Celiac Disease and Obesity

By Margaret MacKrell Gaglione, M.D., FACP

Linking a malabsorptive gastrointestinal illness with the No. 1 health problem facing the U.S. seems rather odd at best. These two illnesses may, however, play a strange duet. The diagnosis of celiac disease may often be not even considered as part of the differential diagnosis in an obese patient with abdominal pain and diarrhea because the patient's corpulent appearance may belie the lurking nutritional deficiencies. Further, if good nutritional and behavioral modification does not accompany the treatment of celiac disease, once the patient's gut is no longer affected by the presence of the wheat antigen, they will often gain even more weight.

To review, celiac disease is an acquired or inherited inflammatory disease of the small intestine, characterized by malabsorption, and precipitated by the ingestion of gluten-containing foods such as wheat, rye and barley in genetically predisposed individuals. The prototypical lesion on biopsy shows the absence of absorptive villi, hyperplasia of enteric crypts and increased presence of lymphocytes. Three-fourths of patients respond very quickly (generally, within several weeks) with complete abstinence of gluten-containing foods.

Patients with celiac disease may present with loose stools to frank diarrhea, flatulence, fatigue, abdominal distention, dermatitis herpetiformis, angular cheilitis and apthous ulcers. Patients may also demonstrate nutritional deficiencies, particularly B12, vitamin E, folate and iron, hypokalemia, vitamin-D deficiency, elevated aminotransferase and alanine aminotransferase.

Fortunately, for many, restriction of all gluten leads to dramatic improvement in symptoms. Improvement of the intestinal mucosal lining leads to improved intestinal nutritional absorption and intestinal defense function. Unfortunately, for some, this resolution of intestinal leakiness leads to weight gain. This may occur because of improved absorption of calories, but may also occur because patients may take the dietary restriction to mean that portion control for the "OK" foods is not necessary. In other words, they believe there is no reason to measure the portions of corn, rice or meat that they eat.

Patients with celiac disease can learn to manage both their malabsorptive disease and their weight. As patients learn to read labels to look for gluten additives, encourage them to increase their use of natural and whole foods, particularly fruits and vegetables, and they will already be on their way to journaling their food intake and understanding calorie consumption.

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