

IGIST

Indiana Gluten Intolerance Support Team

Our next meeting is on
Sunday, May 20th at 1:30pm
At Nancy Linneman's House for our Summer Picnic!
2635 N. 400W. in West Lafayette



RAIN DAY: if it's rainy or cold, look for an email and we will reschedule for June 3rd. You can call Nancy the day before the picnic if you have any questions about the weather (765-497-0665).

Please bring a salad or dessert. Nancy will provide Sloppy Joe's and hot dogs. Also please bring a lawn chair if you wish to sit outside. Rolls, drinks, and dinnerware will be provided. Don't forget to bring the recipe for your dish to share!

Directions to Nancy's: N. 400 W is one mile west of Klondike Rd. Travelling west on HWY 52, go past Klondike and turn left on N. 400W and go 7/8 of a mile. Nancy's house is on the left, across from the Black Forest subdivision. It has a long blacktop driveway and is a ranch style house with a white fence near the house. You can park in the grass or along the driveway.

Meetings

IGIST meets at 1:30 pm on the second Sunday five months of every year at the Unitarian Universalist Church at 333 Meridian St., West Lafayette, Indiana, unless otherwise specified. All active members and their families are welcome. Memberships are \$15/year. Guests are welcome by invitation.

Meetings are usually in January, March, May, September, and November.
Would you like to attend? Contact Nancy Linnemann at 497-0665 or
n.linnemann@comcast.net.

Celiac News

Gluten in Medication: From Beyond Celiac: <https://www.beyondceliac.org/living-with-celiac-disease/gluten-in-medication/>

The FDA released [draft guidelines](#) for labeling gluten in medications. While the efforts are a start, the action is not enough. The FDA is accepting comments about the guidelines until February 12, 2018. Click [here](#) to make your voice heard!

Gluten in medications is a hot topic within the celiac disease community. After all, how can you successfully manage celiac disease if medications you need contain gluten?

[Gluten-free claims on packaged foods and supplements](#) are regulated by the US Food and Drug Administration (FDA) and standards are in place requiring manufacturers to call out certain common allergens if they are included in a packaged food. Unfortunately, similar laws are not in place for labeling gluten in medications, although a [proposed bill was reintroduced to Congress](#) in September 2015.

There are risks for the celiac disease community when gluten is left off a medication label:

- Manufacturers use excipients, which bind pills together and help deliver the medication to the patient. There are several types of excipients, and some of them may contain gluten.
- Few medications actually contain gluten, but it is important that the ingredients of each medication are explored to find the source of excipients – and to verify the particular drug is gluten-free.
- The generic form of a medication may use different excipients than the brand name drug. Even if the brand name is determined to be gluten-free, the gluten-free status of each generic must be verified.

Frequently Asked Questions about Gluten in Medications

Q: How likely is it that a prescription or over the counter drug has gluten in its inactive ingredients?

A: Few medications contain gluten, but every oral medication must be checked to make sure it is gluten-free, since current labeling regulations do not require gluten to be labeled in medications. It is important to remember that generic and brand name products containing the same active drug may contain different inactive ingredients. The source of these ingredients can be changed at any time without notice from the manufacturer. It also should be verified that the manufacturer has taken proper steps to avoid cross-contact from gluten-containing products.

The following inactive ingredients are considered “red flags,” as they may be sourced from wheat, barley or rye. The presence of red-flag ingredients indicates that there is a need for additional investigation to determine if the drug’s ingredients were derived from gluten:

- Wheat
- Modified starch (if source is not specified)
- Pregelatinized starch (if source is not specified)
- Pregelatinized modified starch (if source is not specified)
- Dextrates (if source is not specified)

- Dextrin (if source is not specified; the source is usually corn or potato which is acceptable)
- Dextrimaltose (when barley malt is used)
- Caramel coloring (when barley malt is used)

Q: What should I do if I think I'm getting glutened by my medicine?

A: Your first step should be to call your physician to let them know that you're experiencing symptoms. **Do not** stop taking prescription medicine without talking to your doctor first. There may be reasons aside from gluten exposure that you are experiencing symptoms, such as side effects of the prescribed medication. It is important to understand that some common side effects of medicines overlap with gluten exposure. Similarly, [sugar alcohols in medications](#) can cause significant stomach discomfort that could be easily confused with symptoms of gluten exposure. Beyond Celiac strongly recommends that you share your concerns and any symptoms with your doctor as soon as possible. Call the manufacturer to ask about the sources of their inactive ingredients as well as their production processes and any steps taken to prevent gluten exposure.

Q: Who can I contact to report a suspected reaction to gluten in medication?

A: It is important to look into medications to find out if they contain gluten *before* taking the medication. However, if you think you are having a reaction to gluten in your medication, Beyond Celiac strongly suggests that you contact your doctor, explain your reaction, and call the manufacturer of the medication in question to alert them to the issue. Your pharmacist might also be able to help you figure out if your medication contains gluten. When talking to the manufacturer, you should also ask them:

- What their production processes are
- If their medications are made on shared equipment with gluten-containing medications
- Whether they test their products for gluten
- If they speak to the manufacturers of their sourced ingredients about possible gluten in their raw materials.

Q: What types of medications are covered under the FDA's gluten-free labeling rule?

A: While prescriptions and over-the-counter medications are **not** covered under the FDA's gluten-free labeling rule, dietary supplements, such as vitamins and minerals, *are* covered, and must contain less than [20 parts per million \(ppm\)](#) gluten if they are labeled gluten-free.

Q: How should I talk about my gluten-free needs with my pharmacist?

A: It is important to be as thorough and clear as possible when talking about your gluten-free needs with your pharmacist. You should tell them that you are on a gluten-free diet to treat celiac disease, a serious genetic autoimmune disease. It may be helpful to tell them that you are at risk for serious health consequences, like thyroid disease, infertility, osteoporosis and even certain cancers if you continuously ingest gluten. You should also make sure to discuss hidden sources of gluten (listed above) and highlight the risks of cross-contact. Explain cross-contact to your pharmacist to help them understand the different ways you can be exposed to gluten.

Q: What resources can I use to find safe medications?*

A: Below are some recommended resources for identifying safe and unsafe medications*:

- [Gluten in Medications Guide](#): This guide, created and developed in collaboration with American Society of Health-System Pharmacists (ASHP), can help when asking pharmacists about gluten-free prescriptions and other medication needs.
- [Gluten-Free Drugs](#): This list is maintained by Dr. Steven Plogsted and his pharmacy students at Columbus Children's Hospital, Columbus, OH.
- [The Rubins](#): This website dedicated to senior citizens maintains a directory of drug manufacturers. Website addresses and phone numbers are provided, and may prove useful when one needs to contact a manufacturer to determine if gluten is an ingredient in a medication.

***Note:** *There are a few gluten-free medication lists available online. It's important to remember that these lists need constant updating to be correct and lists can have mistakes, especially because manufacturers can change their ingredients any time and without warning. Gluten-free medication lists make a great starting point, but it is still important to talk to the manufacturer or your pharmacist to learn more about medications.*

Gluten Free and More **magazine posts new GF items every month!** [See this link](#) . See more info on substitutions and flour blends at [this link](#).

1. All-Purpose Gluten-Free Flour Blend

Use this blend for all your gluten-free baking.

1/2 cup rice flour

1/4 cup tapioca starch/flour

1/4 cup cornstarch or potato starch

Each cup contains 436 calories, 1g total fat, 0g saturated fat, 0g trans fat, 0mg cholesterol, 99g carbohydrate, 3mg sodium, 2g fiber, 5g protein

2. High-Fiber Gluten-Free Flour Blend

This high-fiber blend works for breads, pancakes, snack bars and cookies that contain chocolate, warm spices, raisins or other fruits. It is not suited to delicately flavored recipes, such as sugar cookies, crepes, cream puffs, birthday cakes or cupcakes.

1 cup brown rice flour or sorghum flour

1/2 cup teff flour (preferably light)

1/2 cup millet flour or Montana® flour

2/3 cup tapioca starch/flour

1/3 cup cornstarch or potato starch

Each cup contains 428 calories, 2g total fat, 0g saturated fat, 0g trans fat, 0mg cholesterol, 92g carbohydrate, 19mg sodium, 5g fiber, 8g protein.

3. High-Protein Gluten-Free Flour Blend

This nutritious blend works best in baked goods that require elasticity, such as wraps and pie crusts.

1 1/4 cups bean flour (your choice), chickpea flour or soy flour

1 cup arrowroot starch, cornstarch or potato starch

1 cup tapioca starch/flour

1 cup white or brown rice flour

Each cup contains 588 calories, 3g total fat, 0g saturated fat, 0g trans fat, 0mg cholesterol, 128g carbohydrate, 24mg sodium, 6g fiber, 11g protein.

4. Self-Rising Gluten-Free Flour Blend

Use this blend for muffins, scones, cakes, cupcakes or any recipe that uses baking powder for leavening.

1 1/4 cups white sorghum flour

1 1/4 cups white rice flour

1/2 cup tapioca starch/flour

2 teaspoons xanthan or guar gum

4 teaspoons baking powder

1/2 teaspoon salt

Each cup contains 514 calories, 3g total fat, 0g saturated fat, 0g trans fat, 0mg cholesterol, 113g carbohydrate, 1163mg sodium, 8g fiber, 10g protein.

Best Alternatives for Milk, Buttermilk, Yogurt, Butter, Eggs, and Nuts

1. Milk

Replace 1 cup cow's milk with one of the following:

- 1 cup soy milk (plain)
- 1 cup rice milk
- 1 cup fruit juice
- 1 cup water
- 1 cup coconut milk
- 1 cup goat's milk, if tolerated
- 1 cup hemp milk

2. Buttermilk

Replace 1 cup buttermilk with one of the following:

- 1 cup soy milk + 1 tablespoon lemon juice or 1 tablespoon white vinegar (Let stand until slightly thickened.)
- 1 cup coconut milk
- 7/8 cup rice milk
- 7/8 cup fruit juice
- 7/8 cup water

3. Yogurt

Replace 1 cup yogurt with one of the following:

- 1 cup soy yogurt or coconut yogurt
- 1 cup soy sour cream
- 1 cup unsweetened applesauce
- 1 cup fruit puree

4. Butter

Replace 8 tablespoons (1 stick) butter with one of the following:

- 8 tablespoons (1 stick) Fleischmann's unsalted margarine
- 8 tablespoons Earth Balance (Non-Dairy) Buttery Spread
- 8 tablespoons Spectrum Organic Shortening
- 8 tablespoons vegetable or olive oil

For reduced fat:

- 6 tablespoons unsweetened applesauce + 2 tablespoons fat of choice

5. Eggs

Replace 1 large egg with one of the following:

- 3 tablespoons unsweetened applesauce (or other fruit puree) + 1 teaspoon baking powder
 - 1 tablespoon flax meal, chia seed or salba seed + 3 tablespoons hot water. (Let stand, stirring occasionally, about 10 minutes or until thick. Use without straining.)
 - Egg Replacer, according to package directions
 - 4 tablespoons pureed silken tofu + 1 teaspoon baking powder
- Replacing more than two eggs will change the integrity of a recipe. For recipes that call for a lot of eggs, like a quiche, use pureed silken tofu. Because egg substitutions add moisture, you may have to increase baking times slightly.

Note: To replace one egg white, dissolve 1 tablespoon plain agar powder into 1 tablespoon water. Beat, chill for 15 minutes and beat again.

General Guidelines for Using Xanthan or Guar Gum

Gum (xanthan or guar) is the key to successful gluten-free baking. It provides the binding needed to give the baked product proper elasticity, keeping it from crumbling.

- Add 1/2 teaspoon xanthan or guar gum per cup of flour blend to make cakes, cookies, bars, muffins and other quick breads.
- Add 1 teaspoon per cup of flour blend to make yeast bread, pizza dough or other baked items that call for yeast.

Note: If you purchase a commercial flour blend, read the ingredient list carefully. Some blends contain salt and xanthan or guar gum. If so, there is no need to add more.

<https://celiac.org/blog/2018/03/importance-detecting-celiac-disease-later-life-2/>

The Importance of Detecting Celiac Disease in Later Life

Researchers based in Finland and the UK recently conducted a review of existing literature on celiac disease in later life. The article, published in *Alimentary Pharmacology & Therapeutics*, highlights how celiac disease can often be missed in the elderly population due to the dismissal of subtle celiac disease symptoms, such as fatigue, as being due to old age. With few studies published focusing on celiac disease in this population, Collin et al. set out to review the occurrence, presentation, diagnosis, and management of celiac disease in later life.

While celiac disease was previously thought to be a rare condition primarily affecting children and young adults, it is now known to be one of the most common genetic autoimmune diseases worldwide, and it can present at any age. Collin et al. report that about 25% of all celiac disease diagnoses are now made in persons aged 60 or above, and approximately 60% of cases in older adults remain undetected due to vague or non-classical symptoms obscuring the diagnosis. Another factor complicating diagnosis in later life is that elderly celiac disease patients are more likely to test negative on the celiac disease blood test and have lower levels of tissue transglutaminase antibodies (a diagnostic marker for celiac disease) even while consuming a normal diet with gluten. Because of this, physicians should not immediately rule out a possible diagnosis of celiac disease in elderly patients based on a negative blood test alone if there are enough other compelling signs or symptoms of the disease.

Some question whether it is meaningful to detect celiac disease in the elderly population, especially when the symptoms are mild, arguing that the adoption of a strict, gluten-free diet is a difficult lifestyle change. The researchers from this study, however, maintain that correctly diagnosing these patients is worthwhile, as the available evidence suggests a significant improvement in quality of life on a strict, gluten-free diet. Notably, this improvement in quality of life has been demonstrated even in seemingly asymptomatic elderly patients.

Beyond improvements in quality of life, the study authors emphasize the importance of achieving the proper diagnosis and implementing treatment to improve overall health and potentially prevent severe complications, such as enteropathy-associated T-cell lymphoma and low-energy bone fractures. While the healing of damaged villi may be slower in elderly patients when compared to younger patients, recovery is still expected to be good with adherence to a strict diet. Collin et al. report the findings from

one study by Hankey and Holmes which found strict compliance with the gluten-free diet in 90% of their elderly celiac disease patients. These results demonstrate that while making such a large lifestyle change later in life can be difficult, it is certainly possible for patients who are motivated to improve their health and quality of life.

Importantly, the study authors conclude the level of suspicion of celiac disease should be as high in older patients as it is in younger patients. This, paired with screening at-risk groups – such as those with other autoimmune diseases or a family history of celiac disease – should help increase the rate of detection of celiac disease in elderly patients so they may benefit from the gluten-free diet.

[Click here](#) to review the original article.

