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Abstract Form

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Celiac Disease Case-Finding In Primary Care In North America.

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Introduction. Due to clinical variability and poor disease awareness, most cases of celiac disease (CD) in North America remain undiagnosed. **Aims** (1) To describe the main presenting symptoms of CD in primary care setting; (2) To estimate the change in incidence of CD by serological testing at-risk adult populations. **Study-design.** Prospective, multicenter survey performed in community and university-based primary care practices. Participating physicians recommended serological testing (anti-tissue transglutaminase (tTG) IgA) to all subjects 18 years and older showing at least one symptom/condition known to be associated to CD. Further investigations for confirmation of CD diagnosis (serum antiendomysium (EMA) Ab, HLA testing, and small intestinal biopsy) were recommended to subjects showing tTG positivity.

Results. Based on a pre-study questionnaire, the average CD prevalence in the 4 participating centers the year prior the study was 1:2833. Overall, 16/710 (2.3 %) subjects tested tTG and EMA positive. The duration of the disease was >3 years in 62% of cases. A higher prevalence of CD was found in subjects with thyroid disease (6.2%), family history of CD (5%), chronic diarrhea (4.9%), infertility (3.7%), weight loss (2.9%) and anemia (2.8%). **Conclusions.** Serological testing of at-risk individuals increased the diagnostic rate of CD in the participating practices by 64 folds and may represent a very efficient way to increase quality of care and CD awareness in North America.

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