

Breakthrough common nutrition myths, see what's trending, catch up on latest research, and get great tips from our team of Registered Dietitians.

MYTH

Everyone should eat a gluten-free diet.

FACT

A gluten-free diet is the only healthy way of eating for people with celiac disease or gluten sensitivity, but is not necessary for everyone else. Gluten is a type of protein found in grains like wheat, barley and rye, and any foods made with these grains. Unless you have celiac disease or a gluten sensitivity, or you are allergic to one of these grains, you don't need to avoid them. Whether the grain you choose is gluten-free (such as corn, rice, millet or quinoa) or not, enjoying more whole grains is a healthy choice. For good health, make at least half of your grain choices whole grain each day.



Celiac Awareness Month

Enzyme Therapy for Celiac Disease

The symptoms of celiac disease occur when undigested parts of the gluten proteins from foods cause an immune response, leading to damage to the small absorptive sites in the intestines (called villi). The damage to these villi means that there is poor nutrient absorption. Interestingly, there are some products on the market with enzymes said to help breakdown gluten. So, if an individual accidentally ate gluten, i.e. cross-contamination at a restaurant, there would be less of a reaction. There is some promising research with an enzyme called An-PEP; however, as of yet, a review of commercial enzyme supplements available on the market indicate that they are not effective at properly breaking down gluten. In summary, the only treatment for celiac disease is a strict gluten-free diet.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0128065>

<https://celiac.org/blog/2015/08/study-demonstrates-current-enzyme-supplements-for-celiac-disease-ineffective>

Celiac Screening & Diagnosis:

The Canadian Celiac Association recommends the measurement of TTG or EMA for the screening of celiac disease. Serum IgA also needs to be measured with these tests to rule out possible IgA deficiency. Unfortunately, not all provinces cover the laboratory screening for celiac disease (Ontario is not covered). The gold standard for diagnosis of celiac disease is an intestinal biopsy, as there is a 10% chance of a false positive result. Patients who test positive on the blood test, or negative with symptoms of celiac disease, should have an intestinal biopsy. A person must continue to consume gluten after testing positive on a blood test. According to the Canadian Celiac Association, the equivalent of one to four slices of gluten containing bread should be consumed every day until the endoscopy for the biopsy to be accurate.

http://www.celiac.ca/?page_id=896

What is Non-Celiac Gluten Sensitivity?

Following a gluten-free diet requires careful planning to ensure that it is nutritionally complete; of particular concern are iron, calcium, B-vitamins and fibre. Individuals who have been diagnosed with celiac disease must follow a gluten-free diet for life, as exposure to gluten causes damage to the villi in the small intestine.

On the other hand, there are individuals without celiac disease who experience gastrointestinal symptoms with

the ingestion of gluten without any damage to the small intestine; often, extra-intestinal symptoms (i.e. headache, migraine, foggy mind, fatigue, joint or muscle pain, leg or arm numbness, depression, anxiety) are also present. Due to the restrictive nature of a gluten-free diet, the potential for nutritional inadequacy, and the increased cost associated with the purchase of specialty products, undertaking a gluten-free diet should be supported with the expertise and guidance of a Registered Dietitian. For individuals with non-celiac gluten sensitivity, there is some evidence to suggest that a low-FODMAP diet may be of greater benefit (for more information on FODMAP's, see the April 2016 edition of Nutrition Nibbles).

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406911/>

Food Allergy Testing: Did You Know?

Blood tests for food specific IgG are widely available through alternative practitioners and some pharmacies and medical doctors. Despite the lack of evidence, they are promoted as a reliable method to uncover hidden food intolerances and allergies. The Canadian Society of Allergy and Clinical Immunology strongly discourages the practice of using food specific IgG testing for identifying or predicting adverse reactions to food. There is no body of research to support the use of this test for those purposes. The literature currently suggests that the presence of specific IgG to food is a marker of exposure and tolerance to food, hence positive test results for food-specific IgG are to be expected. Therefore testing of IgG to foods is considered irrelevant and should not be performed in cases of food related complaints.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3443017/>

<http://onlinelibrary.wiley.com/doi/10.1111/j.1398-9995.2008.01705.x/full>

What's New About Food Allergies in Infants and Children?

In 2013, a joint statement from the Canadian Pediatric Society and the Canadian Society of Allergy and Clinical Immunology, and endorsed by Dietitians of Canada, provided an update on the timing of the introduction of allergenic foods. For infants at high-risk of developing a food allergy (i.e. those who have a parent or sibling with an allergic condition, such as atopic dermatitis, a food allergy, asthma or allergic rhinitis), the recommendation is to not delay the introduction of any potentially allergenic foods, as doing so does not reduce a child's risk of developing a food allergy. The statement also recommends that, once allergenic foods are introduced, it is important to continue to offer them regularly (i.e. several times per week) in order to maintain a child's tolerance. Furthermore, the statement notes that there is no evidence that avoiding potential food allergens during pregnancy and lactation helps to prevent the development of allergies in children, and thus women should be advised against unnecessarily restricting their diet.

<http://www.cps.ca/en/documents/position/dietary-exposures-and-allergy-prevention-in-high-risk-infants>

Oh Nuts! What About Peanut Allergy?

Previous research has shown that rates of peanut allergy are lower in parts of the world where peanuts are introduced into a child's diet at an earlier age. Furthermore, recent research has shown that the early introduction of peanuts to high-risk infants helps to prevent the development of peanut allergy. The LEAP-ON study has shown that among high-risk infants who consumed peanuts during the first 5 years of life, and then avoided peanuts for 12 months, there was no increase in the prevalence of peanut allergy as compared to those who continued to include peanuts in their diet during the 12 month period. Locally, McMaster University is involved in research looking at whether children with a peanut allergy can be desensitized to peanuts through prolonged, low-level exposure...stay tuned!

<http://www.nejm.org/doi/full/10.1056/NEJMoa1414850#t=articleTop>

<http://www.nejm.org/doi/full/10.1056/NEJMoa1514209>

[http://www.jacionline.org/article/S0091-6749\(08\)01698-9/fulltext](http://www.jacionline.org/article/S0091-6749(08)01698-9/fulltext)

<http://www.thestar.com/life/2015/02/25/new-studies-provide-hope-but-no-cure-for-peanut-allergy-sufferers.html>

Talk to your Registered Dietitian for more information.