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Comparing Dietitian-Led Group Clinics To Individual Appointments For Newly Diagnosed Patients With Coeliac Disease

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Guidelines recommend that newly diagnosed patients with coeliac disease should have a nutritional assessment and gluten-free diet (GFD) education by registered dietitians. Achieving these standards is problematic due to the limited number of trained dietitians available to deliver these services and increasing number of patients diagnosed with coeliac disease. Locally, we have shown that patients often wait four to six weeks for a dietetic consultation following diagnosis, with patient feedback suggesting that this is unacceptably long. This study aimed to address this concern by comparing whether dietetic consultations provided in group clinics was non-inferior to an individual appointment for newly diagnosed patients.

Between January 2015 and December 2015 newly diagnosed patients with coeliac disease were seen either by a dietitian in a group clinic or in an individual appointment as part of a local service evaluation project. Group clinics were defined as having a minimum of 6 individuals, and covered the same topics as individual appointments (education on gluten-free diets, prescriptions, travelling and information on Coeliac UK). All patients had nutritional assessments at baseline and bloods performed in accordance with the British Society of Gastroenterology guidelines. These were reassessed at 3-month follow-up appointments, alongside evaluation forms for clinics and assessment of GFD adherence using the Biagi score. Comparisons between groups were made using a student t-test, with a p-value < 0.05 considered significant.

56 new patients with coeliac disease were initially referred for a dietetic consultation. Eight patients (14%) did not attend first appointments and 8 failed to attend follow-up. Of the remaining 40 patients (25F:15M, mean age 48 years), 30 were seen in group clinics and 10 had individual appointments. There was no statistically significant difference in baseline BMI ($p=0.57$), age ($p=0.10$) or tissue transglutaminase antibody levels ($p=0.54$) between group patients and individual clinic patients. At follow-up mean GFD adherence scores were similar in both groups (3.3 vs 3.1, $p=0.51$), with paired t-tests showing significant reduction in both groups in serological markers and haematinics ($p<0.001$). Evaluation forms supported the merits of group clinics, with 97% (29/30) of patients stating that group clinics met expectations, enhanced understanding and that they would recommend to other patients.

This study demonstrates how group dietetic clinics for newly diagnosed patients may be a resource saving intervention, which derives no detriment to patient education and GFD adherence. Although we recognise this study has limitations in not being randomised or appropriately powered, we believe that findings from this work provide proof of concept for undertaking a future randomised controlled trial with health economic analysis.