

**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.*

## Follow-up in coeliac disease: evidence and future challenges

Andrés Castañeda Agredo<sup>1</sup>, Sergio Farras Villalba<sup>1</sup>, David S Sanders<sup>2</sup>

Department of Gastroenterology and Hepatology. Hospital Universitario Fundación Jiménez Díaz. Madrid/Spain <sup>1</sup>

Academic Unit of Gastroenterology, Sheffield Teaching Hospitals NHS Foundation Trust, UK <sup>2</sup>

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 the follow-up? Should the role of a GSCD be limited to monitoring patients with refractory symptoms?

Currently, clinical guidelines recommend follow-ups at 3, 6, and 12 months after diagnosis, and once the disease is stable, annual or biennial follow-ups. 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 years, the Gastroenterology Department led by Dr. Sanders at the Royal Hallamshire Hospital in Sheffield, UK, conducted a study revealing that patients found follow-ups by a GSCD and those conducted by a dietitian with access to a physician to be equivalent, regardless of whether the clinic were conducted via phone, video call, or face-to-face.

Studies have demonstrated that patients with CD who undergo clinical follow-ups 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, we can observe the ambivalence of the results obtained, though there is a stronger tendency towards the need for follow-up in a specialized center with access to a GSCD or a dietitian with physician support. 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 EC, clarifying the roles of different healthcare professionals and ensuring effective management that improves patients' quality of life and long-term outcomes.

## Bibliography

1. Jesper Lexner, Henrik Hjortswang, Rickard Ekesbo & Klas Sjöberg (2021). Well-being and dietary adherence in patients with coeliac disease depending on follow-up, *Scandinavian Journal of Gastroenterology*, 56:4, 382-390, DOI: 10.1080/00365521.2021.1889024
2. Pritchard L, Waters C, Murray IA, Bebb J, Lewis S. Comparing alternative follow-up strategies for patients with stable coeliac disease. *Frontline Gastroenterol.* 2019 Apr 29;11(2):93-97. doi: 10.1136/flgastro-2018-101156. PMID: 32134411; PMCID: PMC7043074.
3. Tye-Din JA. Review article: Follow-up of coeliac disease. *Aliment Pharmacol Ther.* 2022 Jul;56 Suppl 1(Suppl 1):S49-S63. doi: 10.1111/apt.16847. PMID: 35815829; PMCID: PMC9542881.
4. Khurana A, Leffler DA, Gomez K, Thukral C. Short and long-term follow-up and clinical outcomes in patients with celiac disease in a large private practice setting. *BMC Gastroenterol.* 2023 Jan 11;23(1):9. doi: 10.1186/s12876-023-02643-4. PMID: 36631740; PMCID: PMC9835330.
5. Trott N, Raju SA, Rej A, Hoffman O, Holland W, Bebb JR, Seamark L, Williams M, Battle CC, Jeanes YM, Elli L, Sanders DS. 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):158-166