
Letter to the Editor

PHARMACY CARE AND CELIAC DISEASE

As a patient with celiac disease, and as a pharmacist, I read with great interest the editorial titled “The Impact of Celiac Sprue on Patients’ Medication Choices,” which appeared in the February 2009 issue of *Hospital Pharmacy*.¹ I sincerely thank Dr. King and commend her for contributing to this important dialogue. It is my hope that the following statement from the article is not misunderstood: “Many patients consult their pharmacists, who may or may not have the time to double-check the content of the medications with the manufacturer.” It is essential that pharmacists ensure to the very best of their ability (including consulting with the manufacturer if needed) that the

drugs they are providing to patients with celiac disease are gluten free. It is also important to consider that researchers have concluded that exposure to as little as 30 to 50 mg of gluten per day will cause an adverse response in a patient with celiac disease.^{2,3} Therefore, all sources of gluten (including gluten that is contained in drug products) must be avoided.

Pharmacists are critically important—and, at times, underutilized—care providers to patients with celiac disease. Such patients’ medication profiles should clearly note that they have this disorder. Efforts must continually be made to ensure that all pharmacists recognize that confirming the gluten content of the prescription drugs that they dispense or the nonprescription drugs that they provide to patients

with celiac disease is an essential aspect of good pharmacy practice that must be fulfilled despite the pharmacists’ demanding schedules.

REFERENCES

1. King AR. The impact of celiac sprue on patients’ medication choices. *Hosp Pharm*. 2009;44(2):105-106.
2. Catassi C, Fabiani E, Iacono G, et al. A prospective, double-blind, placebo-controlled trial to establish a safe gluten threshold for patients with celiac disease. *Am J Clin Nutr*. 2007;85(1):160-166.
3. Green PHR, Jones R. *Celiac Disease: A Hidden Epidemic*. New York, NY: HarperCollins; 2006:275.

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Response to Letter to the Editor

To Dr. Mangione:

Thank you for your response to my editorial, as well as your personal interest in celiac sprue disease. Through my work at the University of Kansas Drug Information Center, I have been exposed to patients with celiac sprue and to the need for available information about gluten-free medications. Many times I have sensed confusion from a pharmacist or a manufacturer who did not know the impact of gluten

for a patient with celiac sprue. It is my hope that the table, “Gluten-Free Manufacturers,” in the editorial will increase awareness of the disease and provide a resource for pharmacists, pharmacies, and patients (through distribution by a pharmacist) for gluten-free manufacturers and medications. The sentence “Many patients consult their pharmacists, who may or may not have the time to double-check the content of the medications with the

manufacturer” was intended as an introduction to the article rather than an outlet through which pharmacists might circumvent work.

To further the education of pharmacists and to advance the profession, a yearly update of the table will be published in *Hospital Pharmacy*, beginning with the November 2009 issue.

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