



Letter to the Editor

Management of celiac disease in daily clinical practice: do not forget depression!



Sir,

We read with great interest the review by Elli and colleagues aiming to provide a comprehensive practical update for the management of celiac disease (CD) in daily routine clinical practice [1]. We particularly agree when Authors say that “the onset with malabsorptive symptoms or malnutrition in adults is now the exception rather than the rule”. On this connection, Authors suggest to sharpen physician's clinical eye on atypical presenting symptoms, in order to reduce any delay in CD diagnosis. In particular, anemia, increased transaminases levels, metabolic bone disease, neurologic symptoms and gynecologic disorders are reported as the most common atypical manifestations [1].

In addition, a number of psychological disorders, particularly depression, have been described in patients affected by CD [2,3]. According to a case control study evaluating presenting symptoms of CD in general clinical practice, depression was independently associated to a subsequent diagnosis of CD, as well as diarrhea and anemia [4]. Pathophysiological mechanisms at the basis of depression in CD include poor quality of life due to gastrointestinal symptoms [2], reduced brain monoamine metabolism due to tryptophan malabsorption [5] and abnormalities in brain perfusion [6]. Although most of CD related symptoms ameliorate with gluten-free diet (GFD), depression seems to persist [2]. This could be due to dietary restrictions with consequent limitation in social interaction and possible development of social phobia [7]. Moreover, depression is one of the reasons for non-compliance to medical treatment among patients affected by chronic diseases [8], and it could be the cause of a poor adherence to GFD [9].

Given the association between CD and depression, physicians should consider the possibility of a diagnosis of celiac disease among patients presenting with depressive symptoms; moreover, they should test CD patients for the development of depression during follow-up. In case of confirmed depression, the management of CD patients should include a specific psychological support counselling, since it has been shown to ameliorate symptoms and to increase GFD, possibly reducing CD complications [10].

In conclusion, depression represents a common feature of CD patients, both before and after diagnosis. This frequent association should be considered in daily clinical practice for an optimal management of CD patients.

Declaration of interests

The authors report no conflicts of interest.

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Antonio Mirijello^{a,*}, Cristina d'Angelo^b, Salvatore De Cosmo^a,
Antonio Gasbarrini^c, Giovanni Addolorato^c

^a Department of Medical Sciences, IRCCS Casa Sollievo della Sofferenza Hospital, San Giovanni Rotondo, Italy

^b “Gli Angeli di Padre Pio”, Padre Pio Rehabilitation Centres Foundation, San Giovanni Rotondo, Italy

^c Department of Internal Medicine, Gastroenterology and Hepatology, Alcohol Use Disorder Unit, Catholic University of Rome, Rome, Italy

E-mail address: a.mirijello@operapadrepio.it (A. Mirijello).

* Corresponding author at: Department of Medical Sciences, IRCCS Casa Sollievo della Sofferenza Hospital, v.le Cappuccini, 71013 San Giovanni Rotondo, Italy.

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