

Coeliac Disease: Your complete guide to symptoms, stomach examination, and life without gluten

Are you suffering from constant bloating, abdominal pain, or fatigue? Many Danes live with **coeliac disease** without knowing it. The path to a healthy stomach starts with the right knowledge about **stomach examinations**, **gastroscopy**, and understanding how **gluten** affects your body.

In this blog post, we review the official Danish guidelines for diagnosis and treatment, so you know exactly what to expect at the doctor.

What is coeliac disease?



Coeliac disease is not an allergy, but a chronic autoimmune intestinal disease. When a person with coeliac disease eats **gluten** (a protein found in wheat, rye, and barley), the immune system reacts by attacking the lining of the small intestine. This leads to damage

to the small intestinal villi, making it difficult for the body to absorb essential nutrients such as iron and vitamins.

Typical symptoms:

- Chronic diarrhoea or loose stools.
 - Bloating and flatulence.
 - Unintentional weight loss and lack of appetite.
 - Fatigue and anaemia (iron deficiency).
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The path to diagnosis: The importance of a stomach examination

If you suspect gluten intolerance, it is crucial that you **do not** stop eating gluten before the examinations are completed. If you remove gluten too early, your intestine may heal, and your tests will then show a false negative result.

Step 1: Blood tests

The first step is a blood test with your GP, measuring for specific antibodies (IgA anti-TG2).

Step 2: Gastroscopy (Endoscopy)

To obtain a 100% certain diagnosis, Danish guidelines usually require a gastroscopy. This is a specialised **stomach examination** where a doctor inserts a thin, flexible telescope (endoscope) through the oesophagus to the duodenum.

- **What happens?** The doctor takes small tissue samples (biopsies) from the small intestine (at least 4 from the duodenum and 1 from the bulb).
- **Does it hurt?** The examination typically lasts 10-20 minutes. You can receive a local anaesthetic spray in the throat or sedative medication (sedation) to reduce discomfort.
- **Special cases for children:** In children with very high antibody levels, the diagnosis can in certain cases be made based on blood tests alone, thereby avoiding a gastroscopy.

Overview of the diagnostic process

Examination	Purpose	Reference
Blood test	Measurement of tissue transglutaminase antibody (IgA anti-TG2)	
Gastroscopy	Visual inspection of the mucosa and taking biopsies	
Tissue samples (Biopsy)	Detection of flat intestinal villi (villous atrophy) and inflammation	
DXA scan	Screening for osteoporosis (brittle bones)	

Treatment plan: Life on a gluten-free diet



Once the diagnosis is made, the only effective treatment is a **lifelong gluten-free diet**. There is no medication for coeliac disease, but by removing gluten entirely, the intestine will normalise over time.

The treatment plan includes:

1. **Referral to a dietitian:** Everyone newly diagnosed should be offered guidance from a clinical dietitian to learn how to compose a healthy, fibre-rich, and nutrient-dense diet without gluten.
2. **Check for deficiency states:** You must have your levels of iron, vitamin D, B12, and folic acid measured via blood tests. Many need supplements in the beginning.
3. **Follow-up:** Most people are followed with a check-up after 3-6 months and then once a year to ensure the intestine is healing and that antibody levels are falling.
4. **Bone scanning:** For adults, a DXA scan is often recommended at the time of diagnosis to check for osteoporosis, which is a known complication of untreated coeliac disease.

What can you eat?

- **Naturally gluten-free:** Potatoes, rice, maize, millet, buckwheat, quinoa, meat, fish, eggs, fruit, and vegetables.
- **Watch out for:** Wheat, rye, and barley must be avoided completely. Be aware of hidden gluten in gravy thickeners, breading, beer, and certain types of sweets.
- **Oats:** Most people with coeliac disease can tolerate oats, as long as they are certified "gluten-free" (to avoid contamination from other cereal varieties).

Summary: Take your symptoms seriously

Untreated coeliac disease increases the risk of serious complications such as bowel cancer and osteoporosis. If you suspect the disease, contact your doctor and make a plan for your **stomach examination**. With the right diagnosis and a strict diet without **gluten**, you can regain your energy levels and quality of life.

Want to know more? You can always find updated guides at the **Danish Coeliac Society** or on **Sundhed.dk**.

This post is intended for informational purposes and does not replace medical advice. Always contact your doctor regarding persistent symptoms.

Reference List

1. Danish Society for Gastroenterology and Hepatology (DSGH)

- **Title:** National treatment guideline: Coeliac disease.
- **Focus:** Diagnostic criteria for adults, including requirements for gastroscopy and biopsy sampling (4+1 protocol).
- **Status:** Official clinical guideline for Danish hospitals.

2. Danish Health Authority (SST)

- **Title:** Coeliac disease and food without gluten - A guide for patients and relatives.
- **Focus:** Nutritional recommendations, the importance of clinical dietitian guidance, and an overview of naturally gluten-free foods.

3. Lægehåndbogen / Sundhed.dk

- **ID:** [Coeliac Disease - Overview for health professionals].
- **Focus:** Pathophysiology (autoimmune reaction), epidemiology in Denmark, and typical clinical presentations such as malabsorption and iron deficiency.
- **Diagnostics:** Description of the gastroscopy procedure and serological tests (IgA anti-TG2).

4. European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN)

- **Title:** New Guidelines for the Diagnosis of Coeliac Disease.
- **Focus:** Guidelines specifically for children, where the diagnosis in some cases can be made without biopsy in the presence of very high antibody titres.

5. Danish Coeliac Society

- **Title:** Life with coeliac disease in Denmark.
 - **Focus:** Practical implementation of a gluten-free diet, including the handling of oats and the risk of cross-contamination.
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