

Coeliac Disease and Bone Health

Protecting Bone Health

Bone health is an important part of your general health. When the structure of bone becomes weaker and less dense there is an increased risk of breaking. This is osteoporosis. It can lead to a higher risk of a bone breaking from a minor incident (such as a bump, fall or trip). Early diagnosis and management of osteoporosis can help protect bone health and reduce the risk of breaking a bone.

Coeliac Disease and Bone Health

Coeliac disease affects the ability of the bowel to absorb vitamins, minerals and other nutrients from food. This can greatly impact your bone health. A delayed coeliac diagnosis can lead to weakened bones and risk of osteoporosis.

Absorbing nutrients for bone health

Calcium gives bones strength and structure and can be poorly absorbed by people with coeliac disease. Low calcium absorption over a long period, particularly during childhood and adolescence when the skeleton is growing, may increase the risk of osteoporosis and bone fractures in later adulthood.

Vitamin D, which is essential for the proper absorption of calcium from the bowel, may also be lower in people with coeliac disease.

Timing of coeliac diagnosis

When coeliac disease is diagnosed in childhood or adolescence and a gluten-free diet is followed then your bone health is unlikely to be affected. Younger people who have their coeliac disease diagnosed early and under control do not commonly need an osteoporosis test (bone density scan).

For people diagnosed in adulthood after several years of symptoms, calcium absorption is likely to have been affected for some time, and therefore your bones may have weakened. If you are diagnosed with coeliac disease as an adult you may need a bone density scan to investigate your bone health. This is particularly important if adults also have other risk factors for poor bone health.

Even with a late diagnosis of coeliac disease, following a strict gluten-free diet can help rebuild bone strength and reduce your risk of developing osteoporosis. If required your doctor can refer you for a bone density scan and Medicare rebates are available for people with diagnosed coeliac or malabsorption disorders.

Other Common Risk Factors

Review other common risk factors for osteoporosis. If any risk factors apply to you – discuss these with your doctor.

| Personal History | Medical Conditions | Medications |
|---|---|---------------------------------------|
| Previous fracture (from minor bump or fall) | Diabetes | Certain treatment for breast cancer |
| Family history of osteoporosis (parent/sibling) | Overactive thyroid or parathyroid | Certain treatment for prostate cancer |
| Loss of height (3 cm or more) | Rheumatoid arthritis | Glucocorticoids (steroids) |
| Smoking/Excessive alcohol | Early menopause/Low testosterone | Anti-epilepsy treatment |
| Inadequate calcium, vitamin D or lack of exercise | Chronic kidney disease or liver disease | |
| Age 70 years and over | | |

Coeliac Disease and Bone Health cont.

Calcium. Vitamin D. Exercise

Take simple steps to help support your bone health.

| Focus On | Recommended |
|------------------|---|
| Calcium | <ul style="list-style-type: none"> • 1,000 mg per day from the diet • Increasing to 1,300 mg for women over 50 years and men over 70 years • If dietary intake is low a supplement may be required |
| Vitamin D | <ul style="list-style-type: none"> • Limited sun exposure – in summer a few minutes per day, in winter slightly longer • Avoid UV index above 3 • If vitamin D deficiency is confirmed by your doctor a supplement may be required |
| Exercise | <ul style="list-style-type: none"> • Specific mix of weight bearing, resistance training and balance exercises |

For more information about coeliac disease please visit **Coeliac Australia** www.coeliac.org.au

For more information



Call our national toll-free number

1800 242 141



Visit our website

healthybonesaustralia.org.au



Talk to your doctor

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