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things you need to
know about celiac
& bone health!

Ask the Doc

Interview with Dr. Michael Reed, of Spine & Sport at the Hospital for Special Surgery

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DR. MICHAEL REED, DPT, MSC, OCS, MTC HAS PASSIONATELY DEDICATED HIS CAREER TO THE SPECIALTY FIELD OF SPINE REHABILITATION. DR. REED HAS PROVIDED HIGHLY SPECIALIZED PRE-AND POST-SURGICAL SPINE CARE FOR MORE THAN 20 YEARS. SERVING AS DIRECTOR OF SPINE AND SPORT AT THE HOSPITAL FOR SPECIAL SURGERY LOCATED IN JUPITER, FL, DR. REED IS ALSO AN ACTIVE MEMBER OF THE NORTH AMERICAN SPINE SOCIETY.

Here at *Delight Gluten-Free Magazine*, we have received many reader questions on celiac disease and the effect on their bones and muscles.

Dr. Reed recently took time out of his very busy schedule to sit down with us to shed light on this very important topic.



1 Celiac & Bone Loss... Is it true?

DGF: Celiac disease/gluten intolerance causes improper absorption of nutrients in our body. After diagnosis, many of us are finding that we not only have celiac disease but bone and muscle loss as well. As a spine specialist, have you seen an increased diagnosis of bone/muscle loss due to celiac disease?

MR: Yes, however, the root cause of a bone density deficiency, a sign of celiac disease or other disorder like hyperparathyroidism, can be very elusive. Unless the pathological origin is identified and treated, any [physical therapy] work that I might do with a patient to address bone and muscle health will be ineffective.

2 Get tested early and test kids too.

DGF: Early detection appears to be the key. Should bone density scans become a part of a "post diagnosis treatment" for patients with celiac or gluten intolerance? Can these scans be performed on children as well as adults to detect bone loss?

MR: At Hospital for Special Surgery (HSS), we work as a multidisciplinary team to diagnose and treat bone density and muscle disorders so that no stone is left unturned. This collaborative spirit is the underpinning of our success and reputation.

As such, I reached out to my colleague Linda Russell, MD, a rheumatologist at HSS, to answer this question. She said, "Yes, I do feel a baseline bone density is indicated in patients diagnosed with celiac disease. Osteoporosis or a bone density lower than expected for age is more common in these patients than in the general population. It is not unreasonable to get a baseline bone density in a child. The bone density would be compared to an age-matched control."

For my specialty, the most important change in the past decade, with respect to osteopenia and osteoporosis, is a much greater awareness of the spectrum of disorders that might cause bone density loss or muscle deficiency.

Treating the signs and symptoms of celiac disease is not a value-based proposition unless the underlying disease process is addressed. From there, the patient can be educated and engaged as an active participant in their treatment which always leads to greater success and gratification.