

Title:

Follow-up in coeliac disease: evidence and future challenges

Authors:

Andres Castañeda Agredo, Sergio Farrais Villalba, David S. Sanders

DOI: 10.17235/reed.2025.11168/2025

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Castañeda Agredo Andres, Farrais Villalba Sergio, Sanders David S.. Follow-up in coeliac disease: evidence and future challenges. Rev Esp Enferm Dig 2025. doi: 10.17235/reed.2025.11168/2025.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

CC 11168

Follow-up in coeliac disease: evidence and future challenges

Andrés Castañeda Agredo¹, Sergio Farrais Villalba¹, David S. Sanders²

¹Department of Gastroenterology and Hepatology. Hospital Universitario Fundación Jiménez Díaz. Madrid, Spain. ²Academic Unit of Gastroenterology. Sheffield Teaching Hospitals NHS Foundation Trust. United Kingdom

Correspondence: Andrés Castañeda

e-mail: andresfelipe_04@hotmail.com

Authors' contribution: Supervision: S. F. V., and D. S. S.; writing-original draft: A. C. A.

Conflict of interest: The authors declare no conflict of interest.

Artificial intelligence: The authors declare that they did not use artificial intelligence (AI) or any AI-assisted technologies in the elaboration of the article.

Keywords: Coeliac disease. Celiac disease. Follow-up.

Dear Editor,

Taking into account the current prevalence of coeliac disease (CD) and its increasing incidence, we are deeply concerned about the follow-up options available for these patients given the evident shortage of gastroenterologists specialized in CD (GSCD). Since this is a chronic disease with no cure or standard pharmacological treatment, the following questions arise: do patients with well-controlled CD require follow-up by a GSCD? Or, on the contrary, can a general gastroenterologist, general practitioner, or dietitian manage follow-up? Should the role of a GSCD be limited to monitoring patients with refractory symptoms?

Currently, clinical guidelines recommend follow-up at three, six, and 12 months after diagnosis, and annual or biennial follow-up once the disease is stable. However, these guidelines do not specify who should conduct the follow-up.

In 2021, the Gastroenterology Department of Lund Hospital in Sweden conducted a prospective study showing that adherence to a gluten-free diet is better when managed in a specialized center, although physical and mental health outcomes at 5-10 years post-diagnosis were comparable (even if patients occasionally deviated from the diet, they remained asymptomatic). Additionally, during the pandemic, the Gastroenterology Department at the Royal Hallamshire Hospital in Sheffield, United Kingdom, led by Dr. Sanders, conducted a study showing that patients perceived follow-ups conducted by a GSCD or by a dietitian with physician support as equivalent, regardless of whether the consultation took place by phone, video call, or in person.

Studies have demonstrated that patients with CD who undergo clinical follow-up with a GSCD have better long-term outcomes than those who do not (4). However, if patients are discharged once their condition stabilizes, they are more likely to receive inadequate follow-up when managed in Primary Care settings (2).

Considering the above, the results reveal a degree of ambivalence, although there is a stronger tendency to favor follow-up in a specialized center with access to a GSCD or a dietitian supported by a physician. However, given the increasing diagnosis of CD, specialized centers will not be able to follow all patients, and therefore, reliance on Primary Care will be necessary. Further studies are needed to define the optimal follow-up model for CD, clarifying the roles of different healthcare professionals and ensuring effective management that improves quality of life and long-term outcome.

References

1. Lexner J, Hjortswang H, Ekesbo R, et al. Well-being and dietary adherence in patients with coeliac disease depending on follow-up. *Scand J Gastroenterol* 2021;56:4:382-90. DOI: 10.1080/00365521.2021.1889024

2. Pritchard L, Waters C, Murray IA, et al. Comparing alternative follow-up strategies for patients with stable coeliac disease. *Frontline Gastroenterol* 2019;11(2):93-7. DOI: 10.1136/flgastro-2018-101156
3. Tye-Din JA. Review article: follow-up of coeliac disease. *Aliment Pharmacol Ther* 2022;561(Suppl 1):S49-S63. DOI: 10.1111/apt.16847
4. Khurana A, Leffler DA, Gomez K, et al. Short and long-term follow-up and clinical outcomes in patients with celiac disease in a large private practice setting. *BMC Gastroenterol* 2023;23(1):9. DOI: 10.1186/s12876-023-02643-4
5. Trott N, Raju SA, Rej A, et al. Long-term follow-up in patients with coeliac disease in the pandemic era: a view from Sheffield the NHS England national centre for adult coeliac disease. *Gastroenterol Hepatol Bed Bench* 2023;16(2):158-66. DOI: 10.22037/ghfbb.v16i2.2637