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# "Coeliac disease and nutrition in Switzerland – an assessment"

Recommendations of the Federal Commission for Nutrition (FCN)

### Diagnostics

Coeliac disease continues to be an underdiagnosed condition whose clinical presentation may vary considerably. Physicians in all medical fields have to be continually sensitised to this condition in continuing and advanced education. Today, coeliac disease can be reliably detected on the basis of the classic symptoms and the serological test, but the diagnosis should continue to be corroborated through a biopsy of the small intestine.

### Care

Treatment of coeliac disease consists of a lifelong, completely gluten-free diet. Towards this aim, a nutritional counsellor FH/HF (licensed by a university of applied sciences) provides intensive training after the correct diagnosis has been made. Long-term care of this chronic disease belongs into the hands of experts who have sufficient practical experience (number of cases) and are also academically competent (continual advanced education). For the purposes of multi-professional care, qualified personnel trained in psychology and competent in social counselling should be available to back up the physician and the nutritional counsellor in special cases.

### Nutrition

Adherence to a lifelong gluten-free diet, as recommended for coeliac patients, puts fairly high demands on them, if the diet is to be qualitatively as well as quantitatively adequate. The situation is exacerbated by the availability of merely some general recommendations and guidelines, whilst the diet has to be customised to the patients' specific needs. Individual counselling and care by a competent, licensed nutritional counsellor is, therefore, of particular importance to persons affected by coeliac disease. The nutritional counsellor supports the patient in the individualised implementation of the general guidelines and advises on specific details, including the purchase of suitable foods (e.g. how to interpret declarations).

A gluten-free diet, in essence, follows the guidelines of the Swiss Society of Nutrition's food pyramid, as does the diet of all adults. The adequate supply of dietary fibre merits special attention,

since most cereal products don't qualify as a source. Everyday practice has shown that the carbohydrate intake of coeliac disease patients tends to be lower than recommended and the energy supply is compensated through fat. The quality of the ingested fats, particularly the proportion of unsaturated fatty acids, is of particular note in this context. Micronutrient consumption should be checked annually during medical examinations and, in case of deficiency symptoms, substituted in therapeutic doses or prescribed as an individualised supplement to the regular diet.

## About the patient

The patient organisation Interessengemeinschaft Zöliakie (Coeliac Disease Syndicate) serves as the foremost information centre for coeliac disease patients in all parts of Switzerland. This organisation needs to be strengthened further; it deserves the recognition and support of the authorities in charge of health policy.

Even though coeliac disease is a very well-studied condition and substantial knowledge about its pathogenesis and pathophysiology exists, there is still a significant research deficit – even in Switzerland – regarding epidemiology and treatment quality. In accordance with its mission as the institution in charge of health policy, the Federal Office of Public Health is in a position to provide impulses in this regard and, where appropriate, support corresponding research projects or see to it that such projects can be initiated – provided that they fit in with the national research strategy and the necessary financial resources are available.

The food industry, food distributors and the restaurant sector need to be sensitised to coeliac disease and its effects on patients' everyday life, and they need to be familiarised with the proper implementation of their labelling and disclosure obligations.