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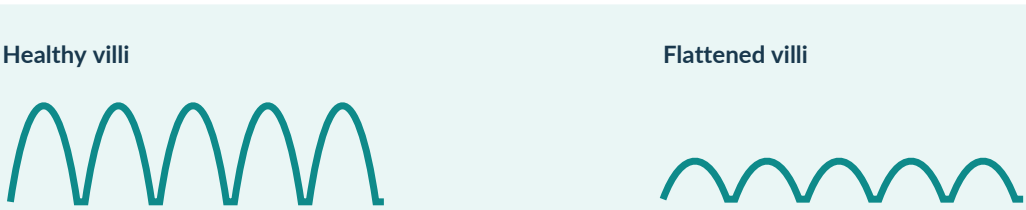
# Coeliac disease in children

Understanding the diagnosis and building a confident gluten-free life.

Coeliac disease is an immune reaction to gluten that damages the small bowel. Once confirmed, treatment is a lifelong strict gluten-free diet. It is different from a wheat allergy or a gut-brain disorder.

## What is happening inside?

Gluten is a protein in wheat, barley and rye. In a child with coeliac disease, it triggers immune activity that can flatten the tiny finger-like villi lining the small bowel. These villi help absorb nutrients. Treatment removes the trigger so the lining can heal.




Removing gluten allows healing and supports nutrient absorption.

## Symptoms can be surprisingly varied

Pain, bloating, diarrhoea or constipation may occur. Some children mainly have low iron, tiredness or poor growth; others have few obvious symptoms. Feeling well does not rule it out, and absence of symptoms after gluten does not make gluten safe once the diagnosis is confirmed.

# Confirm the diagnosis first

Keep gluten in the diet until the treating team says testing is complete.

## Blood tests

The usual starting tests are tissue transglutaminase IgA antibodies (tTG-IgA) and total IgA. If IgA is low, other antibody tests may be needed. A positive result needs interpretation; it is not always enough on its own to establish a lifelong diagnosis.

## Does my child need gastroscopy?

Many children need gastroscopy with small bowel biopsies under anaesthesia to confirm coeliac disease. In selected children, a paediatric gastroenterologist can use a no-biopsy pathway: very high tTG-IgA, typically at least ten times the test's upper limit, plus a confirmatory endomysial antibody result in a second blood sample. The specialist checks all criteria and discusses the choice.

> i Do not start a gluten-free diet before diagnosis is confirmed. Removing gluten can make blood tests and biopsies falsely reassuring. If gluten has already been reduced, tell your clinician rather than starting a challenge yourself.

## What about genetic tests?

HLA gene testing can help make coeliac disease very unlikely when the relevant genes are absent. A positive gene result does not diagnose it: many people carry these genes without ever developing the disease.

## Should the family be screened?

Parents, brothers and sisters should discuss blood-test screening even if they feel well. Testing should be done while eating gluten. The clinician can advise when repeat testing is appropriate if an initial result is normal.

TRUSTED INFORMATION AND SOURCES

Children's Health Queensland - coeliac diagnosis ↗

Coeliac Australia - information and support ↗

# A practical gluten-free diet

Strict about gluten; generous with nutrition and ordinary childhood experiences.

## Build around naturally gluten-free foods

Rice, potato, quinoa, fruit, vegetables, eggs, plain dairy, legumes and unprocessed meat or fish offer variety. Include gluten-free grains for energy and fibre. A dietitian checks nutritional needs.

## Learn Australian food labels

Choose products labelled gluten-free or verified suitable by your dietitian. “Wheat-free” is not the same as gluten-free. Check ingredients and relevant allergen statements each time: recipes change. Sauces, barley malt and some processed foods can contain gluten.

## Prevent cross-contact

Crumbs and shared cooking equipment can transfer gluten. Use a separate toaster or toaster bags, clean preparation surfaces and utensils, and avoid shared spreads containing crumbs. Ask about fryers, preparation areas and ingredients when eating out.

## What about oats?

Australian rules do not allow oats to be labelled gluten-free. Ordinary oats can be contaminated by wheat, rye or barley; some people also react to the oat protein avenin. Coeliac Australia supports individual assessment of pure oats. Do not introduce them without a specialist and dietitian plan.

## School, parties and holidays

Give carers a clear food plan. Pack alternatives and involve your child in choices. Plan ahead for camps and parties: the goal is safe inclusion.

> i Gluten-free does not mean every food is healthier. Keep meals balanced and varied. Probiotics, supplements or “gluten-digesting” products cannot replace the gluten-free diet.

Coeliac Australia - label reading ↗

Coeliac Australia - oats guidance ↗

# Healing and follow-up

A normal life with a consistent diet and regular checks.

## What improvement should we expect?

Symptoms often improve before antibodies fully normalise. Healing and correction of nutrient deficiencies take time. Your clinician follows growth, symptoms, blood-test trends and diet quality rather than using one symptom or result alone.

## Regular review

Arrange the first follow-up within the first few months, then further reviews as advised. Once stable, children usually have regular ongoing review, often annually. Blood tests may monitor coeliac antibodies and any initial deficiencies. Your dietitian remains an important part of the team.

## Are repeat scopes needed?

Repeat biopsy is not routinely required in a child recovering well. Persistent symptoms, unexpectedly abnormal blood results or doubts about the diagnosis may change that decision. Bone density scans are also not routine for every child; risk is assessed individually.

## What if symptoms continue?

Review gluten exposure with a dietitian. Constipation, lactose intolerance during healing or a gut-brain disorder may also contribute. Avoid further food exclusion without assessment.

## Accidental gluten exposure

Return to the usual gluten-free plan, offer fluids and treat symptoms according to advice. Do not induce vomiting. Significant pain, repeated vomiting or dehydration warrants medical review; there is no proven home remedy that reverses the immune reaction.

> “ For your child: “We will learn safe foods together so your bowel can heal and you can keep growing and joining in.”

Coeliac Australia - ongoing management ↗

ESPGHAN - follow-up of children with coeliac disease ↗



**Your feedback is welcome**

If you would like to leave a Google review about your experience, scan the QR code.

Please avoid including your child's name or private health information in a public review.