Immunol.* Prevalence of silent celiac disease in patients with autoimmune thyroiditis from Northern Sardinia. Coeliac disease in patients with autoimmune thyroiditis. Celiac disease in children with autoimmune thyroid disease. Endocrinological disorders and celiac disease. *Am J Med Gen.* Skin Manifestation of Celiac Disease. Affective disorders and quality of life in adult coeliac disease patients on a gluten-free diet. Health-related quality of life in adult coeliac disease in Germany: Psychological morbidity of celiac disease: *United European Gastroentero J.* Anxiety but not depression decreases in coeliac patients after one-year gluten-free diet: Psychological correlates of gluten-free diet adherence in adults with celiac disease. Women and celiac disease: Stazi AV, Trinti B. Reproductive aspects of celiac disease. *Ann Ital Med Int.* Celiac disease and reproductive disorders: Celiac disease and obstetric complications: *Am J Obstet Gynecol.* Coeliac disease and lymphoma. *Eur J Gastroenterol Hepatol.* Increasing incidence of enteropathy-associated T-cell lymphoma in the United States, " Celiac Disease and Cancer. Association between migraine and celiac disease: Prevalence of migraine in patients with celiac disease and inflammatory bowel disease. Bone mass and mineral metabolism alterations in adult celiac disease: Bone metabolism in celiac disease. Low bone mineral density in adult patients with

# DOWNLOAD PDF STRATEGIES FOR PREVENTION OF CELIAC DISEASE

## HOGEN ESCH, C.E. . [ET AL.]

coeliac disease. Prevalence and clinical picture of celiac disease in Turner syndrome. *J Clin Endocrinol Metab.* Turner Syndrome and celiac disease: Chin RL, Latov N. Peripheral neuropathy and celiac disease. *Curr Treat Options Neurol.* Liver dysfunction in celiac disease. Liver involvement in celiac disease. Coeliac disease in Williams syndrome. Celiac disease in patients with Williams-Beuren syndrome. Emerging therapeutic options for celiac disease: The immunopathogenesis of celiac disease reveals possible therapies beyond the gluten-free diet. American College of Gastroenterology clinical guideline:

### Chapter 4 : Course References - # Celiac Disease - NetCE

*Primary prevention of coeliac disease is currently not possible. Previously, a 'window of opportunity' was suggested for primary prevention, by introducing gluten between four and six months of age.*

### Chapter 5 : Strategies for the identification and prevention of coeliac disease - CORE

*Hogen Esch CE, RosÃ©n A, Auricchio R, et al. "The PreventCD Study design: towards new strategies for the prevention of coeliac disease", Eur J Gastroenterol Hepatol, 22(12),*

### Chapter 6 : prevention of celiac disease | The Patient Celiac

*Coeliac Disease: Pathogenesis, Prognosis and Management towards an improved serological mass screening strategy. C. E. HOGEN ESCH 1.*

### Chapter 7 : Action Record - Frontiers in celiac disease

*The PreventCD Study design: towards new strategies for the prevention of coeliac disease Caroline Elisabeth Hogen Esch a, Anna RoseÃ¢n e, Renata Auricchio f.*

### Chapter 8 : Works Cited - Course # Celiac Disease - NetCE

*[et al.] -- Celiac disease: across the threshold of tolerance / F. Koning -- The role of the intestinal barrier function in the pathogenesis of celiac disease / A. Fasano, A., J.D. Schulzke -- Diagnosis of coeliac disease: open questions / R. Auricchio, R. Troncone -- Current guidelines for the diagnosis and treatment of celiac disease / R.A.*