Other Gastrointestinal conditions

Bibliographic reference	**Aziz et al. (2010)**
Study type	Cross-sectional data from case series
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES

	6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = MODERATE
Country	UK
Number of patients	N=100 patients with lymphocytic duodenosis
Study population	Inclusion: patients with lymphocytic duodenosis (>25 IELs per 100 enterocytes) seen sequentially at a tertiary care centre for gastroenterology between February 2003 and 2010 75 women; median age 47 years (16 to 83 years)
Control	none
Length of follow-up	18 months (range 2-72)
Details of coeliac testing	EMA or tTG and duodenal biopsy (CD was diagnosed if positive serology, relevant symptoms, HLA pattern of DQ2 or DQ8, progression to villous atrophy or persistence of lymphocytic duodenosis, symptomatic response to GFD)
Results	16% (16) were found to have CD
Source of funding	Not reported
Conflicts of interest	Paper reports no personal and funding interests
Comments	

Definitions of abbreviations are given at the end of this document.

Bibliographic reference	**Casella et al. (2010)**
Study type	Cross-sectional survey
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? YES (consecutive sample recruited) 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES

	6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = LOW
Country	Italy
Number of patients	N=1711 with inflammatory bowel disease (Crohn's disease, ulcerative colitis, indeterminate colitis)
Study population	Inclusion: consecutive patients with inflammatory bowel disease who attended at one of 5 university hospitals and 17 general hospitals across Italy as outpatients between January 2002 and December 2004. 860 Crohn's disease (415 females, mean 40 years old range 18-75) 791 ulcerative colitis (371 females, mean 40 years old, range 18-80) 60 indeterminate colitis (27 females, mean 40 years old, range 18-78) One patient with Crohn's disease who has known to have coeliac disease at the time of enrolment was included in the study
Control	n/a
Length of follow-up	n/a
Details of coeliac testing	Clinical charts were reviewed for any risk factors (including anaemia) Serum immunoglobin assays were evaluated to rule out IgA deficiency EMA antibodies with direct immunofluorescence on monkey oesophagus (Bio-Rad, Milan, Italy; positive staining around the smooth muscle was considered positive) TgA antibodies with ELISA (Eurospital, Trieste, Italy; titres above 7 arbitrary units were considered positive) Oesophagogastroduodenoscopy for each patient who was EMA IgA-positive or for patients who were IgA deficient and were assessed according to Marsh classification
Results	**0.5% (9/1711) had serological and histological findings compatible with coeliac disease** - 6 had ulcerative colitis - all had mild to moderate clinical disease activity and all had long-term history of iron deficiency anaemia - 3 had Crohn's – all had moderately active disease (none had iron deficiency anaemia) Both EMA and anti-TgA were positive in 8 but one was positive for EMA and negative for anti-TgA so a conclusive diagnosis of coeliac was not reached for this patient) None had significant signs or symptoms or malabsorption like amenorrhoea, osteoporosis or low albumin or cholesterol levels.

	5 had IgA deficiency but none of these were found to have coeliac disease
Source of funding	Not reported
Conflicts of interest	The paper states that the authors declare that they have no conflicts of interest
Comments	

Definitions of abbreviations are given at the end of this document.

Bibliographic reference	**Leeds et al. (2007)**
Study type	Case control
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES 6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = MODERATE
Country	UK
Number of patients	N=354 with IBD, N=173 Crohn's disease N=154 ulcerative colitis N=305 adults with coeliac disease N=601 control
Study population	Inclusion: adult patients registered as having irritable bowel disease in one hospital recruited during attendance at out-patient clinics, N=209 female, median age 45yrs; patients with coeliac disease recruited from the specialist clinic during the annual review, N=222 female, median age 52yrs Those in the coeliac disease group were significantly older than those in the IBD group (p<0.0001) and the control group (p=0.002)
Control	Recruited from 5 general practices in one region
Results	Results of those with coeliac disease who had irritable bowel disease – the prevalence of IBD in coeliac disease 3.3% vs. control 0.33%, OR 9.98 (95%CI, 2.8 to 45.9), p=0.0006

	Coeliac disease in those with irritable bowel disease, N=3/354 (0.85%) vs. N=5/601 with control, OR 1.02 (95% CI, 0.24 to 4.29), p=1.0 NS Stepwise logistical regression was performed to identify factors likely to predict the development of coeliac disease in those with IBD, age, gender, disease type (Crohn's disease or ulcerative colitis) and extent of disease were NS.
Source of funding	Unfunded
Conflicts of interest	
Comments	

Definitions of abbreviations are given at the end of this document.

Bibliographic reference	**Lynch et al. (1995)**
Study type	Cross-sectional data from case control
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES 6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = MODERATE
Country	UK
Number of patients	N=22 patients with lymphocytic gastritis
Study population	Inclusion: 22 patients out of 36 patients diagnosed with lymphocytic gastritis between 1984 and 1994 and investigated by upper GI (19 agreed to undergo repeat endoscopy and biopsy; 3 were recently diagnosed resulting in 22 patients included in this study)
Control	The study reports a control group of age and sex-matched controls who were being investigated for dyspeptic symptoms/history but the

	histology results related to coeliac were not reported for the control group
Length of follow-up	Only cross-sectional data
Details of coeliac testing	IgA, IgG and IgM AGA and IgA EMA Biopsy
Results	Apart from the 3 recently diagnosed with lymphocytic gastritis, the results on biopsy for the remaining were: 14 (63.6%) had normal histology 3 (13.6%) had severe villous atrophy 1 (4.5%) had marked villous atrophy
Source of funding	Not reported
Conflicts of interest	Not reported
Comments	The purpose of this study was to investigate the natural history of lymphocytic gastritis and how it related to *H pylori* infection and coeliac disease.

Definitions of abbreviations are given at the end of this document.

Bibliographic reference	**Simondi et al. (2010)**
Study type	Subgroup from cross-sectional survey
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES 6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES 10. Were subpopulations identified using objective criteria? NA Overall risk of bias = MODERATE
Country	Italy
Number of	N=33 patients with lymphocytic colitis and dyspeptic symptoms

patients	
Study population	Inclusion: patients who were undergoing oesophagogastroduodenoscopy to investigate dyspeptic symptoms from among 80 patients diagnosed with lymphocytic colitis between June 1994 and July 2008 at an outpatient unit of a gastroenterology department (lymphocytic colitis diagnosed if ≥ 20 per 100 surface epithelial cells, subepithelial collagen layer < 10 um, lamina propria with inflammatory infiltration dominated by lymphocytes and plasmacells 28 males; mean age 46.4 years
Control	None
Length of follow-up	n/a
Details of coeliac testing	Anti-EMA and/or tTG with total IgA
Results	4 had Marsh I but not diagnosed with CD
Source of funding	Not reported
Conflicts of interest	Not reported
Comments	Study was primarily about characteristics and investigations in 80 patients with lymphocytic colitis

Definitions of abbreviations are given at the end of this document.