



GLUTEN SENSITIVITY PROFILE

This test has been developed to measure gluten specific IgA and IgG levels. It also incorporates tissue transglutaminase antibodies which have been shown to be the target allergen in coeliac disease.

A positive result is suggestive of coeliac disease.

Coeliac disease, also called coeliac sprue or gluten sensitivity enteropathy, is caused by an inability to properly digest foods containing gluten. Gluten is found in many grains including wheat, oats, rye, barley and spelt. The gliadin fraction is believed to be the problem. Coeliac disease is chronic, has a genetic component and may affect several family members.

It occurs twice as often in women as men and mainly affects people of Northwestern European ancestry. This is a life-long condition in which the ingestion of the gluten component of wheat and related cereals leads to damage to the intestinal lining. Recently we have seen cases, whom we would class as gluten sensitive, where there is a significant immune response to the IgG class of antibodies but not the IgA class, yet does not seem to result in damage to the small intestine. However, such individuals almost always benefit from a gluten-free or gluten-reduced diet.

Figures for the incidence of coeliac disease vary widely. It appears the reason may be that there are several types of gluten sensitivity: coeliac disease, tropical sprue (caused by an infection or toxin and treated with antibiotics) and gluten sensitivity (caused by leaky gut syndrome). While symptoms may be similar, treatment varies greatly.

How does the test work?

This blood test looks for three types of antibody specific to Gluten (IgG + IgA and TGA). The presence of such antibodies is indicative of Coeliac disease or Gluten sensitivity. The test utilises a technique known as Elisa (Enzyme Linked Immunosorbent Assay). This is a very sensitive and accurate means of measuring antibodies. TGA has been shown to be the target allergen in Coeliac disease.

Why choose the gluten antibody test?

Use of the gluten antibodies test will enable the practitioner to:

- Identify at an early age any possible gluten-sensitive patients and act to prevent any further damage to the gut wall, and the development of allergies or intolerances
- Prevent malnutrition and anaemia
- Detect people with a gluten sensitivity who may not have Coeliac disease
- To carry out initial evaluations into Coeliac disease

Symptoms associated with gluten intolerance

- Unexplained weight loss, inability to maintain a healthy weight
- Diarrhoea, steatorrhoea (grey or light tan fatty stools), foul-smelling stools that float
- Abdominal cramps
- Bloating and excessive wind
- Symptoms worse after eating wheat, oat, rye or barley
- Low energy, depression
- Aching joints
- Anaemia
- Infants and children may experience failure to thrive (FTT) or stunted growth
- Dermatitis
- Weight gain and oedema may occur if there is an IgG-type reaction

It is important to remember that some people have coeliac disease or gluten sensitivity without significant symptoms. Coeliac disease is usually recognised early in childhood, but may disappear in adolescence and reappear later in adulthood.

Sample requirements and storage

EDTA or serum sample. This can be performed on the same sample as a FACTest. Sample is to be refrigerated.

Antibodies measured

IgA and IgG Gluten Antibodies and Tissue Transglutaminase

Related tests to consider

- **FACTest** – Due to the damage of the gut wall it is possible that coeliac patients also have other food sensitivities
- **IgE Food** – Coeliac disease often occurs in conjunction with other food allergies and it is best to identify these to reduce the burden on the immune system and digestive tract
- **Gut Permeability** – Leaky gut is a major problem for coeliac patients and appropriate management and monitoring is essential
- **CSAP2** – coeliac and gluten sprue patients have poor digestion and absorption and may also have elevated intestinal inflammatory markers. It is also likely there is dysbiosis. It may also identify an underlying cause of the condition
- **Vitamin and mineral status** – coeliac disease causes malabsorption of nutrients. Many people with coeliac have iron deficiency anaemia, low vitamin A, D, E, and K, poor fat absorption and other mineral deficiencies which may require supplementary support

