

GLUTEN FREE FOOD SERVICE

Name	Address	DOB/CHI
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Concordance

Is the patient adhering to their gluten-free diet?

Yes/No

Does the patient understand how to identify foods that may contain gluten?

Yes/No

Does the patient have information that will support their concordance with a gluten-free diet?

Yes/No

Outcomes

Patient requires support – signposted to information

Patient requires support – signposted to information and referred to dietitian via GP

Patient does not understand how to identify food that may contain gluten and referred to dietitian via GP

Coeliac Disease is an autoimmune condition. Ingesting gluten causes the villi of the small intestine to react by flattening. This reduces the absorptive capacity of the intestine. If a patient has coeliac disease and/or dermatitis herpetiformis, they have to avoid gluten for life. A gluten-free diet is the only treatment for the condition.

Wheat, barley, rye, oats (unless labelled gluten free) and foods made with them will contain gluten. For comprehensive listings signpost to Coeliac UK.

On a gluten-free diet they can eat many foods including meat, fish, eggs, fruit, vegetables, rice, potatoes and lentils. They can also eat gluten-free substitute foods and processed foods that don't contain gluten. Most supermarkets now have good ranges of gluten free foods usually in their 'Free From' sections. If a food is labelled gluten free it is safe to eat. Coeliac UK lists thousands of gluten free foods.

A gluten free diet is complex and difficult to adhere to and patients may find it challenging.

Actions:

- Check the patient's feelings about how they are managing their diet.
- Check if the patient understands how to identify foods that may contain gluten.
- Check patient understands to look at ingredient and allergen labelling. The Coeliac UK website has information on this – www.coeliac.org.uk
- Check if the patient is confident that they can identify foods that contain gluten.
- Enquire if the patient is aware of the symptoms caused by eating gluten. There is wide variation in the severity of symptoms; some patients do not experience any symptoms.
- Signpost the patient to NHS Inform (www.nhsinform.co.uk) and Coeliac UK (www.coeliac.org.uk). The Coeliac UK website has a useful Gluten-free foods checklist <https://www.coeliac.org.uk/document-library/126-gluten-free-checklist/>
- Record any care issues in the patient's care plan and agree desired outcomes and actions.
- Refer to the community dietitian, patient's GP, or as per Health Board guidelines.

Patients should have been given information from a dietitian on diagnosis.

Actions:

- Provide advice on how to see further advice about a gluten free diet.
- Record any care issues in the patient's care plan and agree desired outcomes and actions. Other sources of information on a gluten free diet are:-
- NHS inform website – which has a section on Coeliac Disease www.nhsinform.co.uk
- Coeliac UK website has a lot of information and support www.coeliac.org.uk
- Coeliac UK has local support groups in some areas
- information about local groups is on the Coeliac UK website - www.coeliac.org.uk

Interactions & precautions

Is the patient prescribed folic acid, iron or calcium and Vitamin D supplements?

Yes/No

If yes, is the patient aware of how to take these medicines properly, if indicated?

Yes/No

Outcomes

- Referral of patient to GP for a review of supplements
- General advice given on taking supplements
- Advice given to patient on how to take medicines properly

Health risks associated with non-compliance with a gluten-free diet include osteoporosis, chronic malabsorption, and gut lymphoma.

- Not all patients with Coeliac Disease will require supplements - Check patient's PMR to determine whether this section is applicable.
- Adults with [coeliac disease](#) should have at least 1000 milligrams (mg) of calcium in their diet each day. The recommended amount for the general population is 700mg.
- Iron and folic acid requirements are the same as the general population guidelines.

Actions:

- Provide advice on how to take the medicines (where appropriate) properly.
- Record any care issues in the patient's care plan and agree desired outcomes and actions.
- Seek prescribing advice on supplements from Health Board where necessary.

Adverse Reactions

Is the patient aware of the common symptoms that are caused by not following a gluten-free diet?

Yes/No

Does the patient have any new/ongoing/recurring symptoms that may suggest that they are consuming foods that contain gluten?

Yes/No

If yes, has the patient discussed these symptoms with their GP or dietitian?

Yes/No

Is the patient aware that adverse effects should be reported?

Yes/No

Outcomes

Advice given to patient on what common symptoms are

Patient has symptoms and has been referred to GP

Patient informed that adverse reactions should be reported to their pharmacist/GP/Dietitian

Patients who do not adhere strictly to their diet may experience symptoms such as a decreased appetite, weight loss, pain, diarrhoea, anaemia, mouth ulcers, abdominal bloating, lethargy, and nausea.

[Note: - blood in stools is a rare symptom of non-adherence. Consideration should be given to other possible causes e.g. local causes at perianal area, constipation, Inflammatory bowel disease (IBD) or cancer. Where necessary, refer the patient to their GP. If patient is over 50 years old ask if they have submitted a bowel cancer screening test.]

Actions:

- Ask patient if they have had any symptoms.
- Keep a record of any problems that the patient describes.
- Refer them to their GP if symptoms appear severe.
- Record any care issues in the patient's care plan and agree desired outcomes and actions.
- Signpost to information sources on symptoms e.g. NHS Inform website, Coeliac UK leaflet, Coeliac UK website or local group. (www.nhsinform.co.uk / www.coeliac.org.uk)
- Check patient is aware of that new, ongoing or recurring symptoms should be reported.
- Discuss sharing any ADRs with the pharmacist, GP or dietitian.

Monitoring

Is the patient aware of how many gluten-free units they are able to order each month?

Yes/No

Have the patient's folic acid/iron/calcium/Vitamin D supplements been reviewed in the last 12 months?

Yes/No

Height or weight or both not available

Height (m)

Weight (kg)

BMI

Outcomes

Advice given to patient on the number of units they can order

Patient feels they require more than their recommended units and has been referred to GP/dietitian

General advice given on taking supplements

Referral of patient to GP for a review of supplements

There are national recommendations for the number of monthly gluten-free units; these vary by age and gender. The amount of gluten-free units patients are given should meet their individual dietary needs. More information is at www.coeliac.org.uk

Patients should be monitored periodically to ensure that they maintain a healthy weight. Some patients may have a blood test at intervals by their general practitioner or secondary care to ensure that there are no signs of dietary deficiencies (e.g. iron, calcium) or complications (e.g. thyroid disease, diabetes etc.).

Actions:

- Communicate the information gained from the annual health check to the patient's general practitioner.
- Record any care issues in the patient's care plan and agree desired outcome and actions.
- If a patient feels they need more than their recommended units, the pharmacist should initially issue their current allowance and then refer the patient to their GP.
- Reinforce that there are a large number of foods that are naturally gluten free including meat, fish, eggs, fruit, vegetables, rice, potatoes and lentils.