

# The Natural History of Undiagnosed Celiac Disease: A Retrospective Study

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# Current CD Knowledge

- Considered the most common autoimmune disease in North America and Europe
- CD shows a prevalence of 0.5 - 1% in the general population
- People are born with CD?
- Trend of prevalence is unknown
  - ↑ diagnosis due to ↑ awareness
  - ↑ in prevalence like other autoimmune diseases
- Comorbidity
  - Untreated celiac disease leads to comorbidity
  - Genes for celiac disease are linked to other diseases

# Samples

	<b>Clue I</b>	<b>Clue II</b>
<b>Total</b>	<b>11,653</b>	<b>22,888</b>
<b>Odyssey</b>	<b>8,394</b>	<b>8,394</b>
<b>Our Study</b>	<b>4,351</b>	<b>3,511</b>

A horizontal timeline with a black line. Two vertical tick marks are placed on the line. The first tick mark is labeled '1974' below it. The second tick mark is labeled '1989' below it.

- The CLUE Campaigns came from the slogan  
“Give us a CLUE to Cancer”
- Brief histories, blood samples and a detailed health questionnaires were obtained on all participants

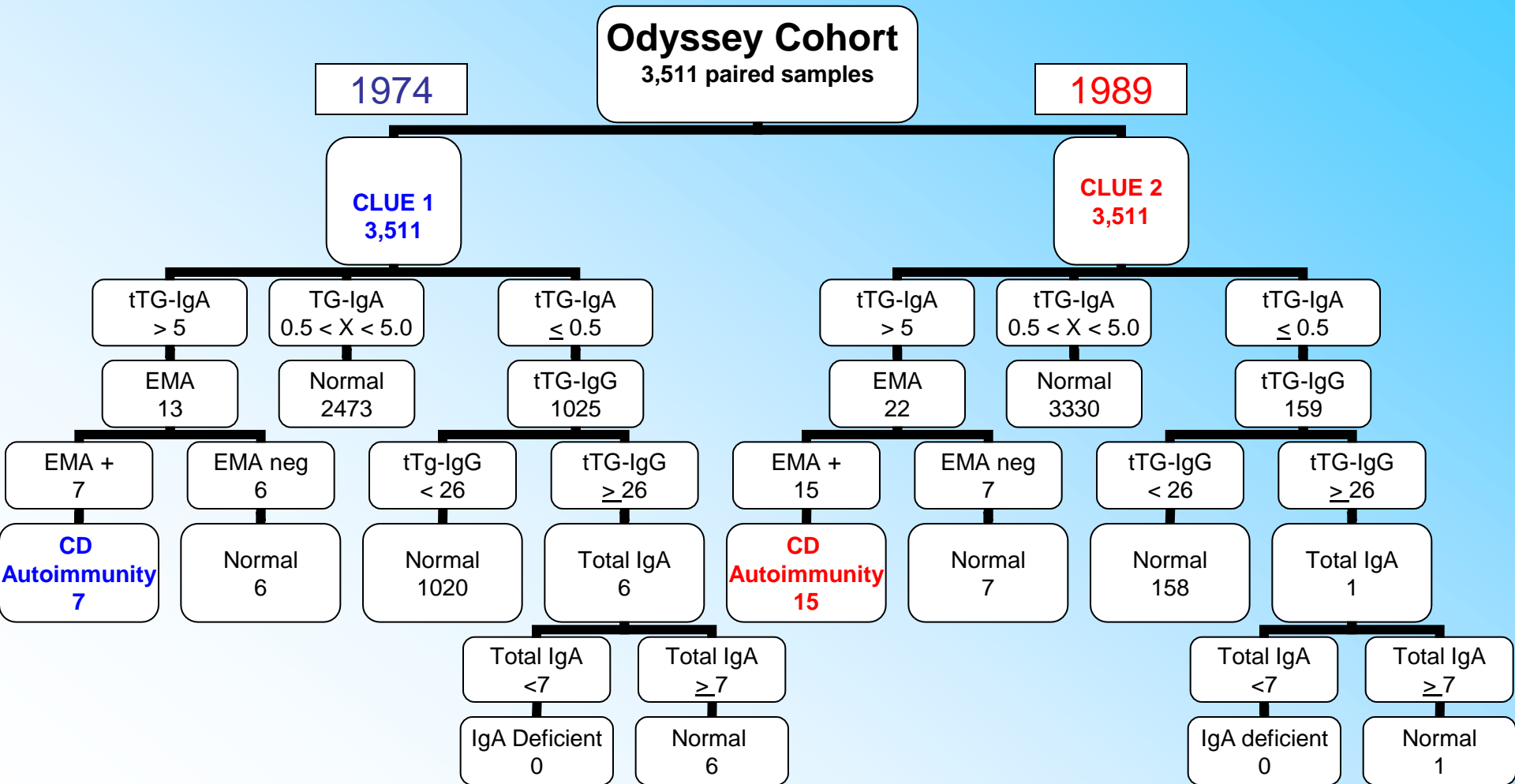
# Aims

- To uncover the natural history of untreated Celiac Disease in a single large cohort
- To investigate the changes in the prevalence of CD in the US over time

# Methods

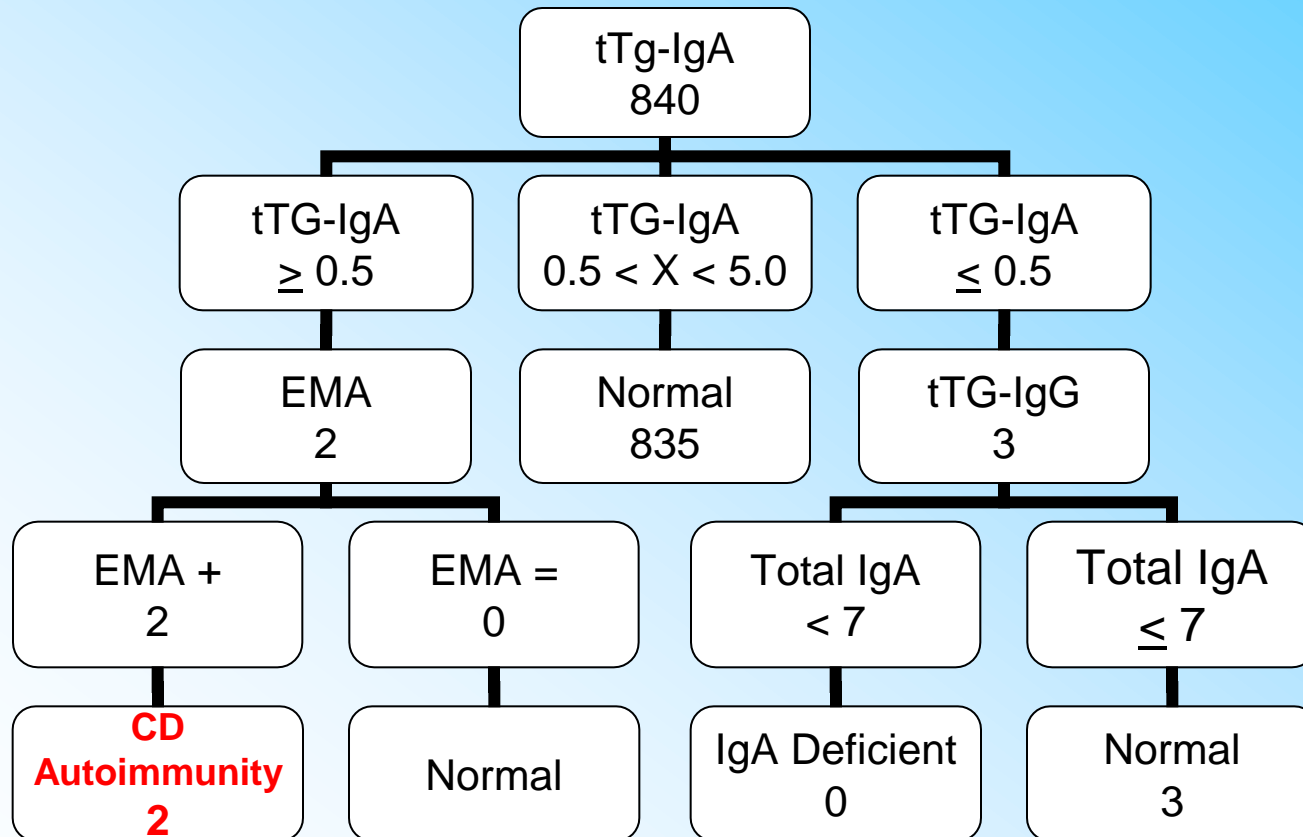
- Samples were initially screened for human anti-tissue transglutaminase-IgA antibodies (tTg-IgA)
- Positive tTg-IgA samples were screened for anti-endomysial antibodies (EMA)
- To detect any possible celiac in the cohort that may have a total IgA deficiency:
  - All tTG-IgA  $< 0.5$  AU were screened with human anti-tissue transglutaminase-IgG antibodies (tTg-IgG)
  - Total serum IgA's were done on samples that were positive for tTG-IgG.

# Results



# Results

## 840 deceased subjects after CLUE 1



# CD cases

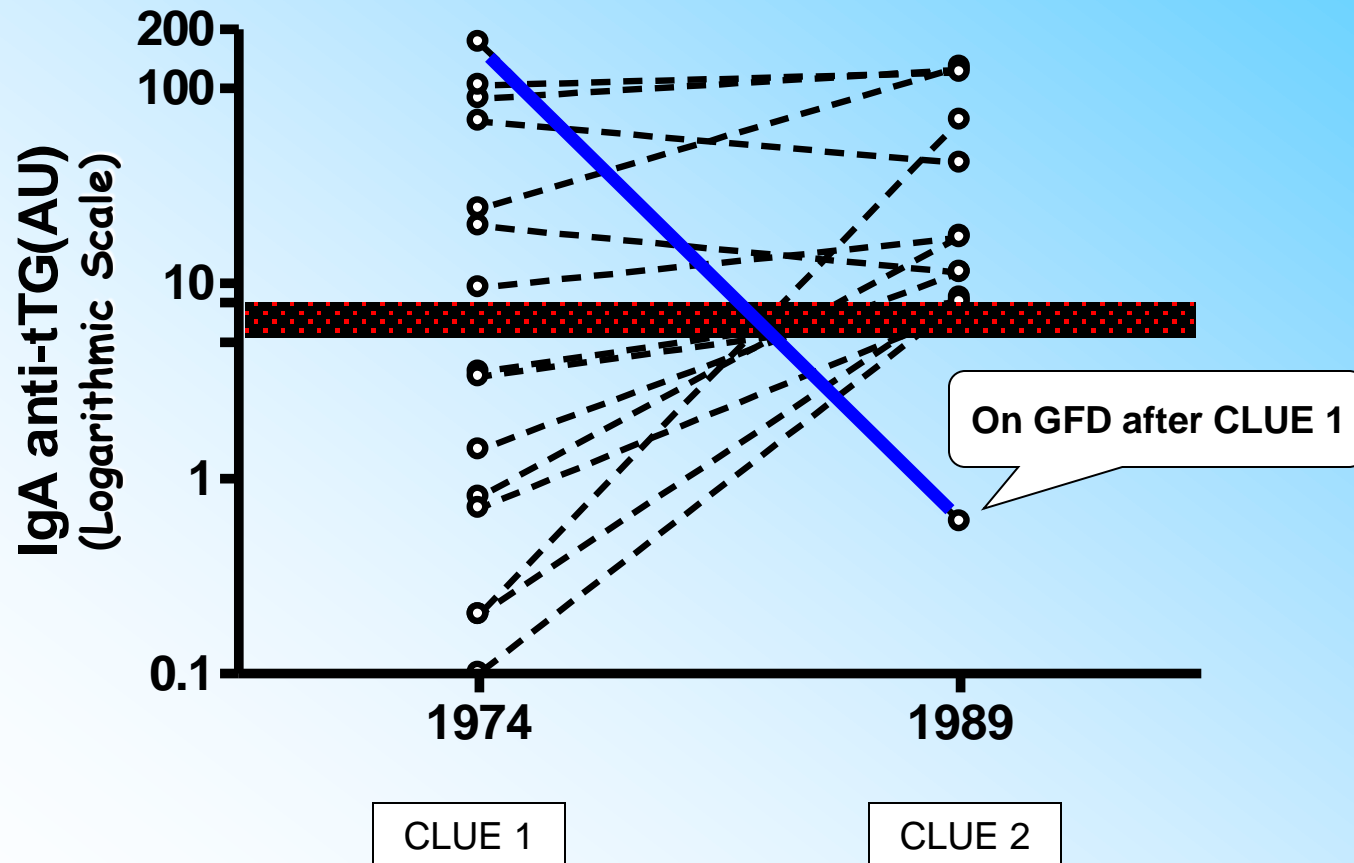
Case #	Race	Gender	Age	CLUE 1 (1974)		CLUE 2 (1989)		Clinical Findings
				CLUE 1	tTG-IgA	EMA	tTG-IgA	
1	C	F	52	19.6	>1:50	11.3	>1:50	Osteoporosis
2	C	F	50	24.0	>1:50	127.9	>1:50	
3	C	F	32	88.1	>1:50	124.0	>1:50	<b>Celiac disease after CLUE 2</b>
4	C	M	60	102.9	>1:50	119.8	>1:50	Osteoporosis/ Osteoarthritis
5	C	F	50	67.3	>1:50	41.2	>1:50	
6	C	M	25	171.5	>1:50	0.6	Neg	<b>Celiac disease after CLUE 1</b>
7	C	F	34	6.4	>1:20	6.9	>1:20	Osteoporosis/ Osteoarthritis/SLE
8	C	M	26	9.5	Neg	17.1	>1:50	
9	C	F	24	0.8	Neg	17.4	>1:50	SLE
10	C	F	53	1.4	Neg	11.4	>1:10	Diabetes /Osteoporosis/ Osteoarthritis
11	C	F	14	3.5	Neg	8.1	>1:10	Osteoporosis
12	C	F	54	3.3	Neg	7.2	>1:20	Osteoarthritis
13	C	F	37	0.2	Neg	8.4	>1:20	Arthritis
14	C	F	28	0.2	Neg	68.4	>1:50	Osteoporosis/ Osteoarthritis
15	C	M	27	0.1	Neg	8.0	>1:50	Diabetes / Arthritis
16	C	F	29	0.7	Neg	7.1	>1:10	Osteoporosis/ Osteoarthritis
17	C	F	41	171.1	>1:50	-	-	
18	C	F	52	57.8	>1:20	-	-	<b>Jejunal Cancer</b>



# Anti-tTG antibodies in the Odyssey subjects with CD

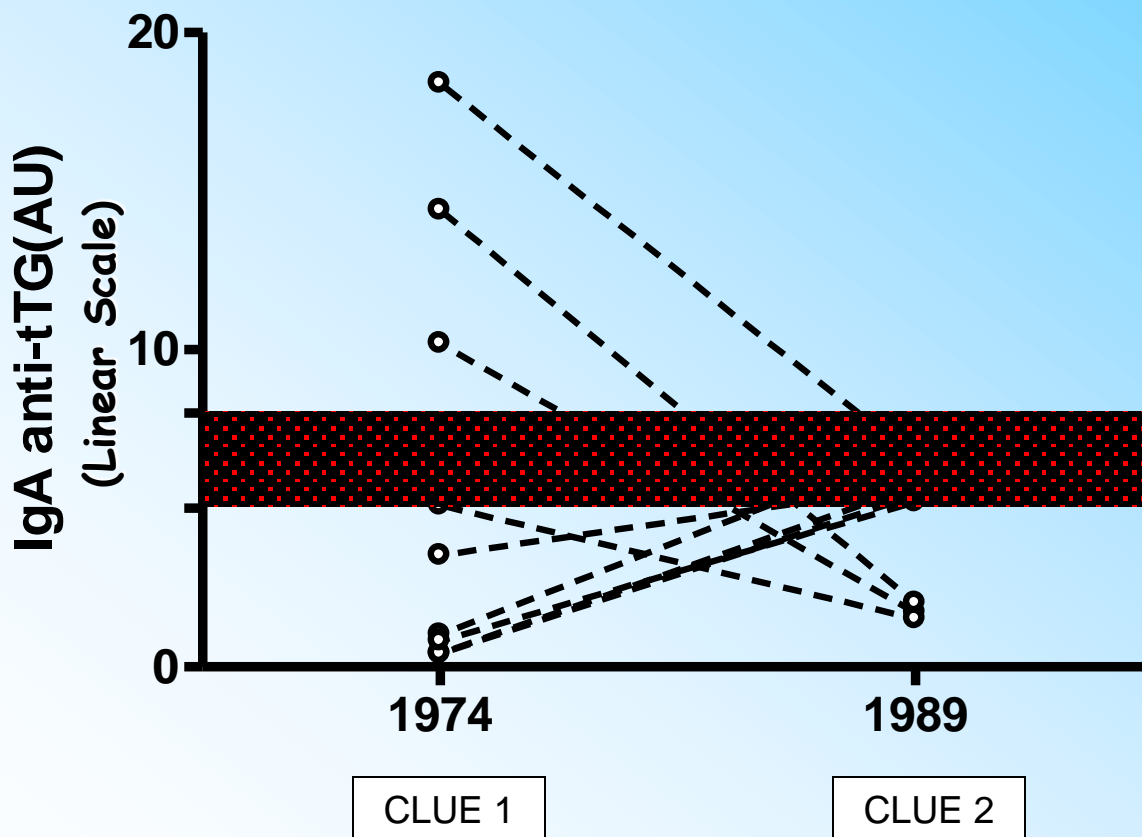
(anti-tTg-IgA and EMA positive)

Fig. 1a



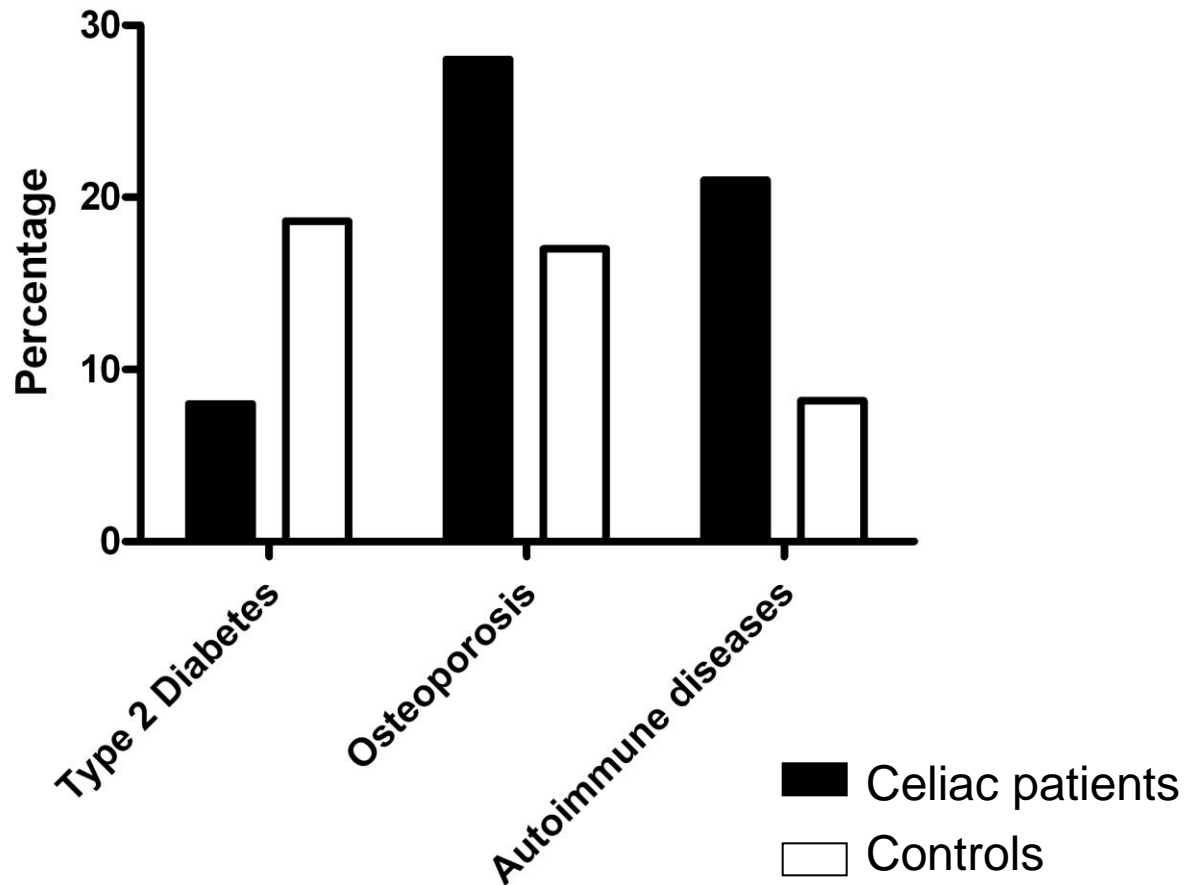
# Antibody levels in subjects with isolated IgA anti-tTG positivity (EMA negative)

Fig. 1b



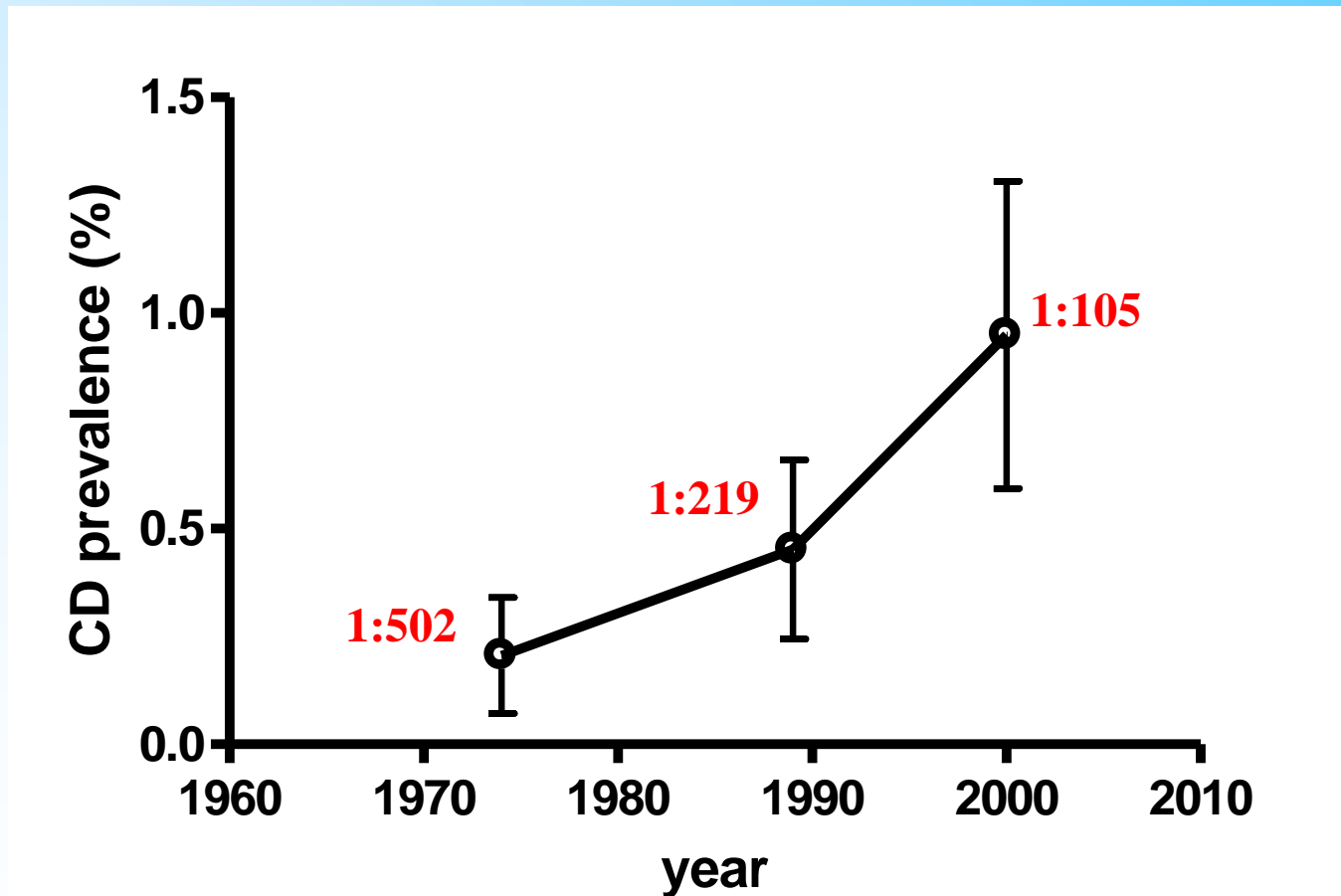
# Results

## Clinical Outcome year 2007



# Results

Increasing prevalence of CD in the United States over time



# Conclusions

- Gluten tolerance in individuals that are genetically predisposed to CD can be lost at any age, even in adulthood.
- CD patients reported more autoimmune connective tissue disorders and osteoporosis than age- and gender- matched controls
- Decreased T2D in CD patients
  - Possibly due to malabsorption
- There has been a 5 fold increase in the prevalence of CD in the US during the past 3 decades
- Our data suggest that the prevalence of CD is doubling every 15 years