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Editorial

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Consume gluten free products Logan Barbeau*

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DESCRIPTION

During the past decade there has been a powerful increase in popularity of the diet (GFD)-now the foremost trendy alimentary habit within the US and other countries. Consistent with recent surveys, as many as 100 million Americans will consume gluten-free products within a year. Operating under the concept that the GFD benefits only individuals with disorder, health care professionals have struggled to separate the wheat from the chaff; there are claims that eliminating gluten from the diet increases health and helps with weight loss, or perhaps that gluten will be harmful to each soul. However, except unfounded trends, a disorder associated with ingestion of gluten or gluten-containing cereals, namely nonceliac gluten sensitivity (NCGS), has resurfaced within the literature, fueling a debate on the appropriateness of the GFD for people without upset. Although there's clearly a fad component to the recognition of the GFD, there's also undisputable and increasing evidence for NCGS.

Unlike for upset, no genetic predisposing factors for NCGS are identified up to now. The disease mechanisms also remain to be elucidated. Experimental data suggest the possible role of an abnormal, wheat-induced innate response, moreover as alterations in small intestinal permeability resulting in excessive absorption of gluten-derived peptides. Since no validated diagnostic biomarkers are identified, the diagnostic protocol relies on establishing a transparent link between gluten ingestion and also the appearance of symptoms. The most goals of diagnosis are evaluating the patient's clinical response to a diet and assessing the results of gluten reintroduction.

Clinical picture and natural history

NCGS is characterized by symptoms that typically occur soon after gluten ingestion, disappear with gluten withdrawal and relapse following gluten challenge, within hours or few days. The "classical" presentation of NCGS may be a combination of IBS-like symptoms, including abdominal pain, bloating, bowel habit abnormalities (either diarrhea or constipation), and systemic manifestations like "foggymind", headache, fatigue, joint and muscle pain, leg or arm numbness, dermatitis (eczema or skinrash), depression, and anemia. When seen at the specialty clinic, many NCGS patients already report the causal relationship between the ingestion of gluten-containing food and worsening of symptoms. In children, NCGS manifests with typical gastrointestinal symptoms, like abdominal pain and chronic diarrhea, while the extra-intestinal manifestations seem to be less frequent, the foremost common extra-intestinal symptom being tiredness. During the last decade, several studies suggested a relationship between NCGS and neuropsychiatric disorders (see following paragraphs). While it's undisputable that in some cases the positive effect of gluten withdrawal is explained by a event, this is often not the case in true NCGS. In an exceedingly double-blind randomized placebo-controlled study design, Biesiekierski et al. found that IBS-like symptoms of NCGS were more frequent within the gluten-treated group (68%) than in subjects on placebo (40%). Furthermore a recent study found no significant differences between CD and NCGS patients regarding personality traits, level of somatization, quality of life, anxiety, and depressive symptoms. The somatization level was low in both diseases.

Ncgs patients

No major complication of untreated NCGS has to date been described; especially autoimmune comorbidity, as observed in CD, has not been reported to this point. However, explanation data on NCGS are still lacking. Therefore it's difficult to draw firm conclusions on the end result of this condition.