Membership with Coeliac Australia

"For people navigating the challenges of coeliac disease, I always recommend Coeliac Australia membership. The support, benefits and evidencebased information they offer can greatly enhance my patients' quality of life."

A/Prof Jason Tye-Din, gastroenterologist and chair Coeliac Australia Medical Advisory Committee

Coeliac Australia membership benefits:

Membership will keep you informed about managing coeliac disease and help you enjoy eating gluten free, with a wealth of information, resources and updates:

- New Membership Resource Kit containing informative materials and gluten free product samples.
- 'Getting Started' email series providing essential information for managing coeliac disease and the gluten free diet.
- The Australian Coeliac quarterly magazine
- Monthly e-newsletter
- Member Discount Program
- Access to the online Member Area
- Free daily ticket to your nearest Gluten Free Expo
- Ongoing personal support from our dedicated team

For more information or to become a member

Coeliac Australia
1300 458 836
membership@coeliac.org.au
www.coeliac.org.au

Coeliac Australia is not a medical organisation. Persons reading this material should not act solely on it. The advice of a medical practitioner should always be obtained.

These medical conditions occur at higher frequency in people with coeliac disease.

Nervous system

- Multiple Sclerosis
- Neuropathy (breakdown of the nervous system)
- Epilepsy
- Depression

Skin and mouth

- Dermatitis herpetiformis (chronic, intensely itchy skin rash)
- Alopecia (hair loss)
- Dental enamel defects
- Mouth ulcers

Reproductive system

- Infertility
- Recurrent miscarriage

Other

- Lymphoma
- Pneumococcal pneumonia (pneumonia of upper respiratory tract)
- Down's syndrome
- Turner's syndrome (missing or abnormal X chromosome in women)



For further information on some of the more common associated conditions listed above, a fact sheet is available on our website (www.coeliac.org.au) or by calling our helpline, on 1300 458 836.

Coeliac Australia

Our vision...

Coeliac Australia exists to enhance the quality of life of people with coeliac disease and those medically diagnosed as requiring a gluten free diet for life and to support research towards a cure or other ethical forms of treatment.

The content of this brochure was compiled under the direction of A/Prof Jason Tye-Din, Chair of the Medical Advisory Committee to Coeliac Australia.

A/Prof Jason Tye-Din is a gastroenterologist who specialises in coeliac disease management and research. He is based at the Royal Melbourne Hospital and the Walter and Eliza Hall Institute of Medical Research in Melbourne.

Awareness • Support • Research



There is a range of medical conditions associated with coeliac disease, and while it is important to keep in mind that many will not develop these conditions, awareness that these associations exist is essential to encourage screening, diagnosis and proper treatment.

If you, or a close family member, have already been diagnosed with coeliac disease, you should speak to your doctor about the need to be screened for these associated conditions, especially if you have been unwell.

Alternatively, if you, or a close family member, have been diagnosed with any of these conditions you should speak to your doctor about being screened for coeliac disease, if this has not been done already.



There are several reasons why other medical conditions complicate coeliac disease.

A major reason is because coeliac disease is a genetically linked illness. This means that the development of coeliac disease occurs in part due to particular genes inherited from your parents. The genes that make a person susceptible to coeliac disease also make them susceptible to a range of other immune conditions. The most common autoimmune conditions associated with coeliac disease are autoimmune thyroid disease and type 1 diabetes. Many people find that several autoimmune diseases are present in their immediate or extended family. Therefore it is important to inform your doctor of the presence of other autoimmune conditions in yourself or your family. Screening should occur even if there are no obvious symptoms of coeliac disease. There is some evidence that early diagnosis and treatment of coeliac disease reduces the risk of other autoimmune disease developing. Early diagnosis and treatment of coeliac disease may reduce the risk of many of these problems ever occurring.

Another important reason is that coeliac disease is a disease of chronic inflammation in the small intestine (impairing absorption of nutrients) and can occur in a variety of other organs in the body such as the skin, joints, bones, liver, pancreas, thyroid gland, nervous system, and reproductive tract. When coeliac disease remains undiagnosed or untreated for an extended period of time, the inflammation can cause complications such as osteoporosis, infertility and liver disease. Poor absorption of nutrients can also lead to problems such as anaemia and vitamin deficiencies.

Speak to your doctor about the need to be screened.



Conditions associated with coeliac disease

Coeliac disease can affect most systems in the body. The following medical conditions occur at higher frequency in people with coeliac disease. In some cases a genetic component makes the conditions more likely or they can result from the malabsorption of nutrients that occurs when the small bowel is damaged. You should speak to your doctor if you have any concerns or questions about these conditions for which there are specific treatments.

Glands (Endocrine system)

- Autoimmune thyroid disease
- Type 1 diabetes
- Addison's disease (insufficient adrenal hormones)
- Sjogren's syndrome (dry mouth and eyes)
- Amenorrhoea (absent menstrual periods)

Joints (Rheumatological)

- Polyarthritis (arthritis in 5 or more joints) and rheumatoid arthritis (inflammation of joints and other organs)
- Lupus (body attacks healthy tissue and organs)
- Sarcoidosis (inflamed nodules usually in lungs or lymph nodes)

Blood (Haematological)

- Anaemia (iron or B12 deficiency)
- Chronic thrombocytopaenic purpura (low platelets)

Gastrointestinal

- Lactose intolerance
- Pernicious anaemia (inability to absorb B 12)
- Pancreatic insufficiency (inability to properly digest food)
- Microscopic colitis (watery diarrhoea)
- Gastrointestinal cancers

Bone

- Premature osteopaenia (low bone mineral density) and osteoporosis
- Low trauma fracture
- Rickets or osteomalacia (caused by low vitamin D)

Liver

- Abnormal liver function tests
- Autoimmune hepatitis
- Primary biliary cirrhosis (blocked bile ducts)
- Primary sclerosing cholangitis (scarring of bile ducts)

Continued...