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Summary

How to maintain adherence and consistent follow-up in coeliac disease

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Small Intestine & Nutrition | Paediatrics | Oesophagus | Immunology | IBD

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Managing the gluten-free diet during transition from paediatric to adult care requires balancing patient autonomy with practical adherence monitoring, though evidence for best practices remains limited.

KEY POINTS

- The speaker stated that more than 40% of surveyed young patients wanted to return to eating gluten or find a drug to allow occasional gluten intake, highlighting the challenge of dietary adherence in this age group.
- Transition is a process rather than a single event, during which responsibility for food choices shifts from parents to the young person amid school, social occasions, and university life.
- Compliance assessment tools are complementary rather than individually valid; the speaker noted that adolescents do lie about adherence, and anti-transglutaminase antibodies require significant gluten intake to detect lapses while negative results do not predict mucosal atrophy.
- The SCORE questionnaire requires only four questions and one minute, with dietary interview being among the best tools according to a review, though evidence is limited to adult populations.
- The speaker reported that in a study of 58 children in structured transition, five out of ten who tested positive for anti-transglutaminase antibodies had sworn they never lapsed the diet, and special occasions were the main reason for dietary lapses.
- Digital and AI support such as apps for scanning labels and planning meals may help young adults manage their diet, particularly as food labelling regulations have changed to reference dose systems that will affect coeliac patients.

– The speaker acknowledged there is no evidence for most discussed approaches, with studies being small and local conditions affecting transferability of results, emphasizing the need for personalized, patient-centered measures to keep young adults engaged.

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