Exploring gluten challenge practices - are we getting it right for endoscopic diagnosis of coeliac disease?

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Coeliac disease (CD) is a chronic autoimmune disorder where gluten ingestion causes gastrointestinal and other manifestations. Affecting 1.4% of Australians, timely diagnosis is crucial to mitigate the numerous complications associated with enteropathy. Valid endoscopic investigation requires gluten consumption, but people referred may have already excluded gluten from their diet. If so, gluten challenge is required. We explored gluten challenge practices and the experiences of patients and clinicians with an aim to identify determinants of adequate gluten intake to enable accurate diagnosis or exclusion of coeliac disease.

Methods

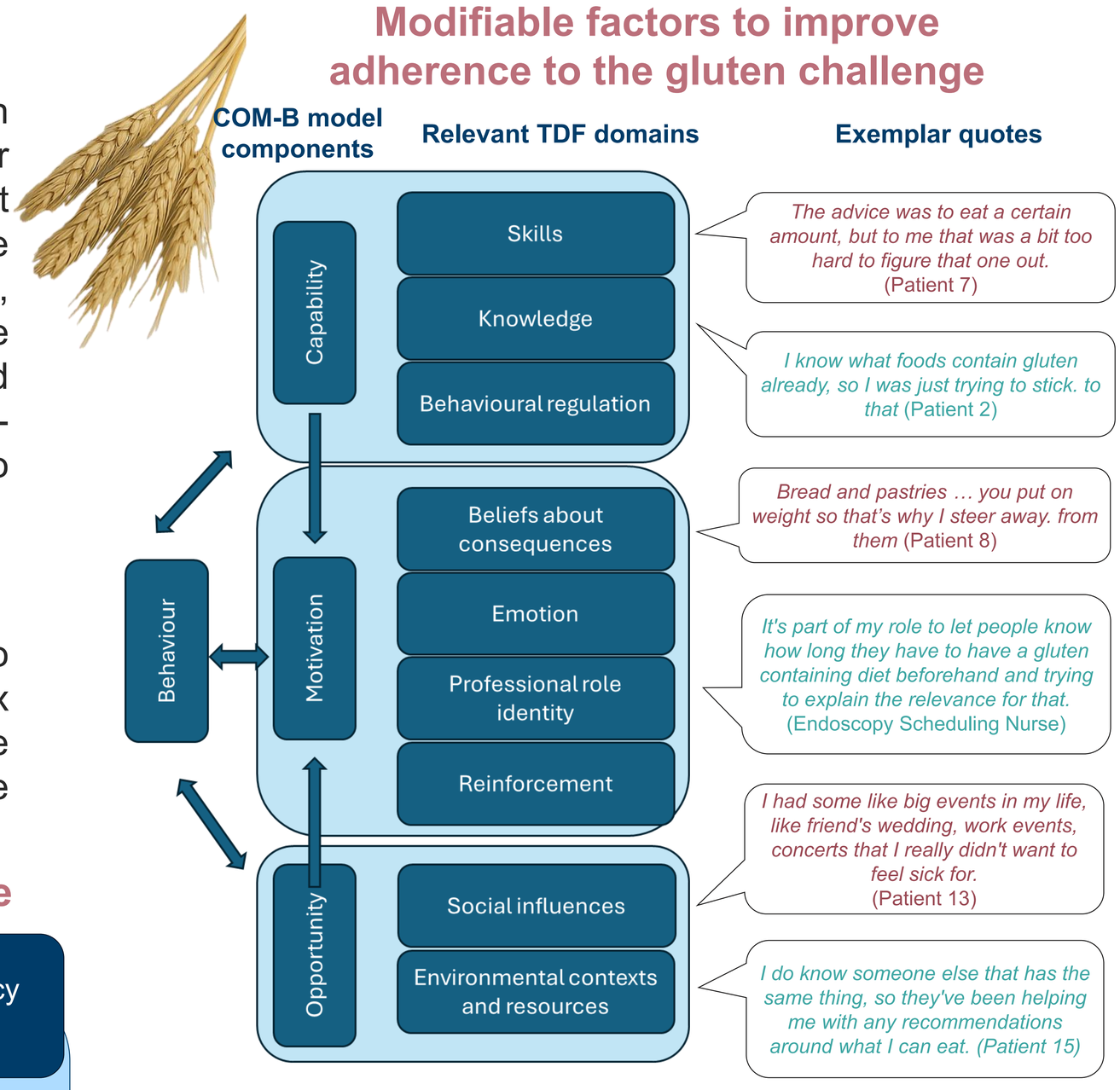
This qualitative study interviewed patients within seven days of endoscopic investigation for suspected CD, and clinicians involved in their care at a Queensland tertiary health service. Inductive thematic analysis was used to explore experience, followed by deductive analysis against the Theoretical Domains Framework (TDF) and Capability, Opportunity, Motivation-Behaviour (COM-B) model to identify enablers and barriers to adequate gluten intake for CD diagnosis.

Results

Twenty-six interviews were completed with two dietitians, three doctors/gastroenterologists, six nurses and 15 patients. The two main themes, one with two subthemes identified in the gluten challenge experience are shown below.

Themes of the Gluten Challenge Experience

Modifiable factors to improve adherence to the gluten challenge



COM-B components and TDF domains

The nine TDF domains identified as most relevant to the gluten challenge experience are shown above. Green quotes represent enablers of adequate gluten intake for CD diagnosis, with pink reflecting barriers. For example, knowledge of gluten-containing foods, or receiving clear advice from professionals enabled adequate intake in patients, while the belief that gluten-containing foods cause weight gain led others to avoid them.

Conclusion

The identified determinants provide targets to address in improving future practice to support better diagnosis or exclusion of CD, and thus patient care.

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