

## Guidelines for the Prescribing of Gluten Free (GF) Foods

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*This document is intended for use in primary care as guidance on the most appropriate indication for the prescribing of gluten free foods. This is not a substitute for clinical judgement or any advice given by a clinician. The information provided here is correct at the time of publishing and will undergo periodic reviews to ensure that it remains up to date.*

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### List of abbreviations

ACBS	Advisory Committee for Borderline Substances
CD	Coeliac Disease
DH	Dermatitis Herpetiformis
DHSC	Department of Health and Social Care
GF	Gluten Free

*All abbreviations included in this document are listed here unless the abbreviation is well known (e.g. NHS or NICE).*

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## **Introduction**

In March 2017, the Department of Health and Social Care (DHSC) launched a national public consultation to seek views on whether to make changes to the availability of GF foods on prescription in England. The outcome of the consultation was announced in February 2018, recommending for prescriptions for GF foods to be limited to a range of bread and mixes ONLY for those with a diagnosis of Coeliac Disease (CD) or Dermatitis Herpetiformis (DH), the skin presentation of the condition<sup>1</sup>.

In Barnsley, the local prescribing policy for GF foods and this guideline have been amended in line with the outcomes and recommendations from the DHSC consultation.

## **Purpose of this document**

This document outlines the most appropriate indication and use of prescription GF foods to:

- Optimise the use of limited NHS resources
- Contribute to best practice regarding safety & quality of care provision to patients

## **Background**

CD is a lifelong condition caused by an autoimmune response to gluten, the protein found in wheat, barley and rye. Some people are also sensitive to oats. It is estimated that 1 in 100 people have CD<sup>2</sup>. The only treatment available is lifelong adherence to a GF diet.

## **Indication for prescription of GF foods**

The Advisory Committee for Borderline Substances (ACBS)<sup>3</sup> recommends certain GF foods to be prescribed as 'drugs' on the NHS for the management of CD.

Please note CD is an allergy to gluten and must not be confused with Gluten Intolerance. Those with reported gluten intolerance do not meet the criteria for NHS prescriptions for GF foods.

## **Prescription GF foods – what to prescribe**

Our local GF food prescribing policy has been amended to reflect the outcomes from the national consultation by the DHSC as follows:

- GF foods restricted to bread and mixes only
- GF foods restricted to 8 units

These restrictions apply to all age and gender groups.

Other GF foods, including biscuits, cereals, oats, pasta, pizza bases, flour, etc. should no longer be prescribed. Please note that this list is not exhaustive.

GF foods can be purchased from pharmacies, supermarkets and other retailers without prescriptions.

The decision to reduce the number of units was made based on the reduced variety of GF foods that will be available on prescription. Continuing to prescribe the full number of units previously recommended would have resulted in prescriptions for excessive volumes of bread and/or mixes which is not consistent with the principles of a healthy, balanced diet.

## Prescription GF foods – how much to prescribe

The prescribable volume of GF foods is 8 units per person per month for all age / gender groups, and units of foods will continue to be calculated as per Coeliac UK<sup>4</sup> below:

Prescribable food item	No. of units
400g bread	1
100 – 250g rolls / baguettes	½
251 – 400g rolls / baguettes	1
500g bread mix / flour mix / mixes	2

## Diagnosing CD

The National Institute for Health and Care Excellence (NICE)<sup>2</sup> recommends diagnosis via serological testing for symptomatic patients. If serological tests are positive, this should be followed by endoscopic intestinal biopsy to confirm/exclude CD. Where serological tests are negative but CD is still suspected, a referral to a gastroenterologist for further investigations is recommended.

A GF diet should not be started until CD is confirmed to avoid false negative results. A positive serological test for CD is not sufficient for confirming the diagnosis, and people should be referred to a specialist for further assessment and confirmation of diagnosis.

If undiagnosed or untreated, CD can increase the likelihood of lymphomas<sup>5</sup>, small bowel adenocarcinoma<sup>6</sup>, and osteoporosis<sup>7</sup>.

## Annual review of CD

NICE<sup>2</sup> recommends annual reviews to assess adherence to a GF diet and symptoms, reinforce information and advice about the condition and diet, and identify support needs. NICE recommends that the GP or consultant should assess all of the following:

- the need for a DEXA (dual-energy X-ray absorptiometry) scan (in line with the recommendations on fragility fracture risk assessment in osteoporosis<sup>8</sup>) or active treatment of bone disease
- the need for specific blood tests\*
- risk of long-term complications and comorbidities
- need for specialist referral

*\*Blood tests may include the following:*

- Coeliac serology to help assess adherence to a GF diet (usually annually)
- Full blood count and ferritin — to screen for anaemia (usually annually)
- Vitamin D, B12, red cell folate, and serum calcium — to assess for deficiency (usually annually)

The following blood tests are not routinely undertaken as part of the annual review unless clinical circumstances dictate otherwise:

- Electrolytes — to assess for Addison's disease
- Thyroid function tests — to screen for autoimmune thyroiditis
- Liver function tests — to screen for autoimmune hepatitis

## Further Guidance

For further information and guidance on the diagnosis, management and monitoring of CD please visit NICE pathways on:

<https://pathways.nice.org.uk/pathways/coeliac-disease>

## Contact names and details for further support

Contact Details	Telephone number	Email
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## **References**

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