

Recursos de ayuda en la toma de decisiones en la práctica clínica :
Uptodate, Dynamed, Fisterra, Access Medicine

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Para qué usarlo
Cómo usarlo

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O seu obxectivo é poñer a disposición dos usuarios información relevante para a toma de decisións na práctica clínica, na xestión, a docencia e a investigación, e fomentar a súa actualización.

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📄 Avisos

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08/06/2016 | Memoria Bibliosaúde 2015

14/04/2016 | V Xornada Bibliosaúde. As redes sociais no ámbito das ciencias da saúde

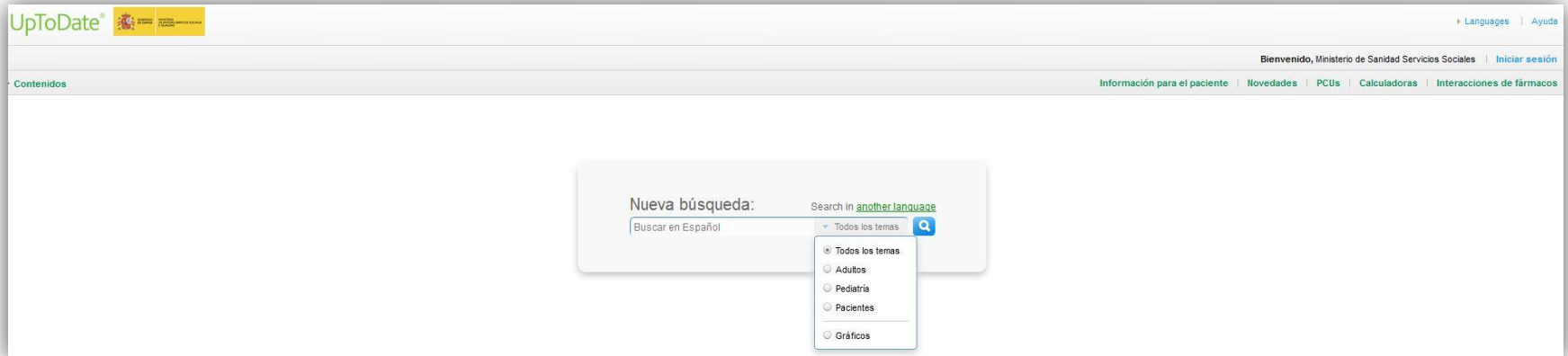


XUNTA DE GALICIA

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Qué es




Es una herramienta clínica, pensada para ayudar a tomar las mejores decisiones en la práctica clínica, mediante revisiones elaboradas por expertos y revisadas por pares, con recomendaciones basadas en las últimas evidencias de mayor calidad. Se complementa con imágenes y gráficos, calculadoras clínicas, información para pacientes, programa de formación continua(CME), Lexi-comp e interacciones farmacológicas, y práctica en ECG. Sus revisiones son exhaustivas y comprensibles. Pretende dar respuestas a dudas clínicas de forma fácil y rápida. Se sintetiza la información más relevante y ofrece específicas y prácticas recomendaciones para el diagnóstico y el tratamiento.


Para qué usarlo

- Para la práctica clínica del día a día y resolver dudas e incertidumbres
- Para estar al día en las nuevas investigaciones médicas que implican cambios en la práctica clínica
- Para actualizar conocimientos en medicina o cuidados
- Como base bibliográfica para localizar ensayos clínicos pertinentes y de calidad, revisiones sistemáticas o guías de práctica clínica
- Para preparar sesiones clínicas

Cómo usarlo. Especialidades

The screenshot shows the UpToDate website interface. At the top left is the UpToDate logo and a Spanish flag. The top right has 'Lenguajes' and 'Ayuda'. Below the logo is a search bar with 'Buscar en Español' and a dropdown menu for 'Todos los temas'. To the right of the search bar is a navigation menu with 'Contenidos', 'Información para el paciente', 'Novedades', 'PCUs', 'Calculadoras', and 'Interacciones de fármacos'. The main content area is titled 'Table of Contents' and includes a sub-header 'Specialties'. Below this, there is a paragraph: 'A subscription to UpToDate® includes access to over 10 000+ topics in over 22 specialties. Click on a specialty to view the list of topics.' The 'Contents' section lists 22 specialties in three columns: Practice Changing UpDates, What's New, Patient Information, Authors and Editors, Allergy and Immunology, Anesthesiology, Calculators, Cardiovascular Medicine, Dermatology, Drug Information, Emergency Medicine (Adult and Pediatric), Endocrinology and Diabetes, Family Medicine and General Practice, Gastroenterology and Hepatology, General Surgery, Geriatrics, Hematology, Hospital Medicine, Infectious Diseases, Nephrology and Hypertension, Neurology, Obstetrics, Gynecology and Women's Health, Oncology, Palliative Care, Pediatrics, Primary Care (Adult), Primary Care Sports Medicine (Adolescents and Adults), Psychiatry, Pulmonary and Critical Care Medicine, Rheumatology, and Sleep Medicine. A 'Print' link is visible in the top right corner of the content area.

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[Contents](#) > [Specialties](#) Print

Table of Contents

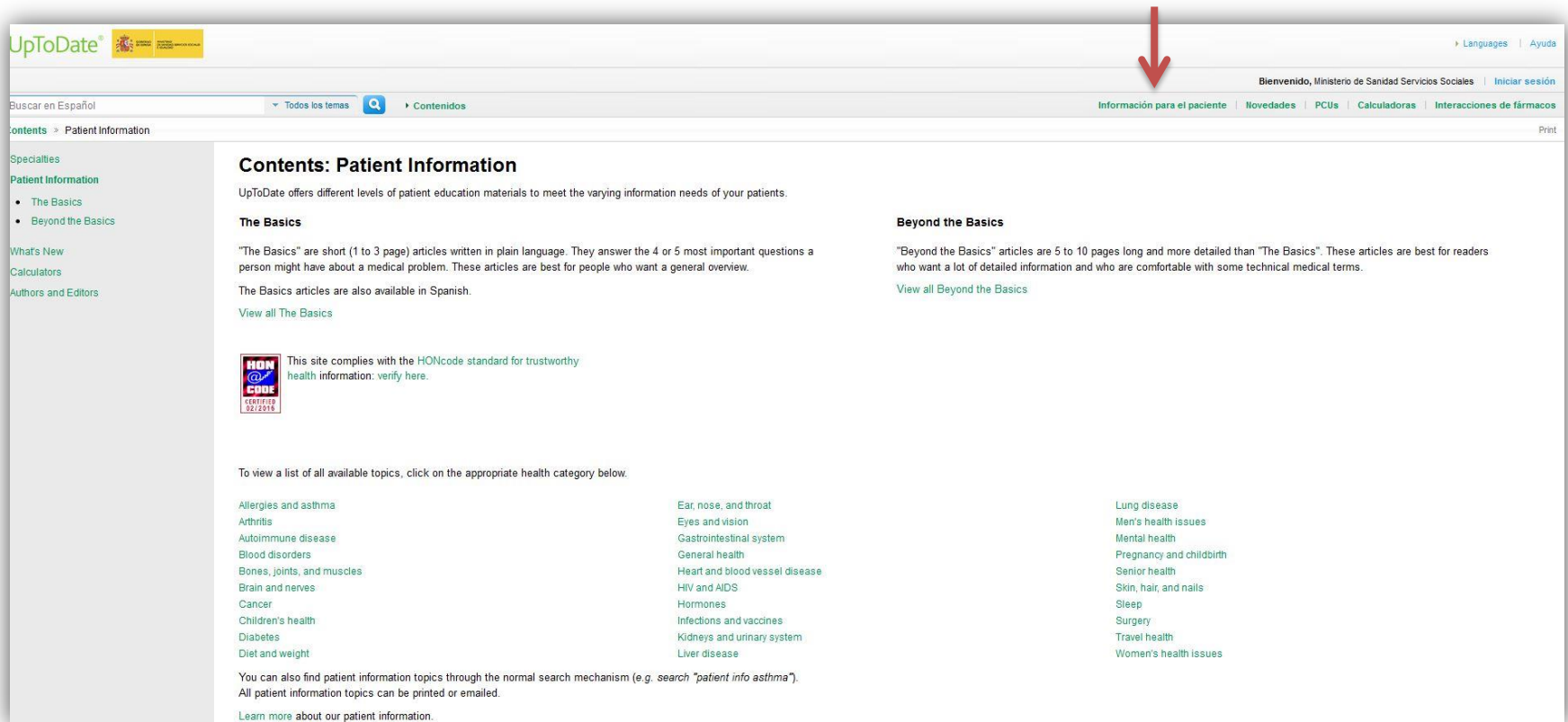
A subscription to UpToDate® includes access to over 10 000+ topics in over 22 specialties. Click on a specialty to view the list of topics.


Contents

Practice Changing UpDates	Endocrinology and Diabetes	Oncology
What's New	Family Medicine and General Practice	Palliative Care
Patient Information	Gastroenterology and Hepatology	Pediatrics
Authors and Editors	General Surgery	Primary Care (Adult)
Allergy and Immunology	Geriatrics	Primary Care Sports Medicine (Adolescents and Adults)
Anesthesiology	Hematology	Psychiatry
Calculators	Hospital Medicine	Pulmonary and Critical Care Medicine
Cardiovascular Medicine	Infectious Diseases	Rheumatology
Dermatology	Nephrology and Hypertension	Sleep Medicine
Drug Information	Neurology	
Emergency Medicine (Adult and Pediatric)	Obstetrics, Gynecology and Women's Health	

Cubre 22 especialidades

Cómo usarlo. Pacientes



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Print

Contents: Patient Information

UpToDate offers different levels of patient education materials to meet the varying information needs of your patients.

The Basics

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.


The Basics articles are also available in Spanish.

[View all The Basics](#)

Beyond the Basics

"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.

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 This site complies with the HONcode standard for trustworthy health information: [verify here](#).

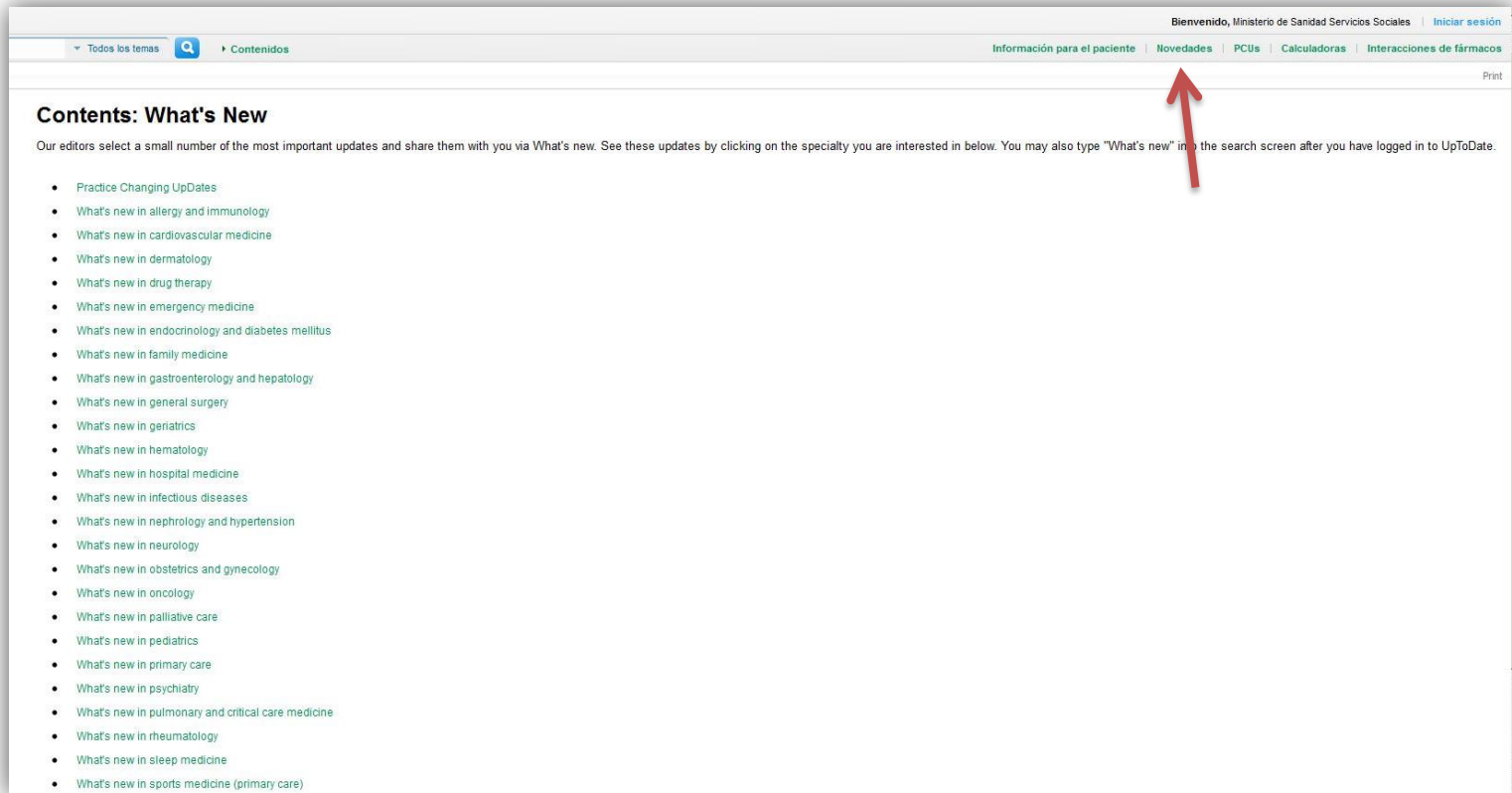
To view a list of all available topics, click on the appropriate health category below.

Allergies and asthma	Ear, nose, and throat	Lung disease
Arthritis	Eyes and vision	Men's health issues
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Blood disorders	General health	Pregnancy and childbirth
Bones, joints, and muscles	Heart and blood vessel disease	Senior health
Brain and nerves	HIV and AIDS	Skin, hair, and nails
Cancer	Hormones	Sleep
Children's health	Infections and vaccines	Surgery
Diabetes	Kidneys and urinary system	Travel health
Diet and weight	Liver disease	Women's health issues

You can also find patient information topics through the normal search mechanism (e.g. search "patient info asthma"). All patient information topics can be printed or emailed.

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Cómo usarlo. Qué es nuevo.



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Contents: What's New

Our editors select a small number of the most important updates and share them with you via What's new. See these updates by clicking on the specialty you are interested in below. You may also type "What's new" into the search screen after you have logged in to UpToDate.

- [Practice Changing UpDates](#)
- [What's new in allergy and immunology](#)
- [What's new in cardiovascular medicine](#)
- [What's new in dermatology](#)
- [What's new in drug therapy](#)
- [What's new in emergency medicine](#)
- [What's new in endocrinology and diabetes mellitus](#)
- [What's new in family medicine](#)
- [What's new in gastroenterology and hepatology](#)
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- [What's new in pulmonary and critical care medicine](#)
- [What's new in rheumatology](#)
- [What's new in sleep medicine](#)
- [What's new in sports medicine \(primary care\)](#)

Qué novedades hay

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Practice Changing UpDates

Topic Outline

- INTRODUCTION
- PEDIATRICS, ADULT PRIMARY CARE, FAMILY MEDICINE, INFECTIOUS DISEASES (August 2016)
- Inactive influenza vaccine for 2016-2017 season in northern hemisphere
- INFECTIOUS DISEASES (July 2016)
- Sofosbuvir-velpatasvir for all genotypes of chronic HCV infection
- ONCOLOGY, ADULT PRIMARY CARE (July 2016)
- Duration of adjuvant endocrine therapy for breast cancer
- ONCOLOGY (June 2016)
- Choice of adjuvant chemotherapy for resected pancreatic cancer
- ONCOLOGY (May 2016)
- No survival benefit from chemoradiotherapy after initial chemotherapy for locally advanced pancreatic cancer
- INFECTIOUS DISEASES (May 2016)
- Option for shortened MDR-TB regimen in updated WHO guidelines
- CARDIOVASCULAR MEDICINE (April 2016)
- Surgical revascularization in patients with coronary disease and left ventricular systolic dysfunction
- CARDIOVASCULAR MEDICINE (April 2016)
- Transcatheter versus surgical aortic valve replacement in intermediate risk patients with aortic stenosis
- INFECTIOUS DISEASES, ADULT PRIMARY CARE, FAMILY MEDICINE, EMERGENCY MEDICINE, HOSPITAL MEDICINE (March 2016)
- Indications for antibiotics in the management of skin abscess
- HEMATOLOGY (March 2016, Modified March 2016)
- Ibrutinib in older adults with newly diagnosed CLL
- PULMONOLOGY AND CRITICAL

Practice Changing UpDates

Author
H Nancy Sokol, MD

Contributor disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: Jul 2016. | **This topic last updated:** Aug 10, 2016.

INTRODUCTION — This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

PEDIATRICS, ADULT PRIMARY CARE, FAMILY MEDICINE, INFECTIOUS DISEASES (August 2016)

Inactive influenza vaccine for 2016-2017 season in northern hemisphere

- For the 2016-2017 influenza season in the northern hemisphere, we suggest inactivated influenza vaccine (IIV) rather than live attenuated influenza vaccine (LAIV) for the prevention of influenza in both children and adults ([Grade 2B](#)).

The effectiveness of seasonal influenza vaccines varies from season to season and is determined by a number of factors, including the match between circulating influenza strains and influenza strains in the vaccine. During the 2015-2016 influenza season, data from the United States Influenza Vaccine Effectiveness Network indicated that inactivated influenza vaccine (IIV) was 63 percent effective in preventing influenza in children, but live attenuated influenza vaccine (LAIV) was not effective [1]. Findings of poor or lower than expected LAIV effectiveness were also noted during the 2013-2014 and 2014-2015 seasons in the United States. These findings are inconsistent with studies sponsored by the manufacturer and studies from other countries that found LAIV was effective (ranging from 46 to 58 percent) during the 2015-2016 season [2-5]; however, LAIV was less effective than IIV in all of these studies [6]. In June 2016, the United States Advisory Committee on Immunization Practices (ACIP) voted to recommend that LAIV not be used during the 2016-2017 influenza season; this recommendation must be approved by the United States Centers for Disease Control and Prevention (CDC) director before it becomes CDC policy [1]. We suggest IIV rather than LAIV for the 2016-2017 influenza season in the northern hemisphere, while other countries have elected to continue using LAIV [2]. (See "[Seasonal influenza in children: Prevention with vaccines](#)", section on "[IIV versus LAIV](#)" and "[Seasonal influenza vaccination in adults](#)", section on "[Choice of vaccine formulation](#)")

INFECTIOUS DISEASES (July 2016)

Sofosbuvir-velpatasvir for all genotypes of chronic HCV infection

- For patients with chronic genotype 1 or 4 hepatitis C virus (HCV) infection, we suggest ledipasvir-sofosbuvir or sofosbuvir-velpatasvir ([Grade 2B](#)). For patients with chronic genotype 2 or 3 HCV infection, we suggest sofosbuvir-velpatasvir ([Grade 2B](#)). Depending on clinical factors, some patients with genotype 3 infection may also warrant the addition of ribavirin.

All-oral, direct-acting antiviral regimens for chronic hepatitis C virus (HCV) infection have proliferated over the past two years. Sofosbuvir-velpatasvir, a coformulated combination of an NS5B and an NS5A inhibitor, is the first such regimen that has high, well-established efficacy for all genotypes, even in patients with cirrhosis or prior treatment failure with interferon-based regimens [7-9]. This agent was approved by the US Food and Drug Administration in June 2016 and is now our preferred or one of our preferred regimens for adults with chronic HCV infection of any genotype because of its efficacy, simplicity of administration, and limited drug interactions ([algorithm 1](#) and [algorithm 2](#) and [algorithm 3](#) and [algorithm 4](#)). Sofosbuvir-velpatasvir is given for 12 weeks without ribavirin for genotypes 1, 2, 4, 5, and 6 infection. For genotype 3 infection, sofosbuvir-velpatasvir is also given for 12 weeks, but the addition of ribavirin may be warranted, depending on the presence of cirrhosis, the prior treatment history, and the presence of mutations associated with NS5A resistance. (See "[Treatment regimens for chronic hepatitis C virus genotype 1 infection in adults](#)", section on "[Selection of treatment regimens](#)" and "[Treatment regimens for chronic hepatitis C virus genotypes 2 and 3 infection in adults](#)", section on "[Selection of treatment regimen](#)" and "[Treatment regimens for chronic hepatitis C virus genotypes 4, 5, and 6 infection in adults](#)", section on "[Selection of treatment regimens](#)".)

ONCOLOGY, ADULT PRIMARY CARE (July 2016)

Duration of adjuvant endocrine therapy for breast cancer

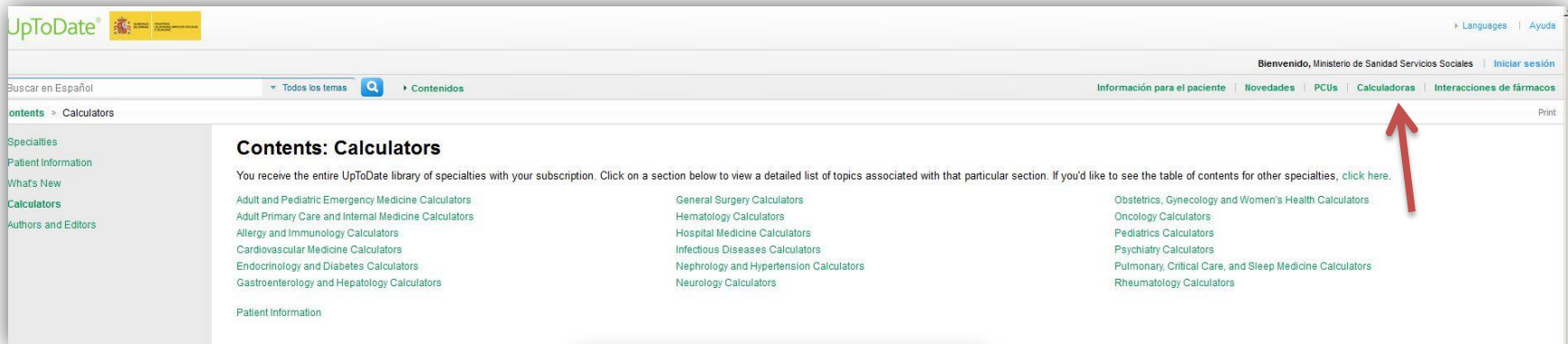
- For postmenopausal women with nonmetastatic hormone receptor-positive breast cancer who have completed a five-year course of an aromatase inhibitor (AI), we suggest continuing the AI for an additional five years ([Grade 2A](#)).

For postmenopausal women receiving adjuvant treatment with an aromatase inhibitor (AI) for hormone-positive breast cancer, the standard duration of treatment has been five years. However, data from the MA17R trial demonstrated that a longer course of treatment improves disease-free survival (DFS) [10]. Among approximately 1900 postmenopausal women who had completed four and a half to six years of therapy with an AI, treatment for an additional five years improved five-year DFS relative to those who received placebo (95 versus 91 percent). There was no difference between the groups in regards to overall survival. Bone-related toxic effects were more frequent among those receiving extended treatment. Based on these results, we now offer an additional five years of treatment to those who have completed five years of AI therapy. However, it is reasonable for women with low risk of recurrence who are concerned about the risks and toxicities of extended treatment to omit extended treatment after a risk-benefit discussion. (See "[Adjuvant endocrine therapy for non-metastatic, hormone receptor-positive breast cancer](#)", section on "[Duration of endocrine treatment](#)".)

ONCOLOGY (June 2016)

Actualizaciones que cambian la práctica clínica , clasificadas por especialidades

Cómo usarlo. Calculadoras



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Specialties
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Contents: Calculators

You receive the entire UpToDate library of specialties with your subscription. Click on a section below to view a detailed list of topics associated with that particular section. If you'd like to see the table of contents for other specialties, [click here](#).

Adult and Pediatric Emergency Medicine Calculators	General Surgery Calculators	Obstetrics, Gynecology and Women's Health Calculators
Adult Primary Care and Internal Medicine Calculators	Hematology Calculators	Oncology Calculators
Allergy and Immunology Calculators	Hospital Medicine Calculators	Pediatrics Calculators
Cardiovascular Medicine Calculators	Infectious Diseases Calculators	Psychiatry Calculators
Endocrinology and Diabetes Calculators	Nephrology and Hypertension Calculators	Pulmonary, Critical Care, and Sleep Medicine Calculators
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[Patient Information](#)

Contents: Cardiovascular Medicine Calculators

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- Calculator: Atrial fibrillation CHADS2 score for stroke risk
- Calculator: CHADS2-AScI risk stratification score for estimation of stroke risk for nonvalvular atrial fibrillation
- Calculator: Cardiovascular risk assessment (10-year, general cardiovascular disease, men, Framingham, 2008 paper)
- Calculator: Cardiovascular risk assessment (10-year, general cardiovascular disease, women, Framingham, 2008 paper)
- Calculator: Cardiovascular risk assessment (10-year, men, Patient information)
- Calculator: Cardiovascular risk assessment (10-year, women, Patient information)
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- Calculator: Temperature unit conversions
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- Calculator: Thrombolysis in Myocardial Infarction (TIMI) score for unstable angina or non ST elevation myocardial infarction
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- Calculator: Cardiac output
- Calculator: Cardiovascular risk assessment (10-year, ACC/AHA 2013)
- Calculator: Cardiovascular risk assessment (10-year, MESA 2016, with or without CAC score)
- Calculator: Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests
- Calculator: Friedewald Equation for Low Density Lipoprotein (LDL-C)
- Calculator: Friedewald Equation for Low Density Lipoprotein (LDL-C, SI units)
- Calculator: Lean body weight (adult female)
- Calculator: Lean body weight (adult male)
- Calculator: Pulmonary vascular Resistance
- Calculator: QT interval correction (EKG)
- Calculator: SI unit to conventional (gravimetric, imperial, US) unit conversions: Chemistry and endocrine tests
- Calculator: Systemic vascular resistance

Cómo usarlo. Lexi-Comp

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Lookup

Enter item name to lookup.

Analyze New List

Amisulpride

Levodopa

- Display complete list of interactions for an individual item by clicking item name.
- Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.
- Remove item from the list by clicking the check mark next to the item name.

[Customize Analysis](#)

Only interactions at or above the selected [risk rating](#) will be displayed. [A: ▾]

View interaction detail by clicking on link.

Amisulpride

[Levodopa](#) (Anti-Parkinson Agents (Dopamine Agonist))

Levodopa

[Amisulpride](#) (Amisulpride)

Date August 12, 2016

Disclaimer Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

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Lexi-Comp Online™ Interaction Analysis

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Lookup

Enter item name to lookup.

Escitalopram

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Lexi-Comp Online™ Interaction Lookup

Only interactions at or above the selected [risk rating](#) will be displayed. [A: ▾]

View interaction detail by clicking on link.

Escitalopram

Interacting Categories

- [C] [Agents with Antiplatelet Properties](#)
- [D] [Alcohol \(Ethyl\)](#)
- [C] [Amphetamines](#)
- [C] [Analgesics \(Opioid\)](#)
- [C] [Anticoagulants](#)
- [D] [Antidepressants \(Serotonin Reuptake Inhibitor/Antagonist\)](#)
- [C] [Antiemetics \(5HT3 Antagonists\)](#)
- [C] [Antipsychotic Agents](#)
- [C] [Apixaban](#)
- [C] [Aprepitant](#)
- [C] [Aspirin](#)
- [C] [Blood Glucose Lowering Agents](#)
- [C] [Boceprevir](#)
- [C] [Bosentan](#)
- [D] [BuPROPion](#)
- [D] [BusPIRone](#)
- [D] [Carbamazepine](#)
- [C] [Cephalothin](#)
- [D] [Cimetidine](#)
- [C] [CNS Depressants](#)
- [C] [Collagenase \(Systemic\)](#)
- [X] [Conivaptan](#)
- [D] [CYP2C19 Inducers \(Strong\)](#)
- [C] [CYP2C19 Inhibitors \(Moderate\)](#)
- [D] [CYP2C19 Inhibitors \(Strong\)](#)
- [C] [CYP3A4 Inducers \(Moderate\)](#)
- [D] [CYP3A4 Inducers \(Strong\)](#)
- [C] [CYP3A4 Inhibitors \(Moderate\)](#)
- [D] [CYP3A4 Inhibitors \(Strong\)](#)
- [C] [Cypheptadine](#)
- [C] [Dabigatran Etexilate](#)
- [D] [Dabrafenib](#)
- [D] [Dabrafenib](#)
- [X] [Dapoxetine](#)
- [C] [Dieterasirox](#)
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- [D] [Dextromethorphan](#)
- [X] [Doxilepin](#)

Ver explicación de la clasificación de riesgos en "Risk rating"

Interacciones de fármacos

Cómo usarlo. ECG Test

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Resultados de la búsqueda para "ecg test"

Todos los temas
 Adultos
 Pediatría
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 Gráficos

Basic ECG test
Intermediate ECG test
Advanced ECG test
Exercise ECG testing: Performing the test and interpreting the ECG results
 ■ Limitations to exercise ECG testing
 ■ Summary and recommendations
Evaluation of and initial approach to the adult patient with undifferentiated hypotension and shock
 ■ Summary and recommendations
Overview of palpitations in adults
 ■ Summary
Stress testing for the diagnosis of obstructive coronary heart disease
 ■ Exercise ECG testing
 ■ Summary and recommendations
Brugada syndrome: Clinical presentation, diagnosis, and evaluation
 ■ Summary and recommendations
Stress testing in patients with left bundle branch block or a paced ventricular rhythm
 ■ Summary and recommendations
Selecting the optimal cardiac stress test
 ■ Exercise ECG testing
 ■ Summary and recommendations

[Mostrar Más Resultados](#)

Tabla de contenidos Mostrar Gráficos (6)

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

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- Definition of Brugada pattern versus Brugada syndrome
- Sudden cardiac arrest and syncope
- Atrial fibrillation
- Nocturnal agonal respiration
- Sudden unexpected nocturnal death syndrome
- Features in children
- ECG findings
 - Type 1 versus Type 2
 - Variation of ECG findings over time
 - Provoking factors
 - Fever
 - Medications and toxins

DIAGNOSIS

- 2013 HRS/IEHRA/APHS criteria
- 2005 HRS/IEHRA criteria

EVALUATION AND RISK STRATIFICATION

- Our approach to evaluation and risk stratification
 - Testing for underlying heart disease
 - Drug challenge
 - Drug challenge procedure
 - Signal-averaged ECG
 - 12-lead ECG
 - Electrophysiology testing
 - Genetic testing

DIFFERENTIAL DIAGNOSIS

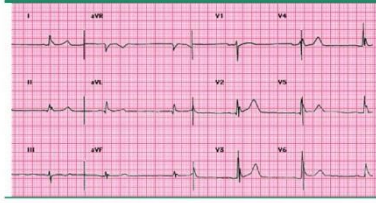
- Differential diagnosis of Brugada pattern ECG findings
 - Brugada ECG pattern in ARVC
- Differential diagnosis for VT or sudden death with a structurally normal heart

SUMMARY AND RECOMMENDATIONS

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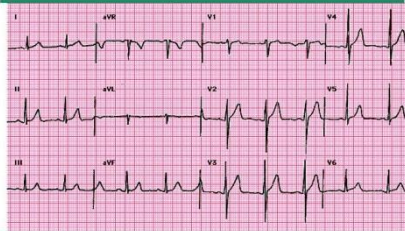
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Advanced case 1



Graphic 61961 Version 2.0

Normal ECG

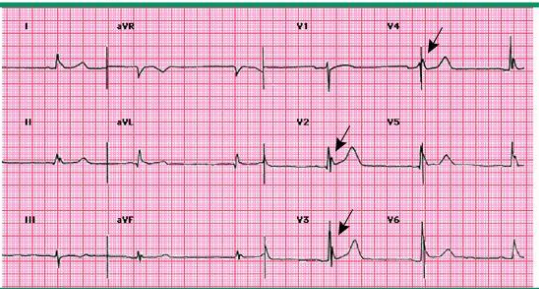


Normal electrocardiogram showing normal sinus rhythm at a rate of 75 beats/min, a PR interval of 0.14 sec, a QRS interval of 0.10 sec, and a QRS axis of approximately 75°.

Courtesy of Ary Goldberger, MD.

Graphic 76183 Version 3.0

Electrocardiogram in hypothermia

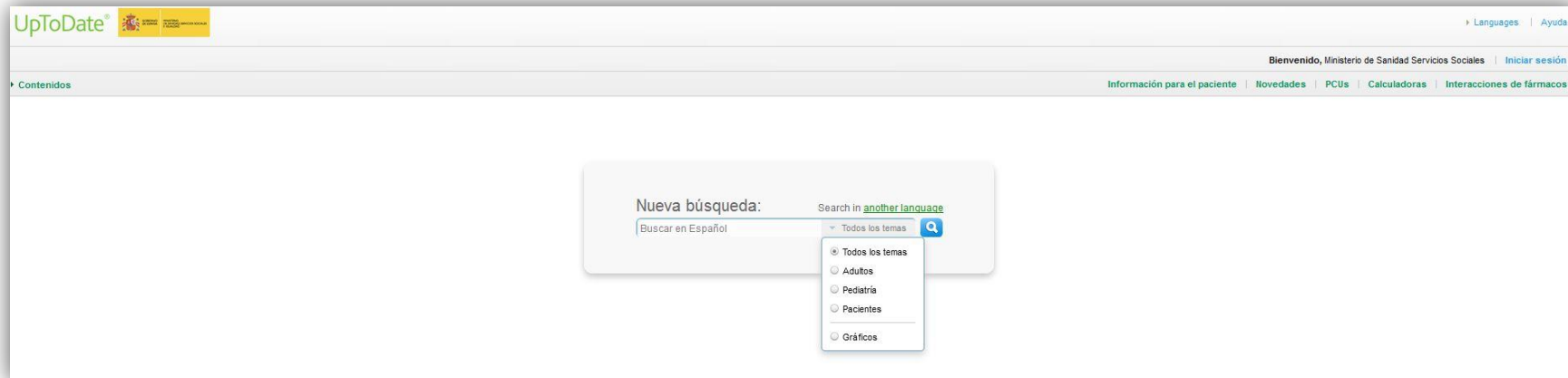


The ECG reveals marked sinus bradycardia (about 40 beats/min) with a prolonged PR interval (PR interval = 0.23 sec). The slow heart rate in this patient is due to hypothermia (90°F, 32.2°C), which also produces prominent convex deflections at the J point (junction of QRS and ST segments) that are best seen in the precordial leads. The J waves or Osborn waves (arrows) are characteristic of severe hypothermia and resolve with rewarming; how they occur is not fully understood (Wang D, Yan GX, Antzelevitch C. The J Wave syndromes and their role in sudden cardiac death. Card Electrophysiol Clin 2011; 3:47).

Courtesy of Ary Goldberger, MD.

Graphic 69976 Version 5.0

Cómo usarlo. Buscador



- Para buscar información en UpToDate en el cuadro de Nueva búsqueda, escriba una frase de búsqueda formado por uno o más términos.
- Después de escribir tres caracteres, UpToDate muestra una lista de posibles coincidencias para su entrada.
- Haga clic en un elemento de la lista de las posibles coincidencias para buscar los resultados de ese elemento. O bien teclee todos los caracteres de la frase de búsqueda que desee y haga clic en la lupa.
- Podemos buscar en castellano o inglés. Los resultados estarán en inglés, excepto en la información para pacientes básica, que está también en español

Buscando

- Puede buscar por uno o más términos
- Los términos pueden ser: nombres de enfermedades, síntomas, medicamentos, pruebas de laboratorio, procedimientos, técnicas...
- Si especifica un par de términos claves, en lugar de una frase, recuperará más documentos para elegir entre los que le interesa (Ej. CELIAC DISEASE)
- Generalmente reconoce sinónimos comunes, abreviaturas y acrónimos (Ej. Si escribe GERD, buscará resultados para el reflujo gastroesofágico)
- Busca en todos los contenidos y temas
- Podemos dar prioridad a la lista de resultados de búsqueda, seleccionando una de las opciones de establecimiento de prioridades en la página de resultados de búsqueda, como sigue:
 - Todos los resultados de búsqueda
 - Dar prioridad a temas de adultos — Los temas relativos al término Adultos figurarán en primer lugar en los resultados de búsqueda.
 - Dar prioridad a los temas infantiles — Los temas relativos al término “Pediatria” figurarán en primer lugar en los resultados de búsqueda.
 - Dar prioridad a los temas del paciente) — Los temas relativos a “Pacientes” figurarán en primer lugar en los resultados de búsqueda.
 - Prioridad a los gráficos

Esquema de la revisión y cabecera

SUMMARY & RECOMMENDATIONS

INTRODUCTION

WHO SHOULD BE TESTED

DIAGNOSTIC APPROACH

- Serologic evaluation
 - Testing on a gluten-free diet
- Small bowel biopsy
- Suggestive clinical features but negative serologic tests
- Positive serologic tests but negative small bowel biopsies

SERUM ANTIBODY ASSAYS

- IgA endomysial assay
- Anti-tissue transglutaminase antibodies
- Antigliadin antibody assays
- Assay sensitivity and specificity
- Role of antibodies in disease pathogenesis

CLINICAL APPLICATION OF SEROLOGIC TESTS

- Individuals with a low risk for celiac disease
- Individuals with a moderate or high risk for celiac disease
- Monitoring adherence and response to gluten-free diet

SCREENING IN ASYMPTOMATIC INDIVIDUALS

OTHER NONINVASIVE TESTS FOR THE DIAGNOSIS OF CELIAC DISEASE

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

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ALGORITHMS

- Celiac disease diagnostic testing algorithm
- Approach to gluten challenge
- Dx small intestinal villus atrophy

PICTURES

- Celiac disease Endosc

TABLES

- Differential diagnosis of small intestinal villous atrophy
- Histologic classifications for celiac disease

RELATED TOPICS

- Food allergens: Overview of clinical features and cross-reactivity
- Magnification endoscopy
- Management of celiac disease in adults

Diagnosis of celiac disease in adults

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Contributor disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: Jul 2016. | **This topic last updated:** Jun 18, 2015.

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of 'Diagnosis of celiac disease in adults'

2 National Institutes of Health Consensus Development Conference Statement. Celiac Disease 2004. Available at: <http://consensus.nih.gov/> (Accessed on October 25, 2004).
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TI ACG clinical guidelines: diagnosis and management of celiac disease.
AU Rubio-Tapia A, Hill ID, Kelly CP, Calderwood AH, Murray JA
SO Am J Gastroenterol. 2013;108(5):656.

This guideline presents recommendations for the diagnosis and management of patients with celiac disease. Celiac disease is an immune-based reaction to dietary gluten (storage protein for wheat, barley, and rye) that primarily affects the small intestine in those with a genetic predisposition and resolves with exclusion of gluten from the diet. There has been a substantial increase in the prevalence of celiac disease over the last 50 years and an increase in the rate of diagnosis in the last 10 years. Celiac disease can present with many symptoms, including typical gastrointestinal symptoms (e.g., diarrhea, steatorrhea, weight loss, bloating, flatulence, abdominal pain) and also non-gastrointestinal abnormalities (e.g., abnormal liver function tests, iron deficiency anemia, bone disease, skin disorders, and many other protean manifestations). Indeed, many individuals with celiac disease may have no symptoms at all. Celiac disease is usually detected by serologic testing of celiac-specific antibodies. The diagnosis is confirmed by duodenal mucosal biopsies. Both serology and biopsy should be performed on a gluten-containing diet. The treatment for celiac disease is primarily a gluten-free diet (GFD), which requires significant patient education, motivation, and follow-up. Non-responsive celiac disease occurs frequently, particularly in those diagnosed in adulthood. Persistent or recurring symptoms should lead to a review of the patient's original diagnosis to exclude alternative diagnoses, a review of the GFD to ensure there is no obvious gluten contamination, and serologic testing to confirm adherence with the GFD. In addition, evaluation for disorders associated with celiac disease that could cause persistent symptoms, such as microscopic colitis, pancreatic exocrine dysfunction, and complications of celiac disease, such as enteropathy-associated lymphoma or refractory celiac disease, should be entertained. Newer therapeutic modalities are being studied in clinical trials, but are not yet approved for use in practice. Given the incomplete response of many patients to a GFD-free diet as well as the difficulty of adherence to the GFD over the long term, development of new effective therapies for symptom control and reversal of inflammation and organ damage are needed. The prevalence of celiac disease is increasing worldwide and many patients with celiac disease remain undiagnosed, highlighting the need for improved strategies in the future for the optimal detection of patients.

AD Division of Gastroenterology and Hepatology, Mayo Clinic, Rochester, MN 55905, USA.
PMID 23609613

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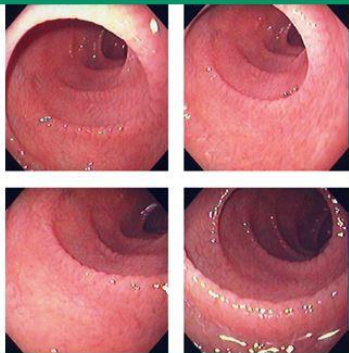
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Celiac disease



Scalloped duodenal folds seen on endoscopy in a patient with celiac disease.

Courtesy of Eric D Libby, MD.

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Celiac disease



Scalloped duodenal folds seen on endoscopy in a patient with celiac disease.

Courtesy of Eric D Libby, MD.

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