

GPMP and TCA – Coeliac disease in Children

ITEM: GP prepares GPMP (721)
 GP prepared TCA (723)

GP REVIEWS GPMP (732)
 GP REVIEW TCA (732)

PATIENT DETAILS:	GP DETAILS:
<<Patient Demographics:Full Details>>	<<Doctor:Full Details>>

DATE PREPARED: <<Miscellaneous:Date (short)>>

Does a current GP management plan or Team care arrangement already exist? <<Does a GPMP or TCA already exist >>

If so, with whom? _____

Is patient eligible for Veterans Affairs? <<Is this patient eligible for DVA >> <<Patient Demographics:DVA Number>>(A copy will be made available to DVA upon request)

PROBLEM LIST:

<<Clinical Details:History List>>

ALLERGIES:

<<Clinical Details:Allergies>>

CURRENT MEDICATIONS:

<<Clinical Details:Medication List>>

REASON FOR GPMP and/or TCA/ CURRENT STATUS:

<<Reason for GPMP / TCA / Current Status>>

To establish a diagnosis of coeliac disease it is important to record the following:

1. **Small intestinal biopsy (gold-standard for diagnosis)** demonstrating villous atrophy, crypt hyperplasia and intraepithelial lymphocytosis, with date;
and
2. **Coeliac serology** (tissue transglutaminase (tTG) and/or deamidated gliadin peptide (DGP) antibody and/or anti-endomysial (EMA) antibody) that is positive prior to treatment, with date. Note that false negative results occur in 10-15%. False positive results can also occur, making the biopsy mandatory. The traditional anti-gliadin antibody test (AGA) has poor accuracy and has been replaced in most labs by the DGP.

Note: **HLA-DQ2/8 genotyping** showing presence of at least one of the coeliac susceptibility genes HLA-DQ2.5, HLA-DQ2.2, or HLA-DQ8 is supportive of coeliac disease but has poor positive predictive value, therefore definitive diagnosis rests on small intestinal histology. Conversely, a negative result effectively excludes coeliac disease.

Note: Guidelines have been established to diagnose coeliac disease in children based on positive serology and HLA genotype alone (Husby et al, JPGN 2012). The criteria are: (i) child with suggestive symptoms of coeliac disease, AND (ii) strong positive transglutaminase antibody (titre greater than 10X upper limit of normal) AND a positive anti-endomysial antibody test on a separate blood collection, AND (iii) consistent HLA genotype (HLA-DQ2.5 and/or DQ8). These criteria may be acceptable for a formal diagnosis but only in consultation with a specialist paediatric gastroenterologist.

If criteria for a formal diagnosis have not been satisfied, refer to a specialist gastroenterologist before claiming a Coeliac GPMP.

GP Management Plan/Team Care Arrangement

(Delete TCA if not required)

Issue/Health need	Goal- changes to be achieved	Actions/ Tasks/Services	Service Provider Responsible for treatment/services
1. General:			
Assist in patient's knowledge and management of coeliac disease	Patient to have good control & minimal complications of coeliac disease.	Education, evaluation and review of the patient, and education of the parents/carers.	GP / Educator
2. Disease specific care:			
Dietary compliance and nutrient assessment	Maintain strict gluten free diet that is nutritionally balanced and appropriate for age.	GP/nurse to assess diet and refer for specialist dietary education and evaluation.	Patient GP/ Educator/ Dietitian
Coeliac disease activity (symptoms, serology) <i>Note: A strict gluten free diet with resolution of symptoms and normalisation of serology is strongly predictive of good mucosal healing in coeliac children. A follow-up gastroscopy is not routinely required to confirm healing unless there are concerns of persistently active disease e.g. ongoing symptoms.</i>	Control of coeliac-related symptoms e.g. GI upset (bloating, diarrhoea, constipation, pain), lethargy, weight loss, headaches by 3-6 months of treatment and controlled thereafter.	GP to review 4 monthly for first year, then annually thereafter. If persistent symptoms after 6 months on gluten free diet, refer to dietitian for assessment of gluten-free diet. Consider referral to specialist to exclude other causes for symptoms.	Patient GP/Educator Dietitian Gastroenterologist
	Normalisation of transglutaminase (tTG)-IgA and deamidated gliadin peptide (DGP)-IgG antibodies by 12 months on gluten free diet and controlled thereafter.	GP to check 4 monthly for first year and annually thereafter. If elevated after the first year, consider dietary gluten exposure and refer to dietitian for assessment of gluten free diet adequacy.	GP Dietitian
Complication screening <i>Consider:</i> Nutrient deficiencies Type 1 diabetes Autoimmune thyroid disease Autoimmune liver disease Osteoporosis <i>Be mindful of other complications such as:</i> Sjogren's syndrome Pernicious anaemia Rheumatoid arthritis Addison's disease	Normal values for: Ferritin Active B12 Folate Vitamin D	GP to check 4-6 monthly for first year and annually thereafter. Replace nutrients as required (dietary changes and/or supplements).	GP Dietitian Patient
	Normal values for: TSH LFTs FBE/UEC Fasting glucose levels	GP to check 4 monthly for first year and annually thereafter. If TSH abnormal consider referral to endocrinologist. If LFTs abnormal consider referral to gastroenterologist.	GP Endocrinologist Gastroenterologist
	Normal bone density (BMD)	GP or gastroenterologist to consider a DEXA scan if diagnosis is not made before puberty and if there is evidence of substantial malabsorption or a fracture history or other clinical concern about reduced BMD. Vitamin D and calcium intake to be encouraged if BMD lowered. GP to refer to endocrinologist if osteoporosis present.	GP Gastroenterologist Endocrinologist
Coeliac Society membership	Current membership of Coeliac Australia.	GP or specialist to provide a confirmatory letter for initial membership. GP/nurse/ educator to encourage maintenance of membership.	GP / nurse
Immunisation	Ensure vaccination is up to date as per the current Immunisation Schedule.	GP / nurse to provide vaccination or refer to local council service.	GP / nurse
Family screening	All first-degree relatives to be screened for coeliac disease (irrespective of symptom status) with serology +/- HLA.	GP/nurse to recommend patient advise relevant family members to be screened.	GP / nurse
Mental wellbeing	Coping with diagnosis including demands of gluten-free diet and lifestyle	GP / Mental health nurse to assess psychological impact of coeliac disease on patient and	GP Mental Health Nurse Psychologist

	changes.	refer to clinical psychologist for counseling if necessary.	
3. Medication review:	Correct use of medication and ensuring they are gluten-free.	Patient education Review medications	GP Pharmacist Consulting Pharmacist
4. Growth: Height and weight	Meeting appropriate age-related percentiles for weight, growth and pubertal development	GP and/or maternal health care nurse to measure	GP / nurse

I have explained the steps involved in the GPMP outlined above and <<Patient Demographics:Full Name>> has agreed to proceed. **Date completed:** <<Miscellaneous:Date (long)>>

SUGGESTED REVIEW DATE: <<Date of Next GPMP Review>>

Copy of GP Management Plan given to patient: <<Copy to patient >>

Copy of relevant GP Management Plan given to providers with patient consent: <<Copy to other providers with consent>>

Copy GP Management Plan added to patient record: Yes

This completes the GP Management plan

Team Care Arrangement

PATIENT AGREEMENT TO PROCEED WITH TEAM CARE ARRANGEMENT:

I have explained the steps involved in the team care arrangements below and <<Patient Demographics:Full Name>> has agreed to proceed and to share clinical information without/with restrictions (identify)

Practitioner: <<Doctor:Name>>

Date: <<Miscellaneous:Date (short)>>

TEAM MEMBERS: (Note. Remember to type in the details of all team members here - Minimum team of 3.)
(All details must be recorded "See GP Management Plan" is not satisfactory as they are different documents

Name and contact details of Service Providers	Type of Service	Required treatment and services including patient actions	Discussion and agreement of goals with provider
<<Doctor:Full Details>>	General Practice Assistance with achieving and maintaining optimal health.	Coordination of care by regular assessment, treatment, referral and review	Yes
<<Full Details>>	Dietitian Assistance with obtaining optimal nutrition and gluten free diet.	Provision of appropriate dietary and food handling advice, review & support of patient and carer	Yes
<<Full Details>>	Gastroenterologist Assistance with obtaining optimal gastrointestinal health and care of coeliac disease.	Examination, education, treatment and review of the patient in association with the GP.	Yes
<<Full Details>>	Pharmacist Consulting Pharmacist Assist the patient and carer with complex medication regimes, to avoid known drug interactions and adverse drug interactions.	To provide only gluten free medications. Provide advice on the appropriate use of medications, of known interactions with prescribed and non prescribed medication and keeping a record of previous medication and previous adverse reactions.	Yes
<<Full Details>>	Psychologist Assistance with obtaining optimal mental health.	Assessment, education and non-medication based treatment in association with GP.	Yes
<<Full Details>>	Physiotherapist	If required, to provide advice explanation, specific exercises and activities to obtain optimal fitness, pain free mobility, strength and balance.	Yes

SUGGESTED REVIEW DATE: <<Date of TCA review>> No less than 14 weeks

Has a copy of Team Care Arrangement been given to other providers with patient consent? <<Copy to other providers with consent>>

Has a copy of Team Care Arrangement been added to patient record? Yes

Have Referral Forms for Medicare and Allied Health care services been completed? <<Are there referral forms for Allied Health?>>