

Introduction of Gluten-Free Oats in the Gluten-Free Diet of Children and Adults with Celiac Disease: An International Survey

Shelley M Case RD^{1,2}, Caleigh E McAulay, MSc Nutrition Science³, Vanessa G Ramouche⁴, Dominica A Gidrewicz, MD^{2,5}

¹Celiac Specialist Dietitian, Calgary, Alberta, Canada, ²Professional Advisory Council, Canadian Celiac Association, Mississauga, Ontario, Canada,

³Health Promotions and Research Coordinator, Canadian Celiac Association, Charlottetown, Prince Edward Island, Canada,

⁴Dietetic Intern, Canadian Celiac Association, Toronto, Ontario, Canada, ⁵Gastroenterologist, Clinical Assistant Professor, Cumming School of Medicine, Pediatric Gastroenterology, Hepatology & Nutrition, University of Calgary, Calgary, Alberta, Canada

Background

Guidelines highlight that pure uncontaminated gluten-free oats (GFO) are considered safe as part of the strict gluten-free diet (GFD) to treat celiac disease (CD). Yet controversy amongst clinicians exists as to the timing of introducing GFO, in clinical remission versus newly diagnosed versus other. Members of the celiac community want to consume GFO as part of a healthy balanced GFD and want to understand when it is safe to do so.

Objective

This purpose of this survey was to evaluate current recommendations from around the world about the:

- Timing of introducing GFO
- Type of oats recommended
- Follow-up approaches for children and adults after GFO introduction

Methods

A brief survey, including five questions (three multiple choice and two open ended), was posted internationally online using social media and directed to key stakeholders, including gastroenterologists, dietitians, celiac centers and celiac associations.

Results

Survey Respondents

Fifty-five respondents from 15 countries including USA (54.5%), Israel (10.9%), Canada (7.3%), UK (5.5%), Australia (3.6%), Germany, Hungary, Ireland, Italy, Norway, Sweden, Switzerland, New Zealand, Brazil and UAE (1.8% respectively) responded to the survey. Tables 1, 2 and 3 demonstrate the responses to three of the survey questions. The type of oats recommended by respondents most often are GFO, but 3.6% advise any type of oats.

Table 1: When Should Gluten-Free Oats be Introduced to Children and Adults with Celiac Disease?

	Children (%)	Adults (%)
At diagnosis	34.6	44.4
1-3 months from diagnosis	0.0	1.9
4-6 months from diagnosis	9.1	5.6
7-11 months from diagnosis	0.0	0.0
12-18 months from diagnosis	10.9	11.1
19-24 months from diagnosis	1.8	0.0
2-3 years from diagnosis	1.8	1.9
Other *	41.8	35.1
After normalization of celiac serology	60.9	60.0
At any stage	8.7	10.0
Oats excluded from GF diet	8.7	10.0
Case specific	4.3	10.0
Not specified	4.4	5.0
Only work with children	N/A	5.0
Only work with adults	13.0	N/A

*Distribution of data is represented as a percent of a percentage of survey respondents

Table 2: What Are Your Current Recommendations for Gluten-Free Oat Introduction for Children and Adults with Celiac Disease?

	Percent %
Introduce GFO only if serology is normalized and there is improvement in symptoms	26.7
No restrictions for GFO introduction	17.8
Introduce GFO at any time and eliminate if no improvement in symptoms or serology test	15.6
No recommendations given for introduction of GFO	11.1
Introduce GFO only under supervision of a medical professional	8.9
Introduce GFO only if serology is normalized and start with ½ cup purity protocol GF oats	8.9
GFO can be consumed anytime as long as they are certified GF and not processed in a facility where there could be cross-contamination	4.4
GFO can be consumed anytime. If symptoms persist, switch to certified GF. If symptoms still persist eliminate all oats	2.2
GFO are excluded from GF diet	2.2

*45/55 participants answered this question

GF = gluten-free; GFO = gluten-free oats

Table 3: Follow-Up Care After Gluten-Free Oats Introduction in Children and Adults with Celiac Disease

	Percent %
Clinical and serology follow-up after 6 months	21.6
No specific follow-up	15.7
Serology and symptom follow-up	13.8
Clinical and serology follow-up after 3 months	7.8
Usual/routine follow-up for patients with CD	7.8
Repeat IgA TTG	7.8
Follow-up with RD or MD if symptoms occur after eating GFO	5.9
Check for immunological, clinical and histological response	3.9
Other*	15.7

*Responses by survey participants did not meet categorical criteria listed in table and no responses were alike.

Conclusions and Recommendations

- There is no consensus in practice among clinicians and celiac centres/associations, with respect to the timing of GFO introduction for children and adults from the time of CD diagnosis.
- There are variable approaches in practice to clinical criteria used to determine when GFO are introduced; nearly 30% of respondents have no restrictions or recommendations for starting GFO.
- The majority of respondents recommend GFO only, which is consistent with published guidelines regarding safety.
- This data highlight a need for further research including a larger sample size and pediatric versus adult specific surveys to better understand current approaches to care.
- The goal of further research is to create safe and effective recommendations for clinicians and reduce confusion in the CD community.