



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohifigeach Cliniciúil
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Deputy Alan Dillon, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 47830/21

To ask the Minister for Health the way he plans to reduce inequalities with respect to access to patient services and health outcomes for members of the public who are diagnosed with coeliac disease; and if he will make a statement on the matter

Dear Deputy Dillon,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Gastroenterology and Hepatology on your question and have been informed that the following outlines the position.

Coeliac disease (CD) is a condition affecting 1% of the population in Ireland today. Ireland has one of the highest incidence in the world. A classic presentation is in infancy. Infant failure to thrive is evident and the introduction of Gluten Free diet (withdrawal of gluten) results in normalisation of the child's growth and development. However, although diagnosis can be made at any age, the vast majority of CD is now diagnosed in adulthood.

Diagnosis is made by performing a blood test which shows antibodies to gliadin, a dietary component of gluten (wheat). A family practitioner has access to these tests. In addition, endomyseal antibody blood test is more specific and sensitive in confirming the diagnosis of CD. These tests should be availed of if there is any suspicion of CD. A stronger incidence of CD does occur within family members. The Gold Standard of making a diagnosis is by obtaining a duodenal biopsy which can be performed at endoscopy. However this is no longer necessary in the paediatric population.

In CD, the damage is to the lining of the intestine causing flattening of the villi. Villi are finger-like projections that increase the absorption capacity of the intestine. In addition, there is an increased number of lymphocytes and increased proliferation of epithelial cells. Because of this, the intestine isn't able to digest the nutrients from food, causing symptoms of bloating, diarrhoea, weight loss, fatigue, anaemia and vitamin deficiencies.

The treatment is withdrawal of wheat from the diet. This dietary intervention and adherence to the diet is essential to promote normal development, bone health and prevent vitamin and iron deficiencies and reduce the risk of cancer. The recent increase in awareness of CD is evident in our retail and hospitality industry, with listing of ingredients in foods making it easier for patients to make food choices.

The National Clinical Programme for Gastroenterology and Hepatology (NCP G&H) is acutely aware of the need to raise awareness of increased incidence of CD and the needs and supports required for sufferers. Prof Valery Byrne from UCHG, who has extensive experience in treating and diagnosing CD, along with a multidisciplinary team including dietitian and nurse specialist colleagues linked to NCP G&H, are developing a pathway aligned with Sláintecare to ensure the right care, in the right place and at the right time.

This pathway will ensure all people suspected of and diagnosed with CD get the appropriate care and follow up in the community. The plan going forward is to increase awareness of CD within the community. The CD pathway will allow people suspected of and diagnosed with CD to lead healthy well-balanced lives, with necessary supports in place to encourage compliance with a gluten free diet.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



Anne Horgan
General Manager