Presentation of Coeliac Disease in an Elderly Population

Abstract:

Sir

In response to the paper Clinical presentation of adult coeliac disease by Tajuddin et al., we would like to make the following comments in reference to presentation of coeliac disease in the elderly. Coeliac disease affects 1% of the population in Northern Ireland with approximately 500 new cases per year, presenting commonly between 40-60 years of age with a female preponderance. Presentation can be extremely varied and failure to recognise this can lead to delayed diagnosis, unnecessary investigations and development of long-term complications such as fractures and small bowel malignancy. Whilst presentation of coeliac disease in the elderly is well recognised, it remains underdiagnosed. This is a vulnerable patient group in terms of a timely diagnosis as they often have multiple medical co-morbidities. Anaemia is the predominant feature in these patients (60-80%) with Gi symptoms being less common.

In our centre, a retrospective analysis was carried out on patients over the age of 65 with anaemia referred for upper endoscopy from January 2005 to February 2011. Out of 934 patients having duodenal biopsies taken, 7 had histological features in keeping with coeliac disease. In the cohort with coeliac disease, the female: male ratio was 6:1 with an average age of 78 (range 71-87). All were referred with anaemia rather than Gi symptoms. Four out of 7 had been anaemic for over a year prior to coeliac disease being diagnosed. At endoscopy, macroscopic changes were seen in 3 cases and histologically, Marsh stage 3 reached in 43%. Patients were all advised to commence on a gluten free diet. At follow up, compliance was a huge problem with only one being compliant and one still regularly attending the dietician. 80% had positive serology one year following diagnosis. Of those who were non compliant (6), 3 had a reduced mini mental score (Mean MMSE 7/10). Similar results were seen by Lurie et al who found dementia as a presenting feature in 2 out 7 cases in a cohort of over 60 year old diagnosed with celiac disease with improvement of mental state on introduction of gluten free diet. Two patients in our group had prolonged hospital admissions secondary to fractures with reduced bone density being evident in two others.

Studies suggest that elderly coeliacs find compliance difficult due to established dietary habits, low budgets, and difficulty obtaining food products and, in some cases, lack of understanding due to early dementia. It is essential that these patients have a full multidisciplinary approach to the management of their disease, including close liaison with carers. Increased awareness of this condition in older patients is required to prevent long delays in diagnosis, and to arrest development of complications that will put a further burden on an already saturated healthcare system in a country where the elderly population in continuing to increase.

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References

2. CREST Guidelines for the diagnosis and management of celiac disease in adults. May 2006