

This fact sheet explains the Task Force's draft recommendation on screening for celiac disease. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from May 3 to May 30, 2016. The Task Force welcomes your comments.

## Screening for Celiac Disease

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation** statement on *screening for celiac disease*. It found that there is not enough evidence to make a recommendation for or against screening. Health care professionals should use their best judgment when deciding whether and whom to screen for celiac disease.

This draft recommendation statement applies to adults, teens, and children who do not have celiac disease or symptoms of celiac disease

### What is celiac disease?

Celiac disease is a disorder of the immune system. When people with celiac disease eat a protein called gluten, their immune system responds by producing antibodies that inflame or destroy villi—the tiny, fingerlike projections on the inner lining of the small intestine. This prevents the body from absorbing nutrients from food.

## Facts about Celiac Disease

Gluten is a protein found in wheat, rye and barley. When people with celiac disease eat foods or use products containing gluten, their immune system responds by damaging the inner lining of the small intestine, preventing the body from absorbing nutrients from food.

Symptoms of celiac disease include diarrhea, abdominal pain, and weight loss. Left untreated, celiac disease can lead to serious health problems, such as digestive problems, malnutrition, skin rashes, anemia, osteoporosis, short stature in developing children, intestinal cancers, and neurological conditions.

Celiac disease affects as many as one in 141 Americans. People with type 1 diabetes, other autoimmune diseases, and those with a family member with celiac disease are more likely to have celiac disease. However, not everyone who has celiac disease has symptoms. There is a lot we still do not know about celiac disease and how it progresses in people without symptoms.

## Screening and Treatment for Celiac Disease

Currently, screening people without symptoms of celiac disease for the disease is not common practice. Testing for celiac disease is generally done in people who have symptoms, such as diarrhea and abdominal pain. This is done through a blood test that looks for the specific antibodies that are produced when gluten is eaten. If the test is positive, more tests are done to confirm the disease.

There is no cure for celiac disease, but following a strict gluten-free diet can help people manage their symptoms and promote intestinal healing.

## Potential Benefits and Harms of Screening for Celiac Disease

The Task Force looked for research about potential benefits of screening for celiac disease. It did not find enough evidence to determine whether or not screening people without symptoms of the disease is beneficial.

The Task Force also did not find enough evidence about harms of screening. However, possible harms include incorrect test results and unnecessary testing. For example, people could get a test result from screening that suggests celiac disease when no disease is actually present (a false positive result). They then may then undergo additional unnecessary follow up testing.

Given the lack of evidence, health care professionals should use their best judgment when deciding whether or not to test for celiac disease.

## The Draft Recommendation on Screening for Celiac Disease: What Does It Mean?

Here is the Task Force's draft recommendation on screening for celiac disease. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge the benefits and harms of screening, the Task Force does not make a recommendation for or against—it issues an **I Statement**.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The draft recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

The USPSTF concludes that the [current evidence is insufficient](#) to assess the balance of benefits and harms of screening for celiac disease in [asymptomatic](#) persons. **I Statement**

### Notes

[current evidence is insufficient](#)  
The Task Force did not find enough evidence to determine whether or not celiac disease screening is beneficial.

[asymptomatic](#)  
Having no symptoms of celiac disease.  
Symptoms include diarrhea, abdominal pain, and weight loss.

## What is the U.S. Preventive Services Task Force?


The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

### USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

## Click Here to Learn More About Celiac Disease

 **Celiac Disease** (National Institute of Diabetes and Digestive and Kidney Diseases)

 **What is Celiac Disease?** (NIH MedlinePlus magazine)

 **Celiac Disease** (MedlinePlus)

## Click Here to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between May 3 and May 30, 2016.



All comments will be considered for use in writing final recommendations.