

David Geffen School of Medicine

(1) Department of Medicine, David Geffen School of Medicine, UCLA (2) Celiac Disease Program, Vatche and Tamar Manoukian Division of Digestive Diseases,

BACKGROUND

- A gluten-free diet (GFD) is the mainstay of therapy gluten-associated disorders (GAD), and non-adhered associated with worse outcomes and decreased qu life
- Previous studies have identified disordered eating up to 50% of adolescent and adult females with cel disease (CD)
- Case studies have described reduced adherence to individuals with comorbid CD and DE
- The UCLA Celiac Collective is a large e-cohort of su with self-reported GAD who complete various asses tools

AIM

- Our aim was to assess the prevalence of comorbid a broader population to include:
 - Adults regardless of gender
 - Other GAD in addition to CD

METHODS

- **Design**: cross-sectional
- **Population:** subset of adult patients recruited to T Celiac Collective, 2022
- **Assessment Tools:**
- Celiac Dietary Adherence Test (CDAT)
- Celiac Symptom Index (CSI)
- Patient-Reported Outcomes Measurement Inform System (PROMIS-29): depression, anxiety, fatigu interaction satisfaction
- Eating Disorder Examination Questionnaire 6.0
- Global score \geq 2.3 indicative of clinically mean disordered eating in patients with CD
- Subscales measure eating restraint, eating cor shape concern and weight concern

DISORDERED EATING IN ADULTS WITH GLUTEN-ASSOCIATED DISORDERS: THE UCLA CELIAC COLLECTIVE

Janelle E. Smith RD², Anna H. Lee MD¹, Nancee Jaffe RD², Sonya Dasharathy MD¹, Lucia Chen MS¹, Guy A. Weiss MD^{1,2}

	Figure 1. Frequency of DE in our population						
/ for rence is uality of	Table 2. EDE-Q subscales in our population v general population						
, (DE) in	No Yes 48. 51. 20/ 8%			Our San (Mean,	_	General Population (Mean, SD)	p-value
eliac	2% 8%	Rest	raint	1.48 (1	L.47)	1.25 (1.32)	0.39
to GFD in		Eatir	ng Concern	0.61 (1	L.07)	0.62 (0.86)	0.97
		Shap	e Concern	1.55 (1	L.69)	2.15 (1.60	0.059
subjects essment		Weight Concern		1.25 (1.53)		1.59 (1.37)	0.22
		Glob	al Score	4.65 (4	1.98)	1.55 (1.21)	0.003
	Table 1. Factors related to disordered eating presence						
	Disordered Eating Presence p-valu						p-value
id DE in			No (n=	13)	Y	′es (n=14)	_
	GAD Diagnosis						
	Celiac disease Dermatitis herpetiformie Non-celiac gluten sensitivity		0 (0%)		12 (85.7%) 1 (7.1%) 1 (7.1%)		-
	GFD Adherence (CDAT)						
			9.6 (2	.4)		13.8 (3.8)	0.02
The UCLA	Celiac Disease Activity (CSI)						
			26.9 (7	7.3)		39.4 (8.1)	0.004
	Active Disease Moderate Disease Control Disease Remission		0 (0.0%) 2 (25.0%) 6 (75.0%)		3 (25.0%) 7 (58.3%) 2 (16.7%)		- - -
rmation	PROMIS-29 Categories						
gue, social	Anxiety Depression		5.6 (1.9) 4.8 (1.7)		8.3 (2.8) 7.5 (3.5) 8.2 (2.0)		0.026 0.049
0		Sleep tigue	8.6 (3 7.4 (2			8.2 (3.0) 12.2 (2.9)	0.761 0.002
ningful	Social Interac		14.8 (1 5.9 (2	í.3)		10.3 (3.1) 8.0 (4.5)	<0.001 0.342
oncern,	Data represent score moans (standa	rd dovid	ation) unless of	nerwise ne	ted		
	Data represent score means (standard deviation) unless otherwise noted. 1 Reported by frequency						

- More than 50% of participants with GAD have significant DE
- Individuals with GAD have higher global EDE-Q scores compared to the general population
- Worse GFD adherence correlates with higher EDE-Q score, which was statistically significant in the eating concern domain with a trend for restraint, shape concern, and weight concern domains, and global score
- Participants with comorbid DE have worse symptom severity and higher prevalence of depression and anxiety
- Severity of DE is also associated with comorbid fatigue and decreased social interaction satisfaction
- Prevalence of DE in individuals with GAD is similar to prevalence of DE in those with CD
- This study is the first to show that adults with comorbid GAD and DE have worse disease activity and psychological distress
- Our preliminary results support previous studies associating DE with GFD non-adherence
- Providers are advised to screen for DE in their GAD population
- Two new tools available for screening DE recently validated in this population: CDFAB and Fear of Food Questionnaire
- adolescents with coeliac disease using maladaptive eating behaviours to manage a gluten-free diet: a cross-sectional, mixed methods study. J Human Nutrition Diet 32(3):311-20. disease. Pyschosomatics 49(5):399-406. predictors of disordered eating in women with celiac disease.
- 1) Cadenhead et al 2019. Diminished quality of life among 2) Karwautz et al 2008. Eating pathology in adolescents with celiac 3) Satherly, Howard and Higgs. 2016. The prevalence and Appetite 107; 260-267.



UCLA Health

RESULTS

DISCUSSION

REFERENCES