

LETTER

Response to 'Remarkable prevalence of celiac disease in patients with irritable bowel syndrome plus fibromyalgia in comparison with those with isolated irritable bowel syndrome: a case-finding study' – authors' reply

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See related research by Rodrigo et al., <http://arthritis-research.com/content/15/6/R201>, and

related letter by Sherry, <http://arthritis-research.com/content/16/1/402>

We greatly appreciate Sherry's comments [1] on our recent article published in *Arthritis Research & Therapy* [2], and we agree with him that, although the majority of patients with celiac disease (CD) and fibromyalgia syndrome (FMS) may improve with a gluten-free diet (GFD), this may not be a uniform phenomenon. However, we believe that his observations in children [3] cannot be extrapolated to adults, such as those comprising our target population.

Globally, the seven adult females with screening-detected CD, also categorized in our series as patients with severe irritable bowel syndrome (IBS) and FMS, significantly improved after 1 year on a GFD, with a decrease of 51% to 60% in tender points, Fibromyalgia Impact Questionnaire, Health Assessment Questionnaire, and visual analog scales as well as in the number of drugs prescribed, accompanied by an increase of 48% to 60% in Short-Form Health Survey (SF-36) physical and mental scores and a reduction of tissue transglutaminase 2 to normal values [3]. However, we observed that some important items of the SF-36 (including social functioning, role emotional, and mental health) were almost unchanged. Therefore, although in general a significant improvement was seen in all outcome measures with CD treatment, the improvement was not uniform but was much more obvious in some cases than in

others. The improvement was statistically significant but always partial, since the total disappearance of all symptoms was not achieved by any of the patients [4].

Since treatment with a GFD is a reasonable and relatively easy therapeutic measure that can significantly increase the quality of life (though not entirely relieve symptoms) of many patients with both FMS and CD, it seems advisable in our opinion to investigate CD with serology and genetic markers and, if these turn out to be positive, to perform an upper gastrointestinal endoscopy in conjunction with several duodenal biopsies. This will enable the selection of patients with IBS and FMS who are likely to respond to a GFD.

Abbreviations

CD: Celiac disease; FMS: Fibromyalgia syndrome; GFD: Gluten-free diet; IBS: Irritable bowel syndrome; SF-36: Short-Form Health Survey.

Competing interests

The authors declare that they have no competing interests.

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