INPLASY

INPLASY2023100100

doi: 10.37766/inplasy2023.10.0100

Received: 31 October 2023

Published: 31 October 2023

Corresponding author:

Renato Beas

jbeasnin@iu.edu

Author Affiliation:

Indiana University.

PREVALENCE OF CELIAC DISEASE AND CELIAC DISEASE ANTIBODIES IN IMMUNE MEDIATED INFLAMMATORY DISORDERS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Beas, R¹; Izquierdo-Veraza, D²; Altamirano, E³; Norwood, D⁴; Godoy, A⁵; Riva-Moscoso, A⁶; Montalvan-Sanchez, E⁻; Ramirez, M⁶; Kurada, S⁶.

ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Data extraction.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2023100100

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 31 October 2023 and was last updated on 31 October 2023.

INTRODUCTION

Review question / Objective We aim to conduct a systematic review and meta-analysis of the available literature to estimate the prevalence of Celiac Disease and Celiac Disease specific antibodies among patients with Systemic Erythematosus Lupus (SLE), primary Sjogren Disease (pSS), and Systemic Sclerosis (SSc).

Condition being studied Celiac disease (CeD) is a multi-organ immune-mediated disease that occurs in subjects with predisposing human leukocyte antigen haplotypes (HLA) in conjunction with other genetic and/or environmental factors. CeD affects the small bowel and predisposes patients to nutrient malabsorption, resulting in a variety of symptoms including but not limited to chronic diarrhea, anemia, short stature, and abdominal discomfort. It can also eventually trigger serious conditions like lymphoproliferative cancer, depression, osteoporosis, liver disease and neurological disorders. CD has increased

worldwide over time from 0.6% in 1991 to 2000 to 0.8% between 2001 and 2016. Furthermore, a recent study estimated the global seroprevalence of CD at 1.4%. Besides, CD is 1.5 times more common in females than in males, and approximately twice more common in children than in adults.

It has been studied that the abnormal immunological response triggered by gluten can lead to the creation of autoantibodies, that can affect different organ systems, and explain the association between CeD and immune mediated inflammatory disorders (IMID) including Systemic Erythematosus Lupus (SLE), primary Sjogren Disease (pSS), and Systemic Sclerosis (SSc) (A). Moreover, it has been hypothesized that this interplay of genetic and environmental factors leading to the presence of several organ and nonorgan specific autoimmune diseases is termed "shared autoimmunity concept" and could explain the coexistence of multiple immune related diseases in an individual. In this sense, some studies have described high prevalences of CeD in these autoimmune conditions with percentages ranging from 3-7%.

METHODS

Search strategy A comprehensive search of multiple electronic databases including PubMed, MEDLINE (OVID), Cochrane Library, Embase, Scopus and Web of Science has been conducted:

- 1 Autoimmune Diseases/ 56366
- 2 (autoimmun* or auto-inmun* or autoaggressive or autoantibod*).ti,ab,kf. 233166
- 3 1 or 2 248989
- 4 Connective Tissue Diseases/ 7199
- 5 (connective tissue adj2 (defect* or disease* disorder* or dysplasia)).ti,ab,kf. 436
- 6 4 or 5 7528
- 7 exp Lupus Erythematosus, Systemic/ 65353
- 8 (systemic lupus or lupus erythemato* or Libman-Sacks Disease).ti,ab,kf. 68783
- 9 (antidna or anti-DNA or "anti-dsDNA" or "anti-ds DNA" or "dsDNA autoantibod*" or "anti-double stranded DNA").mp. 8254
- 10 7 or 8 or 9 87685
- 11 Sjogren's Syndrome/ 14209
- 12 (Sjogren* or Sjoegren* or sicca syndrom*).ti,ab,kf. 18963
- 13 ("anti-SSA*" or "anti-SS-A*" or "anti-SSB" or "SS A antibod*" or "anti-Ro SSA" or "anti-Ro52" or "anti-Ro-52" or "Ro antibod*" or "anti-Ro autoantibod*").mp. 3653
- 14 11 or 12 or 13 22760
- 15 exp "scleroderma, systemic"/ 22534
- 16 (scleroderma or sclerodermia or crest syndrom* or ((systemic or progressive or diffuse) adj2 (sclerosis or SSc))).ti,ab,kf. 32790
- 17 DNA Topoisomerases, Type I/ 5103
- 18 ("anti-centromere" or "anticentromere" or "ACA antibody" or "anti scl 70" or topoisomerase* or "anti-TOPO I" or "kinetochore proteins" or "RNA polymerase enzyme" or "anti-RNAP III").mp. 25271
- 19 15 or 16 or 17 or 18 59373
- 20 10 and 14 and 19 1493
- 21 3 and (10 or 14 or 19) 36527
- 22 Celiac Disease/ 21532
- 23 exp Glutens/ 9439
- 24 (celiac or coeliac or gluten or glutens).ti,ab,kf. 36710
- 25 (transglutaminase* or antitransglutaminase*).mp. 10670
- 26 ("Anti-TGM" or "anti-tTG2" or "TGM6*" or "anti-TGM6*" or "IgG anti-tissue" or "IgG anti-tTG" or "IgA anti-tissue" or "IgA anti-tTG" or "Antigliadin" or "anti gliadin" or "anti-DGP" or "serum immunoglobulin A (IgA) endomysial" or "IgA tissue transglutaminase" or "IgA tTG2" or "IgA endomysial" or "IgA and IgG deamidated gliadin peptide").mp. 1628

27 22 or 23 or 24 or 25 or 26 50727 28 (6 or 20 or 21) and 27 405.

Participant or population Adults >18 years old with an Immune mediated inflammatory disorder such as Systemic Erythematosus Lupus (SLE), primary Sjogren Disease (pSS), and Systemic Sclerosis (SSc).

Intervention None.

Comparator General population (without immune mediated diseases).

Study designs to be included All studies except case reports, case series, commentaries, experimental in vitro studies and letters to the editor.

Eligibility criteria Exclusion criteria: Patients with other concomitant gastrointestinal disorders.

Information sources Multiple electronic databases including PubMed, MEDLINE (OVID), Cochrane Library, Embase, Scopus and Web of Science.

Main outcome(s) To estimate the pooled prevalence of Celiac disease antibodies in patients with SLE, Sjogren's and SSc and the overall seroprevalence of celiac disease antibodies in these patients.

Quality assessment / Risk of bias analysis An independent reviewer will assess the quality of the studies using the Newcastle-Ottawa Scale.

Strategy of data synthesis Data collected will expressed in proportions or percentages with the corresponding confidence interval (CI).

Subgroup analysis The meta-analysis will be performed using the Freeman-Tukey Double Arcsine Transformation to calculate pooled prevalences. Heterogeneity was assessed using the Higgins I2 index. I2 values of 0%, less than 25%, 25% to 49% and more than 50% denoted no, low, moderate, and high heterogeneity, respectively.

Sensitivity analysis None.

Country(ies) involved United States, Peru.

Keywords Celiac disease; Systemic Erythematosus Lupus; Sjogren Disease; Systemic Sclerosis.

2

Contributions of each author

Author 1 - Renato Beas - Author 1 participated in study concept, search strategy and elaboration of the protocol.

Email: jbeasnin@iu.edu

Author 2 - Diego Izquierdo-Veraza - Author 2 participated in study concept and elaboration of the protocol.

Email: dizquie@iu.edu

Author 3 - Euler Altamirano - Author 3 participated

in elaboration of the protocol. Email: ealtamirano@unsa.edu.pe

Author 4 - Dalton Norwood - Author 4 participated

in elaboration of the protocol. Email: daltonnorwood@uabmc.edu

Author 5 - Ambar Godoy - Author 5 participated in

elaboration of the protocol. Email: agodoyr@iu.edu

Author 6 - Adrian Riva-Moscoso - Author 6

participated in elaboration of the protocol.

Email: rivamoscosoadrian@gmail.com

Author 7 - Eleazar Montalvan-Sanchez - Author 7

participated in elaboration of the protocol.

Email: elmont@iu.edu

Author 8 - Mirian Ramirez - Author 8 participated in

search strategy.

Email: mirirami@iu.edu

Author 9 - Satya Kurada - Author 9 participated in

study concept and elaboration of the protocol.

Email: renatobeas@gmail.com