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Summary

How to identify coeliac disease early: Prevention and screening vs case finding

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The presentation compared mass screening versus case-finding strategies for coeliac disease, highlighting that case-finding misses approximately 60% of diagnoses while screening programs in multiple countries are demonstrating feasibility and high compliance rates.

KEY POINTS

- The speaker stated that active case-finding loses at least 60% of coeliac disease diagnoses, while prevalence may be as high as 2% based on recent screening data from multiple countries.
- The One Screen pilot project in Italy enrolled 5000 children at ages 2, 6, and 10 years, with the speaker reporting 2% confirmed diagnoses among those with positive screening results.
- For case-finding, the speaker recommended testing any patient with gastrointestinal symptoms, recurrent haematinic deficiencies, family history of coeliac disease, or other autoimmune diseases.
- The speaker stated that patients with potential coeliac disease (positive serology, Marsh 0-1, correct HLA) starting a gluten-free diet have 90% likelihood of symptomatic benefit.
- Taking duodenal bulb (D1) biopsies increases diagnostic yield by 10% according to the speaker, though current biopsy practices often fail to follow guidelines for adequate sampling.
- Studies presented showed early coeliac disease diagnosis associated with reduced incidence of other autoimmune diseases and reduced diabetic ketoacidosis rates, though specific reduction figures varied by project.

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