



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

Psychological Factors Related to Celiac Disease in Pediatric Populations

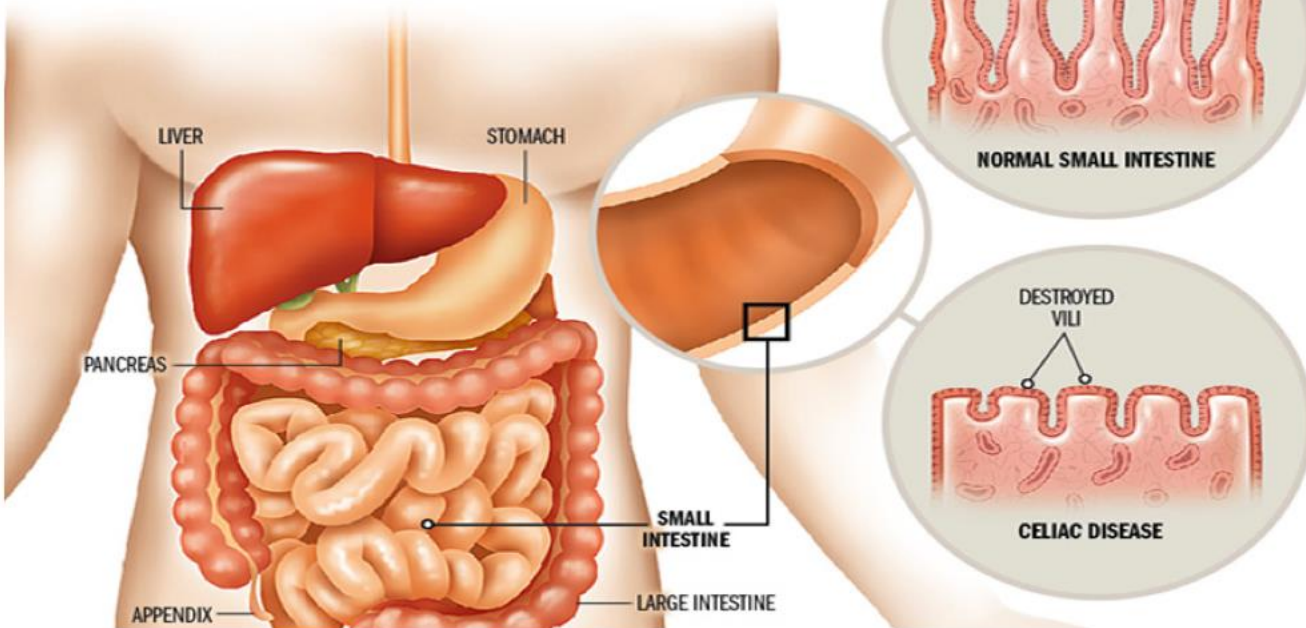
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Celiac Disease

Damage from celiac disease

In a healthy small intestine, tiny hairlike projections called villi absorb nutrients from food. When people with celiac disease eat foods containing wheat, barley, or rye, the body's immune system attacks the gluten proteins. This immune response also destroys the villi, leading to nutritional deficiencies.



- Genetic, autoimmune condition – permanent intolerance to gluten (protein commonly found in wheat, rye and barley, but can also be found in medications, cosmetics, etc.)
- Causes inflammation of small intestine and interferes with absorption of nutrients

Celiac Disease


- (More than 200 possible symptoms)
- **Behavioral/Psychiatric**
 - Depression
 - Anxiety
 - “Brain fog”
 - ADHD symptoms
- **Neurological**
 - Seizures
 - Migraines
 - Peripheral neuropathies
- **Autoimmune**
 - Type 1 diabetes
 - Hypothyroidism
 - Rheumatoid arthritis
 - Fibromyalgia
- **Gastrointestinal**
 - Diarrhea
 - Appetite change
 - Constipation
 - Bloating
 - Vomiting
 - Ulcers
- **Nutritional**
 - Weight loss
 - Stunted growth
 - Poor weight gain
- **Skeletal**
 - Osteoporosis
 - Joint, bone, muscle pain
 - Dental enamel defects

Psychologists and Celiac Disease

- **Identify patients in need of medical care**

- Psychologists may be the first point of contact for patients with undiagnosed Celiac Disease
- Consider Celiac Disease in differential during evaluation and treatment
- For patients with diagnosed Celiac Disease, consider referral for medical evaluation if somatic symptoms persist despite strict adherence to gluten-free lifestyle

- **Collaboration**

- Medical provider  Patient/Family
Psychologist

Psychologists and Celiac Disease

- **Psychosocial challenges related to Celiac Disease**

- Adjustment to Diagnosis
- Possible comorbid psychiatric symptoms
- Adherence to a gluten-free lifestyle



Celiac Disease specific skills

- e.g., reading nutrition labels, asking questions about food safety, planning and food preparation



Adaptive coping

- e.g., feeling identification and expression, emotional regulation and problem solving

Psychologists and Celiac Disease

- **Psychosocial challenges related to Celiac Disease**
 - Family
 - **Parents**
 - **Siblings**
 - **Extended family**
 - Friends and Activities
 - Help patients stay **as engaged as possible** while staying safe
 - **Foster social skills** – communication, managing difficult social situations
 - School
 - **504 plan**
 - Close communication and collaboration with **school staff**

Connecting With Resources

- **For patients and families**

- **Education about Celiac Disease** and Gluten-free Lifestyle
- **Shopping guides, recipes, college guides, support groups**, camps, cooking classes, gluten-free expos, conferences
 - **Celiac Disease Program at Children's National Health System**
(<http://childrensnational.org/departments/celiac-disease-program>)
 - **North American Society of Pediatric Gastroenterology, Hepatology and Nutrition** (NASPGHAN; <http://www.naspghan.org//files/documents/pdfs/medical-resources/celiac/CeliacGuidelineSummary.pdf>)
 - **Celiac Disease Foundation** (<http://celiac.org/>)

- **For providers**

- Education about Celiac Disease and mental health
- **Knowledge of gluten-free lifestyle** and associated challenges, **resources** to offer patients and families
 - **Celiac Disease and Gluten-Related Conditions: Psychological Health Training Program**
(http://glutenfreeguide.org/ebook/#t=FINAL_Celiac_Disease_and_Gluten_Related_Conditions_Psychological_Health_Training_Manual_01.htm)



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