

Tests for Gluten Sensitivity

**Please note that this information offered as educational information only. It is not to be used in place of medical treatment by a qualified medical practitioner.*

There are a variety of tests that can help you decide if you should consider eliminating gluten from your diet. There are invasive and less invasive types of tests. Please consult your physician to determine which testing method is the one to do for your situation.

Genetic Testing

These tests are looking for the HLA-DQ2 and 8 genes. If you do have these genes, it does not prove you have Celiac, but does indicate that you have the genetic foundation to develop it at some time in the future. Note: it still is not clear what triggers the onset of Celiac disease, though often it occurs after another illness or trauma of some kind.

Not having these particular genes does not mean you do not have a problem digesting gluten as you have an allergy to gluten that is not based on those genes. Recent studies indicate that perhaps as much as 30% or more of the population may have some type of non-celiac sensitivity to gluten.

The following methods can be used to look for gluten sensitivity with various pros and cons and levels of

accuracy. Please work with your doctor or health care provider to decide which may be appropriate for your individual situation. And if you suspect you may have Celiac disease, please make sure to be tested before giving up gluten or it may be very difficult to get an accurate diagnosis in the future.

Elimination Diet

Remove the gluten (including all the hidden sources) from the diet. Best is for a 6 month period as it can take a while to heal the damage to get a true reaction when reintroducing gluten. Many gluten sensitive people will feel an improvement fairly quickly. It is also a good idea to pull out the major allergens at the same time as many people with gluten sensitivities have gut damage and will react to many other foods like eggs and dairy as well.

After the period of elimination then only one food at a time is introduced during a period of three days as reactions are observed. If no reactions show up then you may add one more food and watch for any reactions for another three days.

Some people may find that they will be able to see reactions after a much shorter period of elimination especially with non-Celiac sensitivities.

Stool Test – Enterolab

<https://www.enterolab.com/staticpages/testinfo.aspx#>

[stool gluten sensitivity](#) about \$100 for the single test and \$250-\$300 for a panel of several different indicators.

Tests for IgA the presence of antibodies to gluten in the stool that shows the body is having an autoimmune reaction to the presence of gluten. This can be an early indicator of gluten sensitivity before severe gut damage has been created.

Pros:

- Non-invasive testing method
- Said to be an early indicator that can show up before extensive gut damage has occurred
- No needles necessary
- Can be done in the privacy of your home
- No prescription or doctors order are needed
- Is useful for both children and adults

Blood Tests

There are 6 tests that should be considered to look for the possibility of Celiac Disease.

There are a total of 6 tests that can be run for Celiac disease.

Anti-Gliadin (AGA) IgA

Anti-Gliadin (AGA) IgG

Anti-Tissue Transglutaminase (tTg) IgA

Total Serum IgA
Anti-Tissue Transglutaminase (tTg) IgG
Endomesial Antibody (EMA) IgA

Note that AGA is simply the abbreviation for Anti-Gliadin antibody, tTg is for Tissue transglutaminase and EMA for Endomesial antibody. The tests with IgA test for the IgA antibody in the system. The IgG tests test for IgG antibodies in the system. The most indicative tests of Celiac are the tTg-IgA and the

What is often referred to as the “Celiac Disease Panel” consists of the first 4 tests above. These are the “standard” tests that should always be run to test for Celiac disease. Total Serum IgA is critical to include. This will tell you if the body is able to produce IgA antibodies. Some people (10% of the population) can't produce the IgA antibodies and are considered IgA deficient. If you cannot produce IgA antibodies, the IgA tests above will never come back positive for Celiac disease, even if you have Celiac disease. Therefore, it is important to have the IgG numbers.

They usually only run Total Serum IgA indicates a deficiency and/or if the AGA IgG is the only one that is abnormally high. The EMA is very sensitive for CD. However, it is a test that is more difficult to read – meaning that you have to have an experienced lab tech reading the results or there could be an error. The tTg-IgA test is more “mistake proof” in the lab and cheaper to do, so it has become more of the standard instead of the EMA. You can have both done, but it isn't necessary.

Special note for testing young children: The total IgA is not really considered accurate until the age of 4 or so when those results come back, a diagnosis of IgA deficiency would not be made if the child was under that age.

I recommend that you work with your doctor or health practitioner but I believe that Cyrex labs provides a large Celiac blood panel.

Endoscopy

This has been the “gold standard” of testing for Celiac disease. This procedure takes a small biopsy of the lining of the small intestine and examines it to determine if there is villous atrophy. Unfortunately the diagnosis of Celiac disease is interpreted as total villous atrophy so the diagnosis may come back as negative if the damage is not severe or if they happen to take a sample from an undamaged area though there may be damage in another spot. Also, as you can imagine this is a very invasive test.

Capsule Camera “Endoscopy”

This is a new test where the patient swallows a tiny camera that takes pictures as it travels through the digestive system. These images are then studied to look for damage. The advantage of this is two fold. First it is less invasive than the traditional endoscopy and second it provides multiple images so more area can be evaluated.