

Type 1 DM and Coeliac Disease Quality Standards Audit

By

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- **Prevalence of CD in T1 Diabetes**
- **Consequences of undiagnosed CD**
- **NICE Guidelines**
- **T1 CD audit**

Prevalence of Coeliac Disease in T1DM

2-10%

Consequences of undiagnosed CD

GI symptoms:

Diarrhoea
Abdominal pain
Bloating etc

Other symptoms

mouth ulcers
Joint pain
migraines

Recurrent miscarriages and infertility

Nutrient deficiencies

Fe, folate, B12, Ca,
Vit D

Anaemias
Osteoporosis
fractures

Increased risk of small bowel cancer

In T1s unexplained Hypos

Symptoms are not always present in T1s

NICE GUIDELINES

- Coeliac Disease: recognition, assessment and management (Sep 2015)
- Coeliac Disease – Quality standard 134 (Oct 2016)

BOTH SAY

Serological testing (tTG) should be offered to T1s at diagnosis (QS1)

Coeliac UK and BSPGHAN

Recommend 3 yearly screening in T1s thereafter

AUDIT Questions – ENHT hospital T1 population

- Are we screening for CD on T1 diagnosis?
- In those with positive tTG, are the 5 quality standards being met?

Quality Standards:

1. People with increased risk of CD (T1s) are offered serological CD test
2. Positive test – refer to specialist
3. If intestinal biopsy required – within 6 weeks
4. Newly diagnosed CD – GF diet discussion with specialist
5. CD – offered an annual review

Target groups – were these screened for CD?

All current T1s

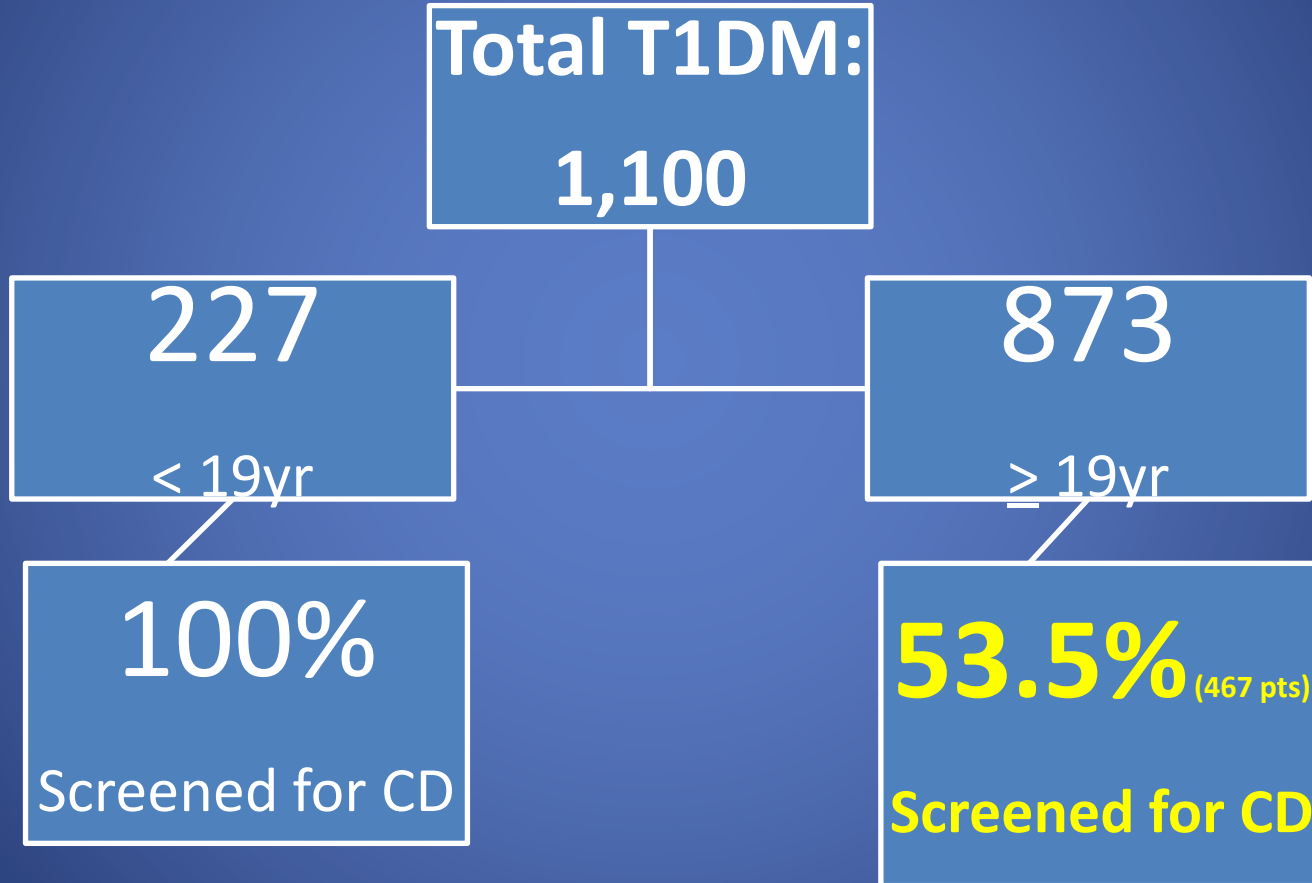
1. 19- 50 year olds with T1 for up to 10 years
2. All newly diagnosed T1s 2015-2016

Interrogation of the diabetes CIPTS database

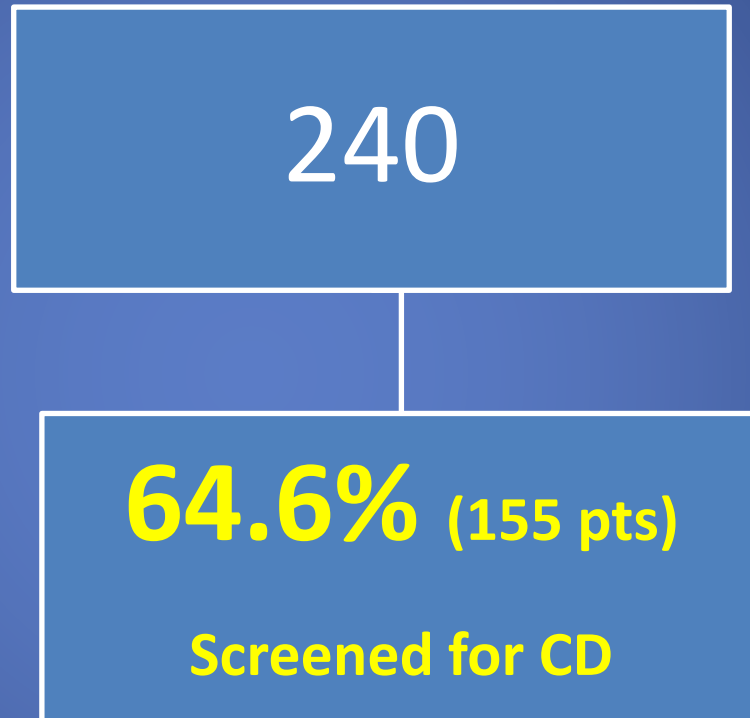
Quality standards - were these met in pts with positive tTG?

Analysis of electronic and paper clinical records

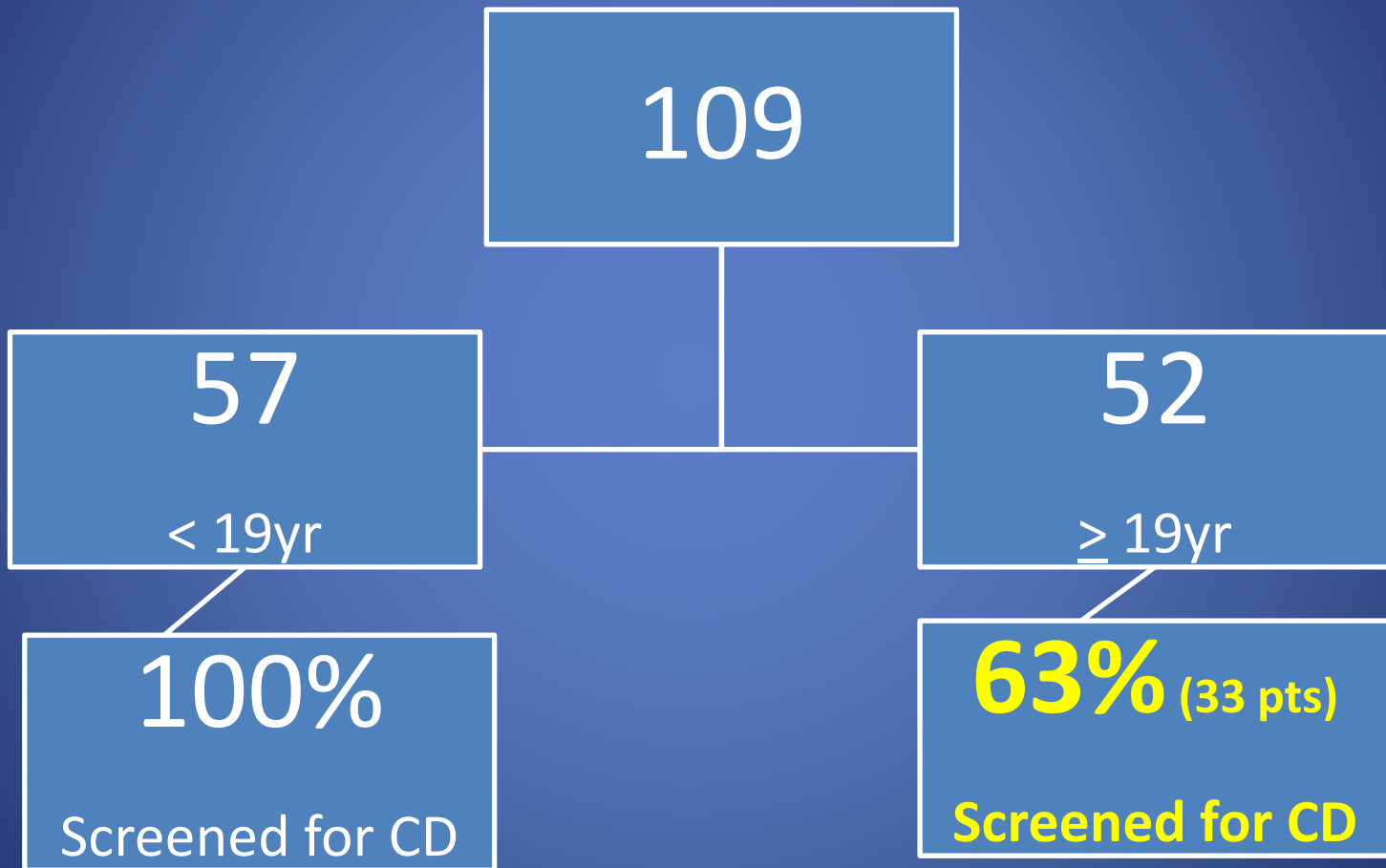
RESULTS



19- 50 year olds with T1 for up to 10 years



All newly diagnosed T1s 2015-2016



Were the 5 Quality standards met?

5 Paediatric pts and 1 adult had positive tTG

1. Increased risk CD (T1s) : offer serological test **MET**
2. Positive test –referred to specialist – **NOT MET**
3. If intestinal biopsy required – within 6 weeks **NOT FOR PAEDS. NO REFERENCE FOR THE ADULT**
4. Newly diagnosed CD –GF diet discussion with specialist health professional. **MET IN THE PAEDS. NO REFERENCE FOR THE ADULT**
5. CD – offered an annual review - **PENDING**

CONCLUSIONS

- 100% screening in Children and Young People
- Not so good with our adults – just over half
- Quality standards are being partially met

RECOMMENDATIONS FOR MDT

1. Improve screening in adults – blood test care bundle including tTG
2. Re-screen 3 yearly .
3. Continue to refer to the Dietitian – initially and for review as needed
4. Liaise with Paed and Adult Gastroenterologists regarding QS 2 and 3
5. Send tTG blood forms to the 19 new T1s diagnosed 2015-2016 who were not screened
6. Improve data recording for T1 and CD diagnosis dates
7. Re-audit in 2018-2019

Key Messages

- Screen
- Find
- Care For our T1 Coeliac patients