

Check for IgA Deficiency in Suspected Celiac Cases

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NEW YORK — Serology tests for suspected celiac disease are often inappropriately ordered or managed, increasing the chance of missed diagnosis, according to a study presented at an international symposium on celiac disease.

An analysis of 349 positive antiendomysial antibody (EMA) tests over a 17-month period showed that 51% of patients

had not received a concurrent serum IgA test to evaluate for IgA deficiency, and 10% of patients were overlooked for a follow-up intestinal biopsy, reported Kelly McGowan of the University of Calgary (Alta.).

IgA deficiency is more common in patients with celiac disease than in the general population, and its presence negates the results of EMA tests, according to Ms. McGowan. "The EMA tests were inappropriately ordered in the absence of IgA tests, because if a patient with IgA deficiency un-

dergoes screening for celiac disease, their test result will always be negative."

Of the positive serology tests, 69% were appropriately managed with a follow-up intestinal biopsy. A total of 194 biopsies were diagnostic of celiac disease, yielding a positive predictive value of 91% and a disease prevalence of 2%, based on the total sample of 9,533 patients tested.

Another 8% of positive serology tests did not include a follow-up biopsy but were considered to be appropriately man-

aged because a biopsy had been done previously or was contraindicated, she said.

A further 3% of patients refused a biopsy, and 5% of tests were not followed up because of an administrative error.

But 10% of tests were classified as inappropriately managed because physicians failed to order a biopsy. For another 5% of tests, the physicians did not respond to the investigator's query about why they did not order a biopsy, possibly representing more mismanaged tests, she said. ■

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Results from 2 identically designed, 52-week (12 weeks pharmacotherapy, 40 weeks nonpharmacotherapy follow-up), randomized, double-blind, parallel-group, multicenter clinical trials (study 4: N=1022; study 5: N=1023) in which CHANTIX 1 mg bid was compared with Zyban 150 mg bid and placebo for efficacy and safety in smoking cessation. For trial inclusion, subjects must have smoked at least 10 cigarettes per day over the past year, with no period of abstinence greater than 3 months, and must have been bupropion naive. The primary efficacy end point in both trials was the carbon monoxide (CO)-confirmed 4-week continuous abstinence rate for weeks 9 through 12, defined as the percentage of subjects who reported no smoking (not even a puff) or use of any nicotine-containing products confirmed by an exhaled CO measurement of 10 ppm or less at each clinic visit. (Studies 4 and 5 from the CHANTIX package insert.)^{1,2}

Subjects were provided with an educational booklet on smoking cessation and received up to 10 minutes of smoking cessation counseling at each clinic visit in accordance with Agency for Healthcare Research and Quality guidelines.¹