DIET & WEIGHT

Who Really Needs to Give Up Gluten?

Before you clear the bread bin, here is how to separate medical necessity from a diet change that may offer nothing.

The loaf has become a suspect

You finish lunch and your stomach swells. By mid-afternoon, you are exhausted. Bread was on the plate, so gluten starts to look guilty-and removing it can seem like the cleanest way to find out. But abdominal pain, fatigue, gas, diarrhoea and constipation can occur with both coeliac disease and gluten sensitivity. Symptoms alone cannot tell you which, if either, is responsible.

That distinction matters because avoiding gluten means very different things in different conditions. For someone with coeliac disease, it is lifelong medical care intended to prevent intestinal damage. For someone with gluten sensitivity, it may improve symptoms without treating that kind of damage. For the general population, researchers have found no evidence that going gluten-free produces better health or weight loss.

Gluten is a protein found naturally in wheat, barley and rye. That puts it in obvious foods such as bread, pasta, cakes and cereals, but it may also appear in malt, sauces, soups, salad dressings, processed meats and supplements. Giving it up is not one simple substitution. Before you take on that restriction, you need to know what problem you are trying to solve.

Three problems, not one

Coeliac disease is a chronic digestive and immune disorder. Eating gluten damages the small intestine, which can stop your body absorbing enough vitamins, minerals and other nutrients. Untreated disease may lead to malnutrition, anaemia, bone loss, nervous-system problems and reproductive problems. A gluten-free diet is therefore not a wellness preference: it is the treatment, and it needs to continue for life.

Coeliac disease is uncommon but hardly vanishingly rare. A 2019 systematic review and meta-analysis of 96 studies estimated that 1.4% of people had positive antibody tests, while 0.7% had biopsy-confirmed disease. It has been reported worldwide, and many people remain undiagnosed. Having a family member with the disease makes it more likely, as do certain chromosomal and immune-related disorders.

Gluten sensitivity-also called non-coeliac gluten sensitivity or gluten intolerance-is different. It

can involve abdominal pain, fatigue, gas, diarrhoea, constipation, headaches, joint pain or rashes, but it does not damage the small intestine. Researchers are still learning about it. A clinician may suggest removing gluten to see whether symptoms improve, but only after checking for coeliac disease.

Wheat allergy is different again. It is an immune reaction to wheat and may cause symptoms such as itchy eyes or difficulty breathing. It does not cause the long-term small-intestinal damage seen in coeliac disease. Trouble breathing moves this beyond a casual diet experiment and into medical care; simply choosing gluten-free food does not establish which condition you have.

Do not erase the evidence before anyone has had a chance to examine it.

Do not erase the evidence

The most important moment may come before you stop eating gluten. If you might have coeliac disease, changing your diet first can make test results inaccurate. The usual evaluation begins with your medical and family history and may include blood tests and biopsies taken from the small intestine during an upper gastrointestinal endoscopy. Recent guidelines differ over when a biopsy can be avoided, particularly in children.

This creates an awkward trap. You remove gluten, feel different, and conclude that you have found the answer. Yet you may have made coeliac disease harder to confirm, while the change in symptoms does not distinguish coeliac disease from gluten sensitivity. The responsible order is testing first, restriction second-unless your clinician tells you otherwise.

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A clinician should hear about persistent digestive problems, fatigue, weight loss, an itchy blistering rash, mouth sores, bone or joint pain, or concerns that a child is not gaining enough weight. Coeliac disease can also cause few noticeable symptoms. Family history matters, so mention a close relative with the condition even if your own symptoms seem vague or come and go.

Gluten-free is not shorthand for healthier

If testing confirms coeliac disease, avoiding gluten can relieve symptoms, heal the small intestine and prevent damage from returning. That means checking wheat, barley and rye in ingredient lists, looking for gluten-free labelling and avoiding foods whose contents are uncertain. Gluten may also be present in vitamins, supplements, toothpaste and lip products,

so the task extends beyond the bread aisle.

Cross-contact matters for people with coeliac disease. Gluten-containing food can touch gluten-free food while it is grown, processed, stored, prepared or served. At home, separate storage and preparation may be needed. When eating out, you may need to ask about ingredients and preparation rather than relying on a menu description. This level of care is medically justified for coeliac disease; it is not an automatic upgrade for everyone's diet.

A balanced gluten-free diet is possible. Meat, fish, fruit, vegetables, rice and potatoes are naturally gluten-free when they do not contain added ingredients or certain seasonings. Flours can be made from rice, corn, potatoes, beans, nuts, soy, quinoa, buckwheat and other gluten-free foods. Most people with coeliac disease can eat moderate amounts of oats, but the oats need to be gluten-free because cross-contact is common.

Restriction can also create gaps. Starting without professional advice may leave you short of fibre, iron, calcium and other nutrients, while some packaged gluten-free foods contain more fat and sugar than comparable gluten-containing products. They also tend to cost more. A registered dietitian can help someone with coeliac disease or gluten sensitivity replace what has been removed rather than merely shopping in a different aisle.

The claims outrun the evidence

Gluten is sometimes blamed for conditions beyond established gluten-related disease. Hashimoto's thyroiditis is one example. A 2023 meta-analysis found only four eligible studies involving 87 people with Hashimoto's thyroiditis but without symptoms or intestinal findings of coeliac disease. Some thyroid measures changed, but the reviewers concluded that the evidence was not sufficient to recommend a gluten-free diet to everyone with the condition.

Endometriosis offers another caution. A 2020 systematic review found reported associations between endometriosis and several autoimmune diseases, including coeliac disease. But the evidence was generally poor because many studies carried a high risk of bias. An association does not establish that gluten causes endometriosis, nor does it show that removing gluten treats it.

The wider promise-that avoiding gluten reduces inflammation for anyone with a chronic condition-is not established by the material available here. A 2022 review of clinical trials examining foods and inflammatory or metabolic markers found human evidence inconclusive overall. Intriguingly, wheat and wholegrain products appeared among foods studied for possible inflammatory effects, which is a reminder that "gluten-containing" and "inflammatory" are not interchangeable labels.

Monday takes one conversation

If you have no symptoms, no diagnosed gluten-related condition and no clinician advising restriction, there is no evidence here that a gluten-free diet will make you healthier or help you lose weight. You do not need to turn an ordinary sandwich into a medical decision. Keep foods you enjoy unless there is a reason to investigate them.

If symptoms are pushing you towards an elimination diet, make Monday's step a conversation rather than a cupboard clear-out. Tell your clinician what happens, how long it has been happening, whether it comes and goes, and whether coeliac disease runs in your family. Ask directly whether you should be tested before changing what you eat.

Until that conversation, continue your usual diet unless a clinician has advised otherwise. What this step takes is not special food or a complicated plan. It takes a clear account of your symptoms, your family history and one question: "Should I be tested for coeliac disease before I stop eating gluten?"

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
- Eating, Diet, & Nutrition for Celiac Disease

  National Institute of Diabetes and Digestive and Kidney Diseases · https://www.niddk.nih.gov/health-information/digestive-diseases/celiac-disease/eating-diet-nutrition
- 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
- Global Prevalence of Celiac Disease: Systematic Review and Meta-analysis.

  Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association, 2019 · https://pubmed.ncbi.nlm.nih.gov/29551598/
- Effect of gluten-free diet on autoimmune thyroiditis progression in patients with no symptoms or histology of celiac disease: a meta-analysis.

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- The association between endometriosis and autoimmune diseases: a systematic review and meta-analysis.

  Human reproduction update, 2020 · https://pubmed.ncbi.nlm.nih.gov/31260048/
- Current guidelines for the management of celiac disease: A systematic review with comparative analysis.

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