DIET & WEIGHT

# How to Eat When Gluten Is Not Optional

A practical guide to building a gluten-free life without confusing celiac disease with every other reason people avoid gluten.

## The cupboard looks different now

You are standing in the kitchen, looking at bread, pasta and half-open packages as if they have changed overnight. They have not. But if you have just been diagnosed with celiac disease, the rules around them have. Eating is no longer only about appetite, habit or preference. It has become part of your medical care.

The essential rule is firm: celiac disease requires a gluten-free diet for life. Gluten is a protein found naturally in wheat, barley and rye, and it appears in familiar foods such as bread, pasta, cookies and cakes. Removing foods and drinks that contain it can relieve symptoms, heal damage in the small intestine and help prevent further damage.

That last point is why "mostly gluten-free" is not the plan described by the National Institute of Diabetes and Digestive and Kidney Diseases. Celiac disease is a chronic digestive and immune disorder. When gluten triggers it, the small intestine is damaged, and your body may not absorb the vitamins, minerals and other nutrients it needs.

This can feel like a disproportionate amount of meaning to place on lunch. Yet there is something clarifying in the rule. You are not trying a wellness trend or chasing a vague promise. You are removing the substance known to trigger a disease that can affect both your digestion and the rest of your body. The diet is restrictive, but its purpose is precise.

## First, make sure the name is right

If you suspect celiac disease but have not been tested, do not quietly remove gluten and consider the question settled. NIDDK says doctors do not recommend starting a gluten-free diet before diagnostic testing because doing so can affect the results. Doctors most often use blood tests and biopsies of the small intestine to diagnose or rule out the disease.

Symptoms cannot settle it either. Abdominal pain, fatigue, gas, diarrhea and constipation may occur with celiac disease, but some also occur with gluten sensitivity and other digestive disorders. Some people with celiac disease have no noticeable symptoms at all. A family history matters, but it is one part of the medical assessment rather than a diagnosis in itself.

The distinction changes what eating means. Gluten sensitivity may cause digestive problems, headaches, joint pain or rashes, but it does not damage the small intestine. Wheat allergy is different again: it can cause itchy eyes or trouble breathing and does not produce the long-term intestinal damage caused by celiac disease.

If you have already removed gluten without testing, or symptoms persist while you are changing your diet, this has moved beyond a food experiment. Talk with a health care professional. Blood tests, medical and family history, a physical examination and, often, small-intestine biopsies are the tools used to establish what you are actually dealing with.

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## Gluten does not stay in the bread aisle

Once the diagnosis is clear, the work becomes more detailed. Bread and pasta may be obvious, but gluten can also appear in prepackaged foods. The ingredient question does not end when you leave the grocery aisles that seem most closely connected with grain.

It may also be present in vitamins, nutrient supplements and, rarely, medicines. Products that reach your mouth deserve attention too: toothpastes, lip balm and lipstick are among the examples. Hair and skin products can also be possible hidden sources.

This is where label reading becomes less like an optional skill and more like everyday equipment. Check product labels, and do not assume something is gluten-free merely because the label does not mention gluten. If the information is unclear, ask the manufacturer for an ingredient list.

You do not need to master every cupboard in one afternoon. Begin with what you use repeatedly: the foods you eat, the supplements or medicines you take, and the mouth or lip products you reach for automatically. The goal is not to become frightened of ordinary objects. It is to replace assumption with information, one item at a time.

## A restriction still has to feed you

Removing gluten is only half the job. You still need a healthy, balanced diet, and the same intestinal damage that makes the diet necessary may already have interfered with nutrient absorption. Untreated celiac disease can lead to malnutrition, iron-deficiency anemia, bone loss and nervous-system or reproductive problems.

A registered dietitian can help you avoid gluten while continuing to get the nutrients you need. That support is not an admission that you have failed to understand a list of forbidden grains. It

recognizes that a lifetime eating pattern must do more than exclude one protein. It must still nourish you.

This matters when your first instinct is to make the diet as narrow as possible because narrow feels safer. The available federal guidance does not support turning the gluten-free diet into a broader campaign of unnecessary exclusions. It describes removing foods and drinks containing gluten while maintaining a healthy, balanced diet.

Most people can heal damage in the small intestine by following the diet. In rare cases, however, nutrient absorption problems continue despite a strict gluten-free diet because the intestine is severely damaged and cannot heal. That condition requires specialized medical care and may require nutrients given intravenously. Persistent problems are not something you should solve by restricting your food further on your own.

## Do not borrow someone else's diet

Gluten-free eating now carries claims far beyond celiac disease. That cultural noise can make a medically necessary diet look interchangeable with a lifestyle choice. It is not. The evidence for removing gluten in people without confirmed celiac disease depends on the condition being discussed, and it often remains too limited for sweeping advice.

A 2023 meta-analysis examined gluten-free diets in people with Hashimoto's thyroiditis who had no symptoms or intestinal findings of celiac disease. It included only four studies and 87 patients. Some thyroid measures changed, but the authors concluded that the evidence was not sufficient to recommend a gluten-free diet to everyone with Hashimoto's thyroiditis.

Reviews concerning autism and ADHD have reported possible benefits in selected outcomes, but they also describe important limits. The 2022 autism review included eight studies with 297 children and called for larger research. The 2024 ADHD review warned that diverse studies and short follow-up made broad generalizations difficult. None of that changes the established lifetime recommendation for a person with celiac disease.

This week, choose a manageable starting point. Arrange a visit with a registered dietitian if you can. Read the ingredients on the foods and products you use most. Ask manufacturers when the information is incomplete. And if you have not been tested, keep gluten in your diet until you have spoken with a health care professional. Clarity first. Then the cupboard can change for the right reason.

## Where this comes from

- Celiac Disease

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/celiacdisease.html
- Gluten Sensitivity

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/glutensensitivity.html
- Celiac Disease

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- Definition & Facts for Celiac Disease

  National Institute of Diabetes and Digestive and Kidney Diseases · https://www.niddk.nih.gov/health-information/digestive-diseases/celiac-disease/definition-facts
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  Frontiers in endocrinology, 2023 · https://pubmed.ncbi.nlm.nih.gov/37554764/
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- Dietary Interventions and Supplements for Managing Attention-Deficit/Hyperactivity Disorder (ADHD): A Systematic Review of Efficacy and Recommendations.

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