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**Vancouver Chapter**

# **Celiac News**

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**Canadian Celiac Association**

**L'Association canadienne de la maladie coeliaque**



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Thanks to our Facebook moderators Lynda Neilson and Sarah Makepeace.

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## NEXT ISSUE:

If you have any recipes, restaurant reviews/articles for the September issue, please have them submitted by November 15, 2017.

If you have any comments, praises or criticisms, quips or questions:

### Please submit to:

- info@vancouverceliac.ca
- 604-736-2229 / 877-736-2240
- CCA - Vancouver Chapter  
Letters to the Editor  
360-1385 West 8th, Vancouver, BC V6H 3V9

# Newsletter Contributors

Newsletter Editor - Val Vaartnou



### CCA Mission Statement:

The Canadian Celiac Association is the national voice for people who are adversely affected by gluten, and is dedicated to improving diagnosis and quality of life.

### CCA Vision Statement:

The gluten problem: Found. Treated. Cured.



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2017 Newsletters will be distributed:

March 1st - Easter & Spring  
June 1st - Travel & Summer

September 1st - Fall & Back to School  
December 1st - Christmas & Holidays

Also, Please submit your content to us a minimum of 3 weekends prior to the edition you'd like to be featured in. We will accept early submissions for upcoming editions as well, just let us know which issue you'd like to be in. You can submit your stories, recipes, photos, etc in a variety of ways. If you have any questions: EMAIL: val\_vaartnou@telus.net or info@vancouverceliac.ca

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# *P*resident's Message



I hope you have all had a safe and healthy summer. Who could have imagined after such a cold and wet winter we would be experiencing such heat and devastating fires throughout our Province.

Our Chapter has had a busy summer; we celebrated the success of our 2<sup>nd</sup> Annual Scotia Charity Run in June. We were amazed and so very grateful for the generosity of our sponsors, volunteers, fundraisers and participants. There are more details of this event in our Newsletter as well as the National Conference Val Vaartnou and I attended in Edmonton in June. We are both very enthusiastic regarding the exciting new direction our National office is pursuing.

I attended my first Council of President's meeting in Edmonton. Our National Executive will be rolling out a new logo in the near future; our membership issues are being addressed to ensure we receive accurate information in a more timely way. There was discussion regarding the information provided to the Chapters for

Celiac Awareness Month (May). The plan is to create a nationwide event on May 16<sup>th</sup>, connecting this with stories of the challenges we face eating gluten free. We are looking for an ambassador for Celiac Disease, an athlete, a politician and/ or performing artists. Do you know someone?

We are also very excited to support **My Healthy Gut** (<https://myhealthygut.com>). This is a new evidenced based app for digestive health, celiac disease or gluten intolerance. It is a well-researched resource that will help you understand your gut, give you access to a safe food data base, meal plans and journaling.

With regrets Kendra Mohart will be tendering her resignation from the Board of Directors of the Vancouver Chapter of the CCA and all of the duties associated with this role. We are very sorry that Kendra cannot continue to serve as a Director but we all understand her family is her priority at this time. We hope that in the future Kendra will have time to return, as her Nutritional knowledge and support of the newly diagnosed is invaluable and very much appreciated by all of us with Celiac Disease and Gluten Sensitivity. Kendra, on behalf of the Board of Directors and all of our members, thank you for your dedication and passion, we all will miss you and sincerely hope that you will be able to return.

We are continuing to have our dinner events once a month. Those who have joined us enjoy the freedom of being with a group of people with similar dietary restrictions and sharing our stories with each other. We hope that you will be able to join us at one of these events.

We are also pleased to announce we will be starting a new support group in South Surrey, led by Pushpa Kapadia. You can find the details, and about other support groups, under the Support Group section of this and every Newsletter.

**We can never thank you enough for your continued support of the CCA and our Vancouver Chapter, your membership is greatly appreciated and we strive to continue to provide you the "gold standard" of information so that you can lead a healthy and safe gluten free life. Thank-you!**

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# Top 5 Anti-Inflammatory Foods on a Gluten-Free Diet

Reprinted with Permission – article by Selena De Vries, RD. Thanks to the Celiac Scene where this article was originally posted.



Selena is a Registered Dietitian living with celiac disease who helps individuals that struggle with digestion find food freedom. At Healthbean Nutrition, Selena understands that celiac disease not only effects our physical health but also effects our emotional health. As such, Selena uses an integrative approach in the management of

digestive health conditions. She offers free group support for those with celiac disease/gluten sensitivity as well as offering nutrition coaching for digestive health conditions. Services are offered both online and in the beautiful Okanagan valley.

*Congratulations to Selena for her new posting as Director (BC), [Canadian Celiac Association \(CCA\)](#). She brings with her more than 4 years experience in the medical field as a Registered Dietitian and hopes to put her excellent fundraising skills to use. Thank you, Selena for stepping up to volunteer with the CCA – the national voice for people who are adversely affected by gluten!*

Fighting inflammation with food is all the rage right now. Google “anti-inflammatory foods” and you get over 26,000,000 hits. Wowza!

But in all seriousness, anti-inflammatory foods are really important for celiac disease. Celiac disease is based in a chronic, inflammatory response so fighting inflammation with food (along with supplements at times) is key.

Inflammation can come from certain foods in the diet. The big culprits are foods high in sugar and refined carbohydrates. Many people, especially when first diagnosed, transition to gluten free products that encourage the inflammatory process.

- Gluten free foods that encourage inflammation in the body include:
- Gluten free breads, pasta, baked goods (cakes, cookies, donuts, etc), cereals that are high in starch and white rice content
- Gluten free products high in sugar content such as cereals, bars and granolas and the foods listed above
- Pop
- GF fried foods
- Diets high in red meat

In order to decrease inflammation and encourage healing on the gluten free diet, it is important to decrease the use of the above foods and find healthy, nutritious substitutes. If you need help with this, [booking a consultation with a Dietitian](#) with experience in the gluten free diet is important.

Here are my top 5 picks that pack an anti-inflammatory punch:



1. **Turmeric:** This spice is a nutritional powerhouse, quite well known for fighting inflammation. You may see turmeric supplements popping up in many natural food stores. But, your best bet is to always start with the actual food before thinking about supplements. Supplements can have unwanted side effects at large doses (in pill forms) and may interact with some medications. So, if you are thinking about a turmeric supplement be sure to inform your Registered Dietitian or Medical Doctor.

Try this immune boosting smoothie: [Carrot, Ginger Turmeric Smoothie](#)

2. **Salmon:** Salmon is high in omega 3, specifically EPA and DHA, which are potent anti-inflammatory, essential fats that must be consumed in the diet to meet our needs. In addition to reducing inflammation, omega 3 fats help to support healthy heart, brain, skin, and bone function.

Try this simple, weeknight meal: [Maple Dijon Salmon](#)

3. **Chia seeds:** Chia seeds are a wonderful, vegetarian source of omega 3. The type of omega 3 found in chia seeds is ALA (alpha linolenic acid) and must be metabolized into the essential fats EPA and DHA. About 1% of ALA consumed in the diet will be converted into the essential fats, EPA and DHA.

Try this [raspberry chia parfait for breakfast](#)

4. **Green leafy vegetables:** There is so much goodness about green leafies (as I like to call them), I could go on and on. They pack a nutritional punch for the gluten free diet. Not only are they anti-inflammatory but they also contain an abundance of b-vitamins, specifically folate which can be deficient in someone with celiac disease. Aim to get a variety of greens throughout the week. Or, switch the type of greens you purchase on a week to week basis. Rotate through dark leafy greens such as romaine lettuce, arugula, kale, swiss chard, collards, red leaf lettuce and more.

Tip: throw a handful into smoothies, gluten free pastas, fried rice, soups, stews, and chilies, top sautéed greens on toast with a drizzle of olive oil and goat cheese, top it fresh on pizzas, etc. The options are endless!

5. **Blueberries:** Blueberries are high in phytonutrients (plant nutrients), antioxidants and flavonoids, all components known to help to reduce inflammation in the body. Blueberries aren't the only berry rich in these components, though, many other berries (especially dark berries like blackberries) are too.

# Volunteers Needed

Do you have a few hours to help out for these worthy causes? If so, send us an email at [info@vancouverceliac.ca](mailto:info@vancouverceliac.ca) or contact Val Vaartnou at 604-271-8828.

1. **Phone Buddies** – We have about 50 members who do not have email addresses. We would like to have “phone buddies” to contact these members, ensure that their needs are being met and determine if they wish to be contacted about future events that may not make the newsletter due to timing issues. Time commitment would be initial contact and then monthly to quarterly contact of those who wish on-going information.
2. **Gluten-Free Food Program** – are you interested in assisting with the new Gluten-Free Food Program by contacting restaurants in the lower mainland and informing them of how they can become part of the program. It may be you already eat out frequently and can contact your favorite haunts or you don't mind cold calling restaurants to provide them with the information. Let us know if you are interested. Please see article in this newsletter regarding more information about the Gluten-Free Food Program.
3. **PSA (Provincial Specialist Associations) Super Conference** – We have a booth at this conference which is being held Friday October 20 and Saturday October 21, 2017 at the Vancouver Trade and Convention Centre. The exhibition hall is open Friday from 8:00 am – 5:00 pm and Saturday from 8:00 am – 2:15 pm. Volunteers will be assigned shifts of approximately 4 hours. There are expected to be approximately 6,000 educators at the conference

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# Do Environmental Factors Play into Celiac Risk?

Thanks to Mark Johnson, Ottawa Chapter President and CCA Board Member

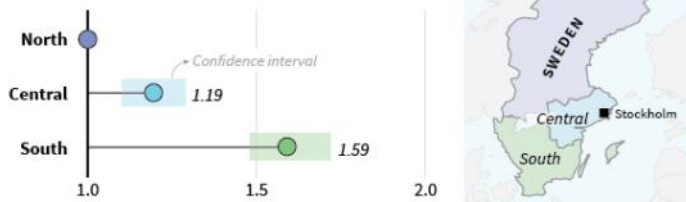
The study was published in the journal [Archives of Disease in Childhood](#).

## Do Environmental Factors Play Into Celiac Risk?

A study of children born between 1991 and 2009 in Sweden found that factors such as birth month and region of birth might influence Celiac disease risk.

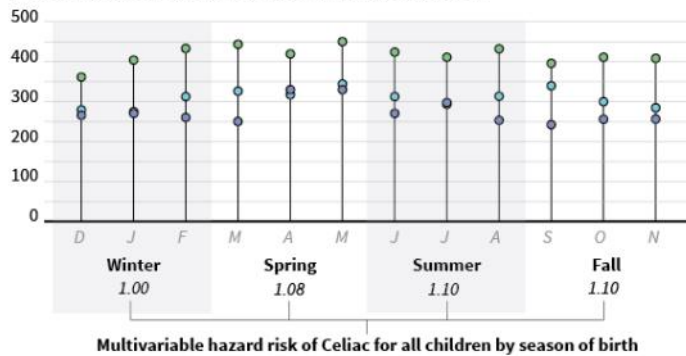
Children in Central and South Sweden had an increased risk of Celiac compared to children from North Sweden.

Multivariable hazard risk of Celiac for all children



Birth month -- independently and jointly with region of birth -- had an impact on Celiac rates.

Celiac disease incidence rate by month of birth in children aged 0-14.9 years during the period from 1991 to 2009 by region



Source: Archives of Disease in Childhood

The Huffington Post

The observational study could only call attention to these associations and heightened risks, so the researchers have no firm explanations for the discrepancy. But in addition to the aforementioned hypotheses for why Swedes experience more celiac disease, the researchers also guessed that abnormal levels of vitamin D, which [helps regulate the immune system](#), could be to blame.

The researchers also hypothesized that children born in the spring and summer tend to be weaned and introduced to gluten in the autumn and winter, which is also around the same time that infectious disease starts hitting the population. Viral infections could then influence gut bacteria and alter the intestinal lining, which could be the way celiac disease starts in these children. However, the study's limitations include a lack of information about infection rates and vitamin D levels, so we can't be sure why birth month and region may play a role, notes Armin Alaedini, a celiac disease researcher at Columbia University Medical Center's department of Medicine &

Institute of Human Nutrition who was not involved in the study.

Geography may also play a role in this hypothesis because of the way viruses typically move through the country, the researchers note. Seasonal viruses take months to travel from the South to the rest of the country, which may be why higher rates of celiac disease start later for northern babies.

"Among Swedish physicians, it is known that the yearly epidemics of respiratory syncytial virus, rotavirus and influenza start in southern Sweden and spread northwards over a couple of months, which supports our findings," the researchers wrote.

Insufficient vitamin D levels is also influenced by the changing seasons. Past research has already shown a link between low vitamin D levels in early childhood and immune diseases like [type 1 diabetes and inflammatory bowel disease](#), but a few details get in the way of this hypothesis. For one, all Swedish infants receive vitamin D supplements, and secondly, the region with the least sunshine — the North — also has the lowest rate of celiac disease (exposure to sunshine triggers vitamin D production in the body). Another option could be that Swedish mothers in the South may actually be getting too much vitamin D, but more research needs to be done to explore this subject.

### What this means for the rest of the world

Dr. Peter Green, director of the Celiac Disease Center at Columbia University, praised the study for highlighting the environmental factors that are often overlooked in celiac disease risk. Green found in previous research that [summer births were associated with a heightened risk of celiac disease](#), but the Umea University paper goes into much more detail and folds regional differences into the analysis, too.

He also noted that seasonal virus patterns, as well as perhaps climate, might affect celiac disease risk for Americans and people in other parts of the world.

"It's a significant paper because it highlights the role of environmental factors," he said. "We need to do more research to see what they are and how they can be altered to prevent this increase in celiac disease that has been occurring worldwide for unclear reasons,"

The study was published in the journal [Archives of Disease in Childhood](#).

# Celiac Disease in the News

Submitted by Val Vaartnou

The following are precise of scientific articles and news articles regarding Celiac Disease related issues reviewed since the last newsletter. Links and bibliography information is provided if you wish to read the full article.

## Factors Associated with Villus Atrophy in Symptomatic Celiac Disease Patients on a Gluten-free Diet

1,395 celiac disease patients who had celiac disease and despite being on a gluten-free diet had on-going symptoms were reviewed. A majority of symptomatic celiac disease patients did not have active disease on follow-up histology. Symptoms were poorly predictive of persistent mucosal injury. Villous atrophy was most often seen in patients who used non-steroidal anti-inflammatory drugs (NSAIDs), proton pump inhibitors (PPIs), and selective serotonin reuptake inhibitors (SSRIs). Use of these drugs warrants further study.

S. Mahadev; J. A. Murray; T.-T. Wu; V. S. Chandan; M. S. Torbenson; C. P. Kelly; M. Maki; P. H. R. Green; D. Adelman; B. Lebowitz, *Aliment Pharmacol Ther.* 2017;45 (8):1084-1093.

[http://www.medscape.com/viewarticle/878189?src=wnl\\_edit\\_tpal](http://www.medscape.com/viewarticle/878189?src=wnl_edit_tpal)

## A Unique Enzyme Could be a Game-Changer for Gluten-Sensitive Patients

A Press Release from Digestive Week May 7, 2017 – “Researchers have found that taking an enzyme tablet while consuming foods containing gluten prevents a significant amount of it from entering the small intestine. This could enable gluten-sensitive patients to ingest small quantities of gluten without experiencing symptoms, such as bloating, diarrhea and abdominal pain.

The encouraging results from the enzyme known as *aspergillus niger*-derived prolyl endoprotease (AN-PEP) were presented at Digestive Disease Week® (DDW) 2017, the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery.” Note: this enzyme was not used on celiac disease patients as it does not adequately protect them.

<http://www.ddw.org/blogs/aimee-frank/2017/05/07/a-unique-enzyme-could-be-a-game-changer-for-gluten-sensitive-patients?CommunityKey=e1a95ab4-c2da-436d-be33-59f0c867cdcf&tab=>

## Mast Cells Tied to Onset and Progression of Celiac Disease

A team of researchers at the University of Udine, Italy investigated the role mast cells have in the development of celiac disease. “The team found that infiltrating mast cells reflected the severity of mucosal damage, and their

numbers were increased in patients with higher Marsh scores. They noted that mast cells responded directly to non-immunodominant gliadin fragments by releasing pro-inflammatory mediators.” The study found that mast cells were prominent in the inflammatory process. This could be important in finding therapeutic solutions for CD.

<https://www.celiac.com/> and <https://www.ncbi.nlm.nih.gov/pubmed/27619824>

## Psychiatric Disorders in Children Linked to Celiac Disease

Children with celiac disease are at a 1.4-fold increased risk for psychiatric disorders, according to a new Swedish study. Lower body mass and malnutrition in children with celiac disease is one possible pathogenic mechanism, and immune-mediated systemic reaction in celiac disease may be associated with the increased risk for depression and autism, they suggest. The increased risk of neurodevelopmental disorders also suggests a “biological etiology of psychiatric comorbidity in celiac disease.” In addition, psychological aspects of celiac disease and chronic symptoms may contribute to the effect.

<http://www.psychiatryadvisor.com/childadolescent-psychiatry/psychiatric-disorders-may-precede-celiac-disease-diagnosis-in-children/article/656070/>

## Have You Been Glutened?

An at home pregnancy-like test may be soon be available to tell you if you have been glutened. GlutenDetect will be available by the end of the year, but the test stick would have to be sent to a laboratory for evaluation. The test will give a “current picture of gluten exposure compared to the tTG test and biopsy, which show what has happened in the past few months. You are looking at what’s happening today, and patients can review their diets. This is a tool to help manage a gluten-free diet.”

<https://www.beyondceliac.org/>

## Long Term Gluten Consumption in Adults Without Celiac Disease and Risk of Coronary Heart Disease

Long term dietary intake of gluten was not associated with risk of coronary heart disease. However, the avoidance of gluten may result in reduced consumption of beneficial whole grains, which may affect cardiovascular risk. The promotion of gluten-free diets among people without celiac disease should not be encouraged.

[http://www.medscape.com/viewarticle/879702?src=wnl\\_edit\\_tpal](http://www.medscape.com/viewarticle/879702?src=wnl_edit_tpal)



# Celiac Disease in the News

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## Antigliadin Antibodies May Indicate Gluten-free Diet Will Help in IBS

“There is growing interest in the role of food as a trigger of symptoms in functional bowel disorders, including IBS. More than 60% of patients with IBS [experience] bloating and abdominal pain after ingestion of certain foods, and within these foods, wheat and gluten may cause symptoms in a subset — not all — IBS patients in whom celiac disease and wheat allergy have been excluded,” said **María Inés Pinto Sanchez, MD**, of the department of medicine at McMaster University and the Farncombe Institute in Ontario, Canada. Patients with IBS, regardless of antibody status, experienced comparable improvements in anxiety, somatization and wellbeing, but only patients who were antigliadin positive had reduced depression scores, Sanchez said. This may “suggest that gluten restriction rather than strict gluten avoidance may be sufficient for symptom management in this subgroup of IBS patients,” Sanchez concluded.

<https://www.healio.com/gastroenterology/irritable-bowel-syndrome/news/online/%7B3bff7cd6-e277-42e9-b0a4-a982e8de96fe%7D/antigliadin-antibodies-may-indicate-gluten-free-diet-will-help-in-ibs>

**Reference:** Sanchez MIP, et al. Abstract #162. Presented at: Digestive Disease Week; May 6-9, 2017; Chicago.

## Celiac Disease Tests Do Not Reflect Ongoing Mucosal Damage

Dr. Donald R. Duerksen, from the University of Manitoba looked 1,088 patients and found that the “estimated sensitivity of the tTG IgA was 50% and its specificity was 83% for detecting persistent villous atrophy on a gluten-free diet.” “Although widely available, and relatively non-invasive, serum tTG IgA and EMA IgA antibodies are poorly correlated with mucosal outcomes,” they conclude. “Most patients with celiac disease have negative antibody tests on a gluten-free diet, even those with persistent mucosal damage.” A positive test result is useful as it suggests that dietary assessment is required. A negative test however, does not indicate that there is mucosal recovery. Original article in Reuters Health.

[http://www.medscape.com/viewarticle/881043?src=wnl\\_edit\\_tpal](http://www.medscape.com/viewarticle/881043?src=wnl_edit_tpal)

## Drug Development Pipeline – Beyond Celiac

Beyond Celiac has a page on their website that is tracking the stages of development of Celiac Disease drugs and research under development. They also have an infographic that provides what each of the stages of development of a drug trial are.

<https://www.beyondceliac.org/drug-development-pipeline/>

## US Gluten-Free Labelling

The Celiac Disease Foundation June, 2017 newsletter indicated that as of August 2013, the Food and Drug Administration issued a rule mandating that packaged food labeled “gluten-free” (or similar claims such as “free of gluten”) cannot contain more than 20 parts per million of gluten (ppm). CDF is pleased to announce that the FDA has found extensive compliance with products labeled “gluten-free.” Of 702 samples from more than 250 products labeled “gluten-free,” over 99.5% are in compliance with the FDA’s requirement and contain less than 20 ppm of gluten.

<https://celiac.org/blog/2017/06/new-sampling-data-compliance-fda-gluten-free-labeling-rule/?bbblinkid=50860850&bbemailid=4230262&bbejrid=307504556>

## Is there a relationship between gluten sensitivity and postural tachycardia syndrome (PoTS)?

In a study in the European Journal of Gastroenterology & Hepatology, it was found that 4% of those diagnosed with PoTS also had celiac disease. Self-reporting by those with PoTS indicated that 42% were gluten-sensitive. Further study is required to understand the relationship between PoTS and gluten related disorders. PoTS is a condition that causes an abnormal increase in the heart rate when you go from a lying position to a standing condition.

[http://journals.lww.com/eurojgh/Citation/2016/12000/Is\\_there\\_a\\_relationship\\_between\\_gluten\\_sensitivity.5.aspx](http://journals.lww.com/eurojgh/Citation/2016/12000/Is_there_a_relationship_between_gluten_sensitivity.5.aspx)

## Are Gluten-Free Foods Misleading Consumers?

For those of you who are new to Celiac Disease, another study has confirmed that gluten-free foods do not have the same nutritional value as their gluten containing comparisons. “In all, the study assessed 654 gluten-free products, and compared them against 655 gluten-containing products. Among the group’s key findings were that gluten-free breads had significantly higher content of lipids and saturated fatty acids; gluten-free pasta had significantly lower content of sugar and protein; and gluten-free biscuits had significantly lower content of protein and significantly higher content of lipids.” ESPGHAN expert and lead researcher, Dr Joaquim Calvo Lerma, adds that “...it is imperative that foods marketed as substitutes are reformulated to ensure that they truly do have similar nutritional values. This is especially important for children, as a well-balanced diet is essential to healthy growth and development.”

[www.celiac.com](http://www.celiac.com) and the <http://www.espghancongress.org> Media Release

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# Celiac in the Kitchen

Please provide your favorite recipe to us for this newsletter! We search recipes to give you ideas about what to cook on the gluten-free diet, but if you have any “tried and true” recipes that you could share, it would be much appreciated by me (and I am sure the readers of the newsletter).

## Gluten-Free Stir Fry Sauce

Courtesy of Jess Pirnak, RD

### Ingredients:

- ½ cup gluten-free soy sauce or Naked Coconut's soy-free seasoning sauce (tastes like soy sauce but has 65% less sodium!)
- ½ cup vegetable broth
- 1 tablespoon corn starch
- 1 tablespoon honey
- 1 teaspoon sesame seed oil
- 1 teaspoon rice vinegar
- 2 inch piece of ginger, peeled and grated or finely minced (1 tablespoon ground powdered ginger)
- 2 garlic cloves, grated or finely minced

### Directions:

1. Whisk all ingredients together. Adjust the amount of sauce you add according to how much stir fry you're making.
2. When adding to your stir-fry, allow to cook for 3 full minutes to allow the corn starch to thicken the sauce.

Makes 1-1/4 cups. Will keep refrigerated in an airtight container for 1 week.

Challenge yourself this month to eat locally because everything your heart desires will be in season!

## Spolumbo's Mediterranean Shared Field Platter

Recipe Courtesy of Spolumbo's

### Ingredients:

- 3 Spolumbo's sausage links – your choice of a variety (I like Spicy Italian, turkey cranberry)
- 60g well-aged crumbly goat cheese (Pecorino, Crotonese, etc.)
- 60g feta cheese
- 60g fresh ricotta cheese
- 2 cups mixed, cracked & dressed olives (spiced with salt, herbs and olive oil)
- 6-8 Slices of crusty bread or crostini

### Directions:

1. Slice sausages into equal bite-sized rounds and fast fry in a pan with very little oil over medium heat.
2. Cook the milder flavours first and the spicier ones last, or use separate pans to avoid cross-contamination of spice.
3. Turn all sausages over halfway through to sear and seal both sides of the exposed meat.
4. Skewer the sausage pieces with toothpicks or colored spears to distinguish between flavours. Spoon the mixed olives next to the sausages in the center of the platter and add cheese to the other side of the olives, so the hot items do not melt the cold ones.
5. Sprinkle with whole shelled walnuts and garnish with whole basil leaves. Serve bread in a separate basket or on a cutting board at the table.

Combine this platter with a side of wine-seared figs and fresh grapes, or a traditional Italian tomato salad.



# Celiac in the Kitchen

## Orange Chocolate Macadamia Biscotti

Courtesy of <https://elanaspantry.com/low-carb-orange-chocolate-macadamia-biscotti/>

### Ingredients:

- 1¼ cup blanched almond flour (not almond meal)
- 1 tablespoon egg white protein powder
- ⅛ teaspoon celtic sea salt
- ⅛ teaspoon baking soda
- 2 tablespoons orange juice
- 1 tablespoon maple syrup
- ½ teaspoon vanilla stevia
- ½ teaspoon orange extract
- ¼ cup macadamia nuts, toasted
- ¼ cup chocolate chips

### Directions:

1. In a food processor, combine almond flour, protein powder, salt, and baking soda
2. Pulse in orange juice, maple syrup, stevia, and orange extract until dough forms
3. Transfer dough to a piece of parchment paper
4. Work macadamia nuts and chocolate chips into dough evenly
5. Form dough into two 5x2½ inch logs, 1 inch tall
6. Transfer to a parchment lined baking sheet
7. Bake at 350°F for 18-22 minutes until bottom is golden brown
8. Remove from oven and cool 1 hour on a cooling rack
9. Cut on diagonal into ¼ inch thick slices
10. Place slices on a parchment lined baking sheet
11. Bake each side for 5-7 minutes
12. Cool for 30 min

Serves 20



## Orange Creamsicle Jelly Roll

We've taken our Angel Food Cake mix and created a light and Golden Sponge. Recipe created by Kinnikinnick Corporate Chef Lori Grein



### Ingredients for sponge base:

- ½ pkg. **Kinnikinnick Angel Food Cake Mix** (225g)
- 5 eggs (divided) (280g)
- 2tbsp icing sugar (18g)
- 2tbsp granulated sugar (25g)



### Ingredients for Orange filling:

- 1 cup 33% cream (whipped) (240g)
- ¼ cup icing sugar (40g)
- Zest of 1 orange (6g)
- 260ml mandarin orange segments (255g)

### Directions:

1. Preheat oven to 350°F (176°C)
2. Line a 15"x10" pan with parchment. Set aside
3. Combine 2tbsp icing sugar and granulated sugar in a small bowl. Set aside.
4. In two separate bowls, divide egg whites and yolks. Mix egg whites until stiff peaks. Set aside.
5. In separate bowl, mix egg yolks until combined. Add ½ pkg **Kinnikinnick Angel Food Cake Mix** to yolks and mix until combined and batter is a pale yellow in colour. Fold in egg whites and mix just until combined.
6. Deposit batter in prepared pan, spread with a pallet knife until even.
7. Bake at 350°F (176°C) for 16 minutes (check for doneness). Remove from oven and let sit for 5 minutes. Sprinkle a new piece of parchment slightly longer than pan with ½ of the Icing sugar/granulated sugar mixture. Invert pan on prepared parchment and carefully remove from pan and baking parchment. Sprinkle with remainder of sugar mixture and tightly roll sponge width wise. Let cool.
8. To make filling: Whip whipping cream until soft peaks. Add icing sugar and continue to whip to stiff peaks. Fold in orange zest and orange segments. Store topping in the refrigerator until ready to use.
9. **To assemble:** Unroll jelly roll and spread with prepared filling. Carefully roll back up keeping even pressure. Slice into desired serving sizes. Dust with icing sugar.

**Tip:** If using canned mandarin slices, drain juice well.

# Celiac in the Kitchen

## Sweet & Salty Pumpkin Seed Butter Bars



Reprinted with Permission - Omega Nutrition Blog – July 7, 2017 [www.omeganutrition.com](http://www.omeganutrition.com)

Here's another easy No Bake sweet treat for summertime (or for back to school). The whole family will enjoy these! Best of all, they are naturally gluten-free, dairy-free, nut-free, vegan, and paleo-friendly.

### Ingredients for the bottom layer:

- 1 1/2 cups Omega Nutrition Pumpkin Seed Butter
- 1/4 cup Omega Nutrition Virgin Coconut Flour
- 1/4 cup Omega Nutrition Coconut Oil, melted
- 1/4 cup organic dark maple syrup

### Ingredients for the top layer:

- 2 heaping tbsp Omega Nutrition Pumpkin Seed Butter
- 1/2 cup gluten-free vegan chocolate chips (I tend to use the EnjoyLife mini chocolate chips)
- 1/8 tsp organic vanilla extract (I prefer the alcohol-free version)

### For scattering on top:

- A generous handful of organic raw shelled pumpkin seeds
- A pinch of Himalayan pink salt

### Directions:

1. Begin by lining a 10 x 10 baking pan with wax paper.
2. Next, combine all of your ingredients for your bottom layer in a large bowl and mix well with a silicone spatula. When well combined, carefully pour this into your lined pan and use your spatula to make sure it is evenly distributed. You want your bars to be the same thickness throughout.
3. For your top layer, you will want to use a small double boiler on your stovetop to ensure that the chocolate does not accidentally burn in the process of melting it and mixing it into the pumpkin seed butter. I often just sit a small plastic mixing bowl over a small saucepan that has boiling water in it. I find this is very effective.
4. If you have a microwave, you may wish to use it instead. Microwave the pumpkin seed butter, the chocolate chips, and your vanilla extract on high for 1 minute, remove the bowl, and stir with your spatula until everything has melted together.
5. Pour the chocolate layer into your baking pan, directly on top of your bottom layer. Again, use your spatula to smooth it out evenly.
6. Lastly, scatter a generous handful of shelled pumpkin seeds across the top of the chocolate layer, and sprinkle a pinch of pink salt if you so desire as well.
7. Put the pan into your freezer for at least 3 hours. Make sure it is sitting flat so that your bars turn out evenly.
8. Once ready, you will need a sharp knife to cut the results into squares. Transfer those to a sealed container and keep in the fridge or freezer until ready to serve. They do start to melt very quickly in the warm weather. I like to enjoy mine right out of the freezer and find them to be a refreshing pick me up. These will keep for at least 2 weeks if refrigerated and properly stored.



# Celiac in the Kitchen

## No Bake Lemon & Coconut Shortbread Cookies



*Reprinted with Permission - Omega Nutrition Blog – June 30, 2017 [www.omeganutrition.com](http://www.omeganutrition.com)*

I recently discovered the secrets to perfect gluten-free and vegan shortbread. And those secrets are Coconut Flour and Coconut Oil. It's so simple that I'm not sure why I didn't try this before. This combination is also grain-free, nut-free, and paleo. I'm pretty excited to have this recipe in my pocket for when holiday season arrives. I can't wait to try different festive variations and flavours.

The other thing that I love about these is that they don't need to be baked. In the hot summer months, I am so grateful for recipes that do not require using my oven.

Please note that the recipe below is for a rather modest amount of dough, but I definitely recommend keeping the individual cookies themselves nice and small as they are quite dense. You should be able to get 8-10 cookies from the amounts listed. You can easily double the recipe if you need to make more.

### Ingredients:

- 1 cup Omega Nutrition Virgin Coconut Flour
- 1/2 cup Omega Nutrition Coconut Oil, melted
- 1/4 cup organic dark maple syrup
- the freshly squeezed juice from 1 organic lemon
- 1/8 tsp organic vanilla extract (I prefer the alcohol-free kind)
- Fresh lemon zest for garnish
- Thinly sliced Meyer Lemons or lemon preserves if available, for added garnish

### Directions:

1. Combine all of your ingredients except for your garnish into a large mixing bowl. It is best to use your hands to mix it, rather than a food processor. It is a very crumbly dough at first and the warmth and pressure from your hands will help it all come together a little better.
2. Once you have your dough, use your palms to roll it into small balls (similar to the size of energy balls or truffles), then flatten them slightly and place on a wax paper lined cookie sheet or Tupperware container.
3. When they are all ready to go, I then grate my lemon zest directly over top, and add any additional lemon slices or preserves that I have on add.
4. You can then put these in the refrigerator for approximately 1 hour, or into the freezer for closer to 30 minutes.
5. If kept in an airtight container, these should keep for at least a week in the fridge.



# Why a Gluten-Free Diet Could be Very Unhealthy?

Summary of Article by Dr. Mark Hyman [www.drhyman.com](http://www.drhyman.com)

Just because it is gluten-free does not mean that it is healthy! Too many processed gluten-free foods are loaded with sugar, salt and are not fortified with vitamins and minerals like their non-gluten free counterparts. Gluten-free junk food is still junk food. Not only should you be reading labels to ensure there is no gluten in what you are buying, but you should also be checking the nutrient value. Many newly diagnosed celiacs gain weight as they are trying all the processed gluten-free options. As you heal you will absorb those calories much easier too.

“Don’t be fooled: Gluten-free junk food is still junk food loaded with artificial sugars, food coloring, added gums to help things stick together and additives to increase shelf life while decreasing yours.”

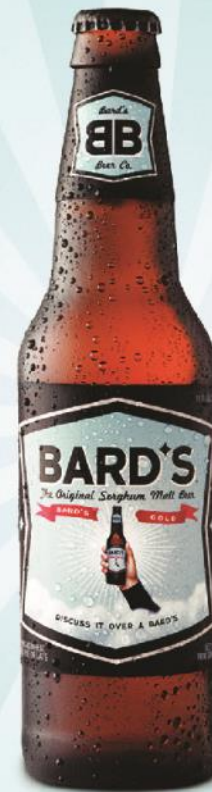
Dr. Hyman recommends that you cook at home as much as possible and go as far as avoiding anything with a label. The more whole fruits, vegetables and lean meats that you eat the better. Avocados and almonds are gluten-free too!

Check out the site, Good Foods on a Tight Budget for a good diet. <http://www.ewg.org/goodfood/>

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*Discuss it over a Bard’s*



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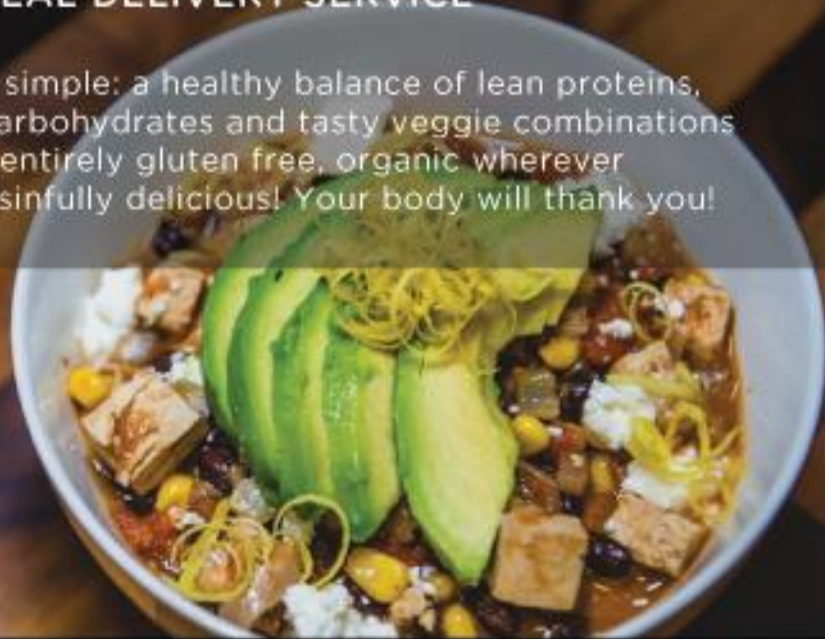


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# Dietitian's Corner: For the Love of Squash

By Jessica Pirnak, Registered Dietitian



For the love of squash! Why do we call winter squash 'winter' when it's available a good portion of the year, from August to January? I guess it's like calling a sweet potato a yam, which is a whole other story. But good news to all you locavores out there – a large variety of winter squash is grown locally across BC, including butternut, banana, acorn, spaghetti and kabocha.

Why should we eat squash?

For busy families, squash is low maintenance to prepare. Throw any squash in a preheated oven (at 350 °F) and roast for 30-40mins without having to flip or fiddle with it, giving you some time to put the kids to bed. Bonus – roasted squash will keep in your fridge for a week giving you some flexibility on your menu.

Winter squash is a healthy carbohydrate. In other words it has a low glycemic index and is full of nutrients. Having a low glycemic index allows us to feel full longer and not have fast energy crashes making us hangry.

Per cup, BC winter squash counts for 25% of our daily fibre intake and 60% of our vitamin A, which is a potent antioxidant vital for eye health. Plus squash has a ton of vitamin C, which is important for maintaining healthy bones, skin and other tissues.

Lastly, the seeds making up the squash are hidden gems of zinc, protein, iron, fibre and magnesium. They also can fight breast and prostate cancer with naturally occurring lignans, so don't compost so fast – roast and add to salads, baking and yogurt.

See you at the pumpkin patch!



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# Gluten-Free Food Program – Press Release

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MISSISSAUGA, ON, May 8, 2017 /CNW/ – The Canadian Celiac Association, Fondation québécoise de la maladie coeliaque, and Gluten-Free Food Program Inc. have joined forces to create and promote the new industry standard for the celiac community.

The Gluten-Free Food Program Inc. (GFFPI) is pleased to announce the launch of its GF-Smart, GF-Verified and GF-Dedicated programs for the food service and hospitality industry. The Gluten Free Food Program (GFFP) has been developed with the endorsements from the Canadian Celiac Association (CCA) and Québec-based Fondation québécoise de la maladie coeliaque (FQMC); Canada's two authoritative voices for those living gluten-free. **This program will serve to improve the dining-out options for those suffering from a gluten-related medical disorder, by arming the food service and hospitality sector with standardized professional training, management systems and best practices.**

Over 2.5 million Canadians are affected by gluten and need a consistent hospitality sector standard. Operators serving food on a commercial basis may choose or be required to provide a gluten-free menu option. The GFFPI has developed professional standards to serve the gluten-free population, including restaurants, caterers, camps, hotels, convention centers, healthcare and educational institutions, cafés, and fast food outlets.

“Gluten-free diners are looking for dining options that are safe,” says Anne Wraggett, CCA President. “They often fear eating out due to negative past experiences and lack of consistency throughout the hospitality sector, increasing the risks of consuming gluten accidentally. Our members will be excited to visit and support these outlets.”

**Although the term gluten-free is widely used in the food service and hospitality sector, it is often misunderstood, unpredictably executed, and thus an unreliable assurance of a safe dining experience. Until now, a national training standard that the industry in Canada could turn to has not been available.** Now, and as part of their professional advancement, food handlers can learn about the importance of proper food handling and avoid accidental contamination of gluten-free food. For food service and hospitality operators, GF-Smart functions as a strategic business partner by standardizing food handler training, thereby improving customer service, fostering staff engagement and reducing the risk of negative publicity for those establishments who employ GF-Smart trained staff.

The Canadian Society for Nutrition Management (CSNM), the national association representing Food and Nutrition Managers across Canada, has adopted GF-Smart as part of their member curriculum. Dave Lebert, CSNM Continuing Education Chair, says “Gluten-free diets, procurement of safe food for these special diets, and, most critical, the teaching and providing direction to our staff who work with gluten-free clients, are among the many facets of responsibilities of which our members endure on a daily basis. We are thrilled to partner with GFFP to offer the GF-Smart program to our members, and even more excited to include this course as part of CSNM's Continuing Education program, worth one Continuing Education (CE) credit for our members.”

GF-Verified and GF-Dedicated standards have been created to ensure a consistent approach to internal management systems. From the purchase of ingredients, food storage, preparation, cooking, service, and delivery of gluten-free meals, GF-Verified denotes an establishment that provides both regular and gluten-free meals. GF-Dedicated indicates that all meals provided within the establishment are gluten free.

Our logos for the GF-Verified and GF-Dedicated programs will be displayed to indicate to the gluten-free community that an establishment has achieved the GFFP standards and in doing so has been externally audited by an independent auditor.

About Gluten-Free Food Program (GFFP): The Gluten-Free Food Program Inc. is a privately held corporation which owns and operates the GF-Smart and GF-Verified and GF-Dedicated programs, developed and managed with the endorsement of the Canadian Celiac Association and Québec-based Fondation québécoise de la maladie coeliaque, Canada's two authoritative voices for those living gluten-free. [www.glutenfreefoodprogram.com](http://www.glutenfreefoodprogram.com)

About Canadian Celiac Association (CCA): The Canadian Celiac Association is the national voice for people who are adversely affected by gluten, and is dedicated to improving diagnosis and quality of life. Based in Mississauga, Ontario, with chapters across the country, its mission includes advocacy, education, research and community support.

[www.celiac.ca](http://www.celiac.ca)

About Fondation québécoise de la maladie coeliaque (FQMC): The Fondation québécoise de la maladie coeliaque provides services and support to its members in the French language. Its mission is to improve the lives of people who are affected by celiac disease or non-celiac gluten sensitivity with information on the disease and the gluten-free diet.

[www.fqmc.org](http://www.fqmc.org)

SOURCE Gluten Free Food Program Inc

For further information: GFFP: Andrew Batten, [andrew.batten@glutenfreefoodprogram.com](mailto:andrew.batten@glutenfreefoodprogram.com), (647) 467-3972; CCA: Melissa Secord, [melissa.secord@celiac.ca](mailto:melissa.secord@celiac.ca), (905) 507-6208 ext. 226; FQMC: Édith Lalanne, [elalanne@fqmc.org](mailto:elalanne@fqmc.org), (514) 529 8806

# Gluten-Free Food Program (GFFP)

Information from Presentation to CCA: June 2017



We were provided with more details of the Gluten-Free Food Program (GFFP) initiated by the CCA in conjunction with the FQMC in Quebec. The program not only covers restaurants, but also, caterers, camps, hotels and convention centres, healthcare and educational institutions and cafes, bars and quick service outlets.

The program will have two designations:



An establishment producing both gluten and gluten-free food.



As the name suggests, an establishment producing only gluten-free food.

As well, training from experts will be provided for managers and back of house staff for the safe handling and best practices of gluten-free foods, from ingredient sourcing to proper storage, cross-contamination issues, food preparation and serving. Senior management will need to be committed to providing training to staff, implementing and documenting consistent operating procedures, followed by 3<sup>rd</sup> party verification will ensure the provision of safe, reliable gluten-free food. This program is called:



The process that will be followed by companies wishing to be verified are:



## THE GF-VERIFIED AND GF-DEDICATED STANDARDS

Our standards are about "good business practices" in protecting and enhancing the establishment's reputation:

- 1.0 SENIOR MANAGEMENT COMMITMENT
- 2.0 STAFF TRAINING AND COMMUNICATION
- 3.0 GLUTEN-FREE MENU PLANNING
- 4.0 ESTABLISHING FOOD HANDLING POLICIES AND PROCEDURES TO PREVENT ACCIDENTAL CONTAMINATION
  - 4.1.0 Receiving and Storage
  - 4.2.0 Cleaning and Personal Hygiene
  - 4.3.0 Food Preparation and Equipment
  - 4.4.0 Greeting, Ordering and Serving
  - 4.5.0 Off-site Deliveries
- 5.0 DOCUMENTATION, MONITORING, VERIFYING and REPORTING

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# Sending our Kids Off to College (and School)

## Sending our Kids Off to College (and School) When They Have Celiac Disease or Food Sensitivities

Dr. Theresa Nicassio – Interview with Caroline Moassessi – Allergy & Asthma Blogger and Author of Blog GratefulFoodie.com

To listen to the full interview:

<https://www.theresanicassio.com/portfolio/caroline-moassessi-food-labeling/>

I have also included some pointers on how to ensure your school age children manage their school days safely with limited stress.

With children who have celiac disease, food allergies or intolerances, it is exciting and scary sending them off to college, both for the student and the parent. There is so much to think about before you send your student off. Accommodations, dorm rooms, and shopping for their dorm rooms. In each instance, you must consider the child's celiac disease or other food sensitivities to ensure the child is transitioned safely for college life.

1. Speak to dining services well in advance of arriving. Identify the main contact and get hold of them long before school starts. Develop a personal relationship with dining services and find out how it will work – who your child should contact, are students with sensitivities serviced from a special area, and is the pantry safe? Caroline's experience is that they want to hear from those with allergies. Look at the menu on line and be ready to ask questions. Don't be shy and understand that the food services want to keep you child safe as well. Stay aware of staffing changes in food services, so that your needs continue to be met.
2. Empower the student to take control with food services once the initial contacts are made.
3. Accommodations and sleep arrangements must be considered. What kind of information needs to be shared with roommates? Rescue medications, if any are required, communicate where they be kept. Ideally contact housing ahead of time to find a roommate who has similar issues.
4. Understand what is going to be allowed in the dorm room. Is there a refrigerator, a microwave or any other cooking appliance. Color coding is important to identify your plates and utensils from everyone else. Buy foods that are safe for you before you go, just in case everything is not ready at food services. Personalize your water bottle so roommates do not have the same and can mistakenly use yours. How can cross-contamination be reduced given what will be allowed in the dorm room? Have some rules regarding use of the appliances. Your child should have a personal toaster.
5. How to live a normal life as a college student? Have your child go on-line and learn about restaurants in the

area. A list of safe options should result, so they can suggest a restaurant to their friends when asked. Be prepared and always do your homework before you commit to activities. Make your friends aware – they would want to keep their friend safe. Students want to have fun but care about their friends. Let them know how you handle your emergencies. Always have a little extra stash of food to fall back on in emergencies or when change of plans leave you out longer than you expect to be.

Caroline has put together a “College Page”, resources for parents of students going off to school:

<https://www.gratefulfoodie.com/> Back to School Checklist – although for allergies and asthma, a lot of the information provided is useful for those students with Celiac Disease.

Not part of the discussion with Caroline, but equally important is how should you prepare for your child to go back to school. It is important to understand if the School Board in your area has any position regarding allergens in the classroom. Armed with any “official” information, early in the school year you should meet with the school nurse, your child's teacher, lunch room staff (if any) and ideally the school principal.

In this meeting, discuss and document, how to prevent your child from being glutened and what to do if it does occur. It is important to discuss hygiene in the lunchroom and ideally make your child responsible for ensuring a safe area to eat at. Those supervising should be aware of what is required and monitor to ensure a safe eating environment is available. Request that gluten-free items be kept in the classroom or the freezer, so that if impromptu celebration events take place, that your child is not left out.

Discuss field trips, school bus (if any), substitute teachers and other out of the everyday occurrences and how they should be handled. Communicate what the usual symptoms of being glutened for your child are to the school authorities (ensure they understand that symptoms vary by person) and what will be required to make your child more comfortable. Quick access to the washrooms should not be questioned by the school.

Make sure that the school understands your child's development status in handling their own issues. The child should know what foods to avoid. Anything introduced into the classroom, your child must either be able to read labels or have someone who can ensure their safety. Providing a pocket dictionary that provides information regarding how to read labels to both the nurse and the classroom teacher might be considered. The responsibility of the school is to keep your child safe, however, it is your responsibility to ensure they have the knowledge to do that.

*Continued on following page...*

# Sending our Kids Off to College (and School)

Continued...

It is also important that your child is prepared. Make sure, if it is a new school, that they have had a tour of the school prior to attending classes. Discuss situations that can occur and what they should do in each instance. Make sure that they know how to ask for help from a grown-up at the school, give them the confidence to reject unsafe food and let them practice how to refuse the food. If an accident happens, they need to understand what to say and to whom so they can quickly act on the situation.

The more and the quicker your child is given responsibility for their own safety, the better. They must feel confident in managing this. It is important as a parent that we do not project the feeling of "poor me". The child must be comfortable in managing their health and encouraged to be proud that they are able to do so. With so many options in the gluten-free world, the parent is responsible to provide the alternatives that make life as normal as possible for their child. There is no room for a "pity party".

Talking with teens who have managed Celiac Disease throughout their school years, most thought there were benefits to managing their disease. They usually had a healthier diet, they understood what was in their food and they learned quickly to be prepared. Always look at the positives and prepare for anything that may detract from having a great day. Enjoy the school year.



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# Featured Local Business: Omega Nutrition

*Submitted by Val Vaartnou – based on Interview with President and CEO, Robert Gaffney and Rosalyn O'Connor, Client Services Department Manager*

I had the pleasure to meet with Robert Gaffney and Rosalyn O'Connor from Omega Nutrition in early August. I have used their products for several years and they have been very supportive of the CCA - Vancouver Chapter. I had not realized how advanced their processes were to ensure the quality of the products and the importance of the packaging materials in ensuring the lasting benefits of the products until I spent time reading about Omega Nutrition.

It all began with a vision to produce the best organic flaxseed oil possible. In 1986 Omega Nutrition had developed a proprietary "unique extraction process to prevent damaging exposure to light, heat, oxygen and reactive materials" producing a certified organic flaxseed oil with all the valuable nutrients, freshness and flavor intact. Essential Fatty Acids (EFA's) are critical for our body's cell membranes and our bodies cannot produce EFA's. They must be obtained through our diet.

From the start, there was a commitment to innovation and research and development at Omega Nutrition. They buy only premium flaxseeds and test each batch to ensure both nutritional benefits and flavor. If the flavor of a batch is not good, seeds can be bitter, the batch is rejected. In 1987, Omega Nutrition had set up a manufacturing facility at 43 West Hastings in Vancouver. To enable access to the US market, a manufacturing facility was built in Bellingham by 1990. Vancouver remained the Head Office and Sales and Marketing centre.

In the early years, Robert worked directly with the farmers to ensure the organic integrity of the ingredients. As the business grew, he worked with brokers and still tests each lot of product prior to accepting the lot for production, to ensure the quality standards are maintained. Their business is not commodity driven. Quality of the ingredients is critical.

There are additional benefits to Omega's production processes. Properly manufactured Essential Fatty Acids (EFA's) can more easily be assimilated by the mitochondria which are responsible for energy conversion in our bodies. The "omegaflo" process uses small batch cold pressing in a light and oxygen free environment. No heat treatment is used in processing. Packaging is also critical. Opaque bottles flushed and sealed with inert gas result in a fresh oil with all nutrients intact and no toxic substances. "Commercial oils are excessively refined in huge volumes at high temperatures, often using chemical solvents to extract the oil from the source." The benefits of Omega's processes are known world-wide as sales are made not only in Canada, but US, Japan, Hong Kong, Taiwan, Singapore, United Kingdom, Iceland, Norway, South America, Mexico and Germany. They still remain a small scale operation however.

Omega continued to look to science and research and development for the direction of their products. They were the first to market with coconut oil based on the research of Dr. Mary Enig PhD, author of the book "Know Your Fats: The Complete Primer for Understanding the nutrition of Fats, Oils, and Cholesterol". She has a PhD in Nutritional Science from the University of Maryland. In her book she discusses the functional saturated fatty acids such as lauric acid and how they promote health. Lauric acid provides half the fatty acid content of coconut -oil.

Although not specifically a requirement, all products are gluten-free and the product lines have grown to include not only flaxseed oil but Hi-Lignan Nutri Flax Powder; Pumpkin Seed Protein Powder, Pumpkin Seed Butter and oil; coconut oils, flour and capsules; organic apple cider vinegar; prune extract; sesame, avocado and olive oils and mixtures of oils; products for artists; and, pet food products. Their website and promotion materials provide recipes to use their products. Many are great ingredients in your morning smoothie.

Education is one of the biggest challenges of Omega Nutrition, given the amount of misinformation in the marketplace. It is difficult to communicate to the public the value they receive in the Omega Nutrition products and the care that has gone into their production. The regulatory environment is also a challenge especially when they provide products in several different countries. They must comply with the laws in each country and the labelling requirements of each of the countries are often different. Obtaining shelf space in retail operations for all products produced is also a challenge.

In summary, the proprietary process of extraction of the oils, the testing of each batch to ensure quality of nutrients and flavor and the attention to packaging to ensure the integrity of the product ensures a high quality end product for Omega Nutrition.

Omega Nutrition products can be found at the following stores: Choice's; Whole Foods; Superstore; Save on Foods (Four stores in Burnaby); IGA; Genesis; Urban Fare; and, MJ's Natural. If you cannot find the product you are looking for, ask the Store Manager to bring the product in.



# Canadian Celiac Association Update on Barley Containing “Gluten Free Beers”

## Listening to Bartenders

For many people, bartenders have become experts about gluten in beer. After all, they are educated by brewery representatives who have a job selling beer, not those dietitians and doctors who seem to just make your life miserable and unfulfilling! Over a period of four weeks we were told by CCA members and other celiacs that at least 12 different mainstream beers are “OK for people with celiac disease”.



Photo courtesy of [glutendude.com](http://glutendude.com)

Despite the obvious appeal of listening to those bartenders, there are a few problems with their analysis: Symptoms are not a good indicator of the absence of gluten in a product.

- **Beer is not distilled so the proteins are not removed from the grain ingredients – including malted barley.**
- **We do not have verified technology to measure the amount of gluten in beer. That means that a gluten test might give you a number but we have no way to know if that number is correct, or if it might be significantly underestimating the amount of gluten in the beer.**
- **As per Health Canada, any product containing barley or malt directly added is not allowed to be called “gluten free”.**

Gluten from barley is the hardest type of gluten to detect on a test. In beer, where the barley proteins are broken into pieces, detecting the “bad” part of the proteins is even harder. The conventional tests will give you a number for the amount of gluten in a beer sample, but there is no way to verify that number. Studies that use mass spectroscopy to look at the broken pieces of barley proteins have found gluten in all barley-based beers.

This research article will provide more information if you would like to learn more: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0056452>

Some manufacturers use an enzyme that is supposed to break the gluten sequence in beer into pieces so that it won't trigger a gluten reaction. This treated beer that is “Crafted to remove gluten” and sold in Canada must carry a statement that indicates that there is no way to accurately measure the amount of gluten in beer. This message has been seen on bottles of Daura Damm in Ontario. It was on the label around the neck of the bottle in very tiny print.

End result, the Canadian Celiac Association does **NOT** consider beer made with gluten as safe for people with celiac disease, treated to remove the gluten or not.

Beer is one of those things that does not meet the gluten-free criteria, just like wheat-based bread isn't safe. There are alternatives that are not really the same (just like with bread). You either get used to them or you stop eating bread. The same rule applies for beer.



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# 2017 CCA National Conference – June 10, 2017

Submitted by Val Vaartnou

The CCA National July, 2017 Celiac News provided insights into the speakers at the National Conference in Edmonton this year. I will add to the information already provided. A huge thank you to the Edmonton Chapter and especially Don Briggs who were wonderful hosts and provided a great venue and well organized conference. There was a vendor fair concurrent to the one day conference and as it is “always about food” the conferences generous sponsors included Dr. Schar, Only Oats and Kinnikinnick. Anne Wraggett, President and member of the CCA National Board since 2012 opened the conference and Brian Readman, President of the Edmonton Chapter welcomed all to Edmonton.

## Lynne & Jerry Bigam - Kinnikinnick

I have used Kinnikinnick products since diagnosed in 2003 and found Lynne and Jerry Bigam’s presentation celebrating their 25 years serving the gluten-free community very interesting. They were pioneers removing trans fats from all their products in 2004 and growing their business and facilities over the years. They have been extremely supportive of the celiac community, not only in Edmonton, but throughout Canada advertising and providing product to the local chapters to support community events.

Kinnikinnick (which is a bearberry that grows on the prairies) is one of the few family businesses left in the gluten-free business. They consider their 165 staff members part of their big family. Lynne is celiac and the lack of available food was one of the reasons, they ventured into the business.

Innovation is the keystone to their business and they try to develop six new products per year that they test in their Kinnikinnick Fresh Retail Outlet. Their products are: free from gluten, dairy, tree nuts and peanuts, soy (soon) and GMO ingredients. In their outlet, there is no need for celiacs to read labels. Chef Lori develops recipes utilizing their products and these recipes are posted on their website. Quality Assurance is key and testing includes incoming ingredients and outgoing products. All products are kept to 5 ppm.

Kinnikinnick was one of the first on-line ordering sites with overnight air delivery in 1999. In the future, they will be focusing more on the on-line business, as it is very difficult to all their product lines on store shelves. Free delivery on \$50 or more orders is offered.



Leticia Aloisio from Kinnikinnick pictured above, has supported the Vancouver Chapter for the past several years providing us with advertising copy for our newsletter, gift baskets for our Scotia Run and support when needed. Thanks Leticia and Kinnikinnick! (I think I have finally learned to spell it!)

## Andrew Cowan – Allergies and Their Effect on the Chef!

Andrew admitted that training in culinary schools is not adequate to ensure chefs are knowledgeable about the requirements of gluten-free cooking. Training in restaurants is an everyday problem given the change of staff. “Fake” gluten-free customers are also a problem and a frustration. Ensuring things are gluten-free takes time and care, but becomes frustrating when the customer demands gluten-free but then does not take care themselves in what they order. Andrew recommended bringing an allergy card or your CCA membership card to make it clear that you have a problem. Signage or card in the kitchen helps to alert everyone.

## Dr. Sheila Crowe – What’s the problem with eating wheat – is it gluten, wheat starch, allergies, the microbiome or something else?



Dr. Crowe is currently practicing at the University of California, San Diego, at the Celiac Disease Research. She was born in Vancouver and her husband diagnosed with Celiac Disease many years ago. She has recently been appointed the President of the American Gastroenterological Association.

I have enjoyed listening to Dr. Crowe speak several times. She provided a presentation that she had given to the American Gastroenterological Association early in 2017. Many of you may have read her book she authored “Celiac Disease for Dummies”.

Dr. Crowe stated that she often gives a genetic test to rule out celiac disease as if her patient does not have one of the genes, it is very unlikely they have Celiac Disease (CD).

# 2017 CCA National Conference – June 10, 2017

Wheat allergy is common in childhood but the patient will usually grow out of it. Eosinophilic GI disorders (eosinophils\_ (EGE) new disease in the past decade.

It is estimated that in the US 15 – 20% of those with CD are diagnosed. Wheat consumption is necessary and genetics are necessary to develop CD. People in East Asia, Korea and Japan are highly unlikely to have CD, but may have the genes. In N. Africa and the Middle East they eat a lot of wheat. The perfect storm is having the gene and eating a lot of wheat.

New developments in CD are focusing on enteric infections. Enteric viruses and other gastro enteric infections are suspected as promoting the development of CD by perhaps modulation of the immune system. This impacts mucosal barrier and alters the microbiome. Food poisoning and bacterial infections change your immune system in the GI tract and triggers celiac disease. Another finding is a study of reovirus vaccination reducing CD by developing autoimmunity in susceptible children. Studies NA and European looked at genetically susceptible children who were introduced gluten in their diet in first six months. Those who had been vaccinated for the reovirus had a lower development rate of CD. More study is needed.

Dr. Crowe talked about non-celiac gluten sensitivity and the potential of a low FODMAPS diet improving the situation. As this is not an autoimmune issue, it may not be a lifelong issue, whereas CD is a diet for life. FODMAPS can cause poor absorption in the small intestine, watery stools, flatulence and can also impact the intestinal barrier.

## Laurie Lynn Lyons – Against the Grain!!



Laurie Lynn Lyons is author of the blog “Are You Freaking Celiac?” She is foul mouthed but says it like it is. She started by saying “You might regret inviting me.” She is regretting being diagnosed with CD, the “Quiet disease....most of the time.” There seems to be no sympathy for those with CD. It is tested for like

no other disease. We go through a medical procedure....Leukemia is a blood test only. She gets “thunder flashbacks” for a procedure that is illegal in 40 states. Not only that but the prep for the test....you have to take more of the gluten that makes you sick before the test. Laurie stated that diagnosis was “Not her finest moment”. Define “no wheat”...followed by a guttural cry. Even more disappointing was the experience shopping gluten-free for the very first time. Gluten-free aisle is the darkest in the store. Share’s an aisle with the cat food. Where is the food? Quinoa, brown rice, flax. Rats would not eat flax. Price..... “Paying for a gluten-free bun is like putting a toll booth on a wheelchair ramp.” Describing her gluten-free food for the first time was “It’s not too styrofoamy.” You have to check out her blog if you enjoy her humor.

## Dr. Connie Switzer – Celiac Disease a Classic Medical Conundrum!

Dr. Switzer is Clinical Professor of Medicine, University of Alberta. She has been actively involved in the CCA as the long-time chair of the Professional Advisory Council. She is the recipient of the Queen Elizabeth II medal for her contributions.

Dr. Switzer started with a definition of conundrum: “a riddle, question or a problem.” CD it is a riddle, wrapped in mystery, inside an enigma, but perhaps there is a key. This is a quote from Churchill talking about Russia but it also describes CD. CD is very difficult to diagnose. Present in a myriad of ways and severities over time. It is a multiple system disease NOT just attacking the gastrointestinal tract.

CD is perceived by the medical community as being a low impact disease. Complications are rare, but difficult to treat. Samuel Gee in 1888 identified a kind of chronic indigestion which is seen within persons of all ages. Even at that time, it was known that, if the patient can be cured at all, it must be by means of diet.

In Canada, less than 15% of those with CD are diagnosed. There are still long delays in diagnosis. Average in Canada is 12 years and until diagnosed the quality of life is often poor. Health care costs before diagnosis are often significantly increased. Unfortunately the medical profession have old perceptions that linger regarding what celiac disease is. Today, patients present 50% with GI symptoms, 20% present with atypical symptoms, and 10% of patients feel they have no symptoms – the disease is silent.

Children however have classic GI symptoms 80 – 85% of the time. Canadian diagnosis is an average age of 46 years. Patients see many doctors prior to being diagnosed: 2 doctors - 37%, 4 doctors - 40%, and 14% had seen 2 gastroenterologists.

Symptoms of CD may be vague and non-specific: autoimmune disorders, thyroid issues, rheumatoid arthritis, connective tissue diseases, Dermatitis Herpetiformis (skin), Down’s or Turner syndromes and occasionally malignancy.

If you look for CD in the high risk groups, the number of celiacs is 40 times higher. So it essential the higher risk groups get tested, especially if relatives have the disease. The burden of undiagnosed CD is infertility, higher bone fracture rates, cancer and lymphoma. These are mainly a result of the effects of malabsorption and nutrient deficiency. Early diagnosis in children can reduce autoimmune diseases over time.

Increase of bone fracture is 5X higher in those with CD. At diagnosis only 30% of celiacs have normal bone density, 30% have osteoporosis and 30% have osteopenia. Therefore, at diagnosis, if you have classical symptoms, you need a bone density test. If CD is silent, go gluten-free for a year and then get bone density test. Go see your doctor

# 2017 CCA National Conference – June 10, 2017

every year and ensure the Follow-Up Care for Celiac Disease brochure guidelines from the CCA is followed.

If you have problems with respiratory and pneumonia infections, those with CD should have their spleen status checked either by looking for atrophy using an ultrasound or less commonly by a blood test.

The gluten challenge is a problem as everyone responds differently. 2 – 4 slices for 2 – 4 weeks is standard, but may or may not be enough for a specific individual.

Those with CD must be vigilant with their own health.

## **Dr. Diana Mager – Food for Thought: Relationships between Quality of Life and Diet Quality of the GF Diet in Youth with CD!**



Dr. Mager is a Pediatric Dietitian and excellent resource for the Edmonton Chapter. She has a PhD, MSc and is a Registered Dietitian. CCA Research is looking at the diets of Canadian children with biopsied CD in Regina, Edmonton, Toronto, and Hamilton. At McMaster University, 250 families and 150

parents with other gastrointestinal diseases were followed (CD disease had been ruled out, IBD). Surveys were given and food was monitored through restaurant receipts, grocery receipts and other costs of the disease. Participants in the study were ages 3 – 17.

The perceived quality of life from the child with CD and their parents' perspective differs. Kids in general perceive their quality of life to be higher than their parents perceive it to be. That being said, kids who have constipation have the lowest quality of life. The driver of quality of life is related to age: over age 10 rates of quality of life are lower from the child's perspective than younger school age children, mainly due to the increase in social interactions that involve food as children become teenagers. Children who have GI symptoms reported lower quality of life than those with other symptoms.

About 1/3 of children felt different and embarrassed to ask about gluten-free food when they were on their own and in general, older kids have more trouble accepting the GF diet than younger ones do. Again this is peer pressure that causes the differences.

Self-reported adherence to the gluten-free diet was 90%. Most of lack of following diet was due to unavailability of gluten-free food at the time. Very few in the study cited that they ingested gluten on purpose.

## **Nutritional Concerns of GF Foods:**

Gluten-free food is higher in saturated fats, sugars and lower in fibre than non-gluten-free alternatives. More sugars in the total carbohydrates, increase the glycemic index and thus blood sugar. Folate is usually not added to GF products and parents are encouraged to look on the label for folate. Vitamin D intake is very low due to low intake of milk and the fact that sunlight exposure is not adequate in northern hemispheres compounds the lack of Vitamin D. Children must eat a lot of green leafy vegetables in order to take in the required amount of Vitamin K which celiacs are usually deficient in.

Variety in the diet is critical to ensure good diet quality. The plate should be made of: ½ vegetable & fruit; ¼ meat; and ¼ starch. Kids are not eating this way as they are eating too much in the way of processed foods (whether they are gluten-free or not). Fruit juice and pop are also issues in they are high in sugars.

## **Take home messages:**

- Diet quality of children with CD is poor but not dissimilar to other Canadian children without CD
- Address school barriers to availability of gluten-free foods so children are not forced to eat gluten in the absence of gluten-free alternatives.

Dr. Mager's on-going research is focusing on a gluten-free food guide for Canadian children. This work is being funded by the CCA and Edmonton Chapter.

## **Melissa Secord – CCA Executive Director – What's Up at the CCA?**



The CCA is reviewing the mission statement as well as the logos being used. Gluten Free Certification Program logo will remain the same even if the CCA logos are updated to avoid confusion.

- CCA Facebook has 7,500 supporters. The comments are moderated and it is a supportive community.
- GFCP: 250 companies, 3,500 products.
- Gluten Free Grains safe from field to store shelf – a project being worked on with Agri-Canada.
- Gluten Free Food Program: GF Smart, GF Verified, and GF Dedicated: restaurants and their staff verified to ensure a safe place for celiacs to eat. Education facilities and long term care residences will also be involved in the verifications.
- Profession Advisory Committee focus is improving diagnosis.
- Celiac Awareness week was very successful this year.

The conference was very positive and upbeat. Having a full-time Executive Director to assist with planning and fundraising should greatly assist the organization going forward.

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# Myths About Celiac Disease

Compiled by Val Vaartnou – Sources mentioned in article.

Don't believe everything you read or hear about Celiac Disease. While awareness of the condition has grown quite a lot in recent years — both among doctors and among the general public — there's still plenty of misinformation out there. Some of these myths appear below, along with some detail on the actual facts.

In the article "MythBusters", from the *Newsletter of the CCA Ottawa Chapter* they identified a few of the common misconceptions regarding Celiac Disease.

## **People with celiac are always thin**

This is a serious myth that I know even medical practitioners believe. According to Melinda Dennis, a Registered Dietitian at Beth Israel Deaconess Medical Centre at Harvard, 40% of people diagnosed with celiac are overweight at their time of diagnosis. 4-5% are underweight.

## **I will lose weight on the gluten-free diet**

Again, wrong. Overall, according to Melinda Dennis, most patients tend to gain weight when their gut heals and they can absorb nutrients again. Better absorption of food + same caloric intake = weight gain.

## **All of my cosmetics, lotions, hair products must be gluten-free because the skin absorbs gluten**

No. Dr. John Zone, who is a dermatologist, says the skin has stratum corneum which is like a "Saran Wrap" or a protective barrier to keep gluten from permeating into the body. The same holds true for hair follicles which have a protective barrier. However, a break in the skin will allow absorption.

If gluten containing lotions and hair products seem to bother you, you may also have an allergy or sensitivity to them.

Other myths that I have run across in talking with other celiacs abound.

## **You will outgrow celiac disease**

Even though doctors once thought you could outgrow celiac disease, you cannot outgrow it.

Sometimes, the obvious symptoms of celiac disease you had as a child go away, but that does not mean that the celiac disease has gone away. Just because you have no symptoms, does not mean that the damage in the small intestine is not occurring. Celiac Disease is something you will live with forever.

## **It's OK to have a "cheat day" once in a while**

The gluten-free diet for Celiac Disease is not one that you can cheat on. Each crumb of gluten causes damage to the small intestines and sets off the autoimmune response that causes inflammation throughout your body. This is happening whether or not you notice symptoms. So don't listen to anyone — including a few well-intentioned but ill-informed doctors — who tell you a little cheating on the diet is fine. It's not.

## **You will feel better as soon as you stop eating gluten**

Every person is different. Some people feel better nearly immediately, while others take months to start feeling better. In fact, many report feeling worse for a few weeks. Don't worry, this is normal.

## **Celiac Disease is an allergic reaction to wheat**

No, Celiac Disease is an autoimmune reaction, not an allergy.

Many refer to celiac disease as an allergy to make it easier to explain in restaurants as they do not know how to explain an autoimmune condition. I prefer to state I have a medically required diet, so someone does not ask me if I have my epi-pen ready.

## **All you need to do is to avoid gluten to be healthy if you have Celiac Disease**

No, because Celiac Disease often causes nutritional deficiencies, it is critical that the gluten-free diet ensures that adequate vitamins and minerals are included in the diet. Until the gut heals, the body's ability to absorb these nutrients is poor. Where ever possible, supplements are better taken under the tongue where they can be absorbed directly in to the blood stream. Talk to you doctor and dietitian about how best to ensure you are getting the right nutrients.

## **Alice Bast, President and CEO of Beyond Celiac, in interviews with Allergic Living.com debunks common myths about Celiac Disease.**

## **Wheat breeding has increased the prevalence of celiac disease.**

Dr. Donald Kasarda, PhD, in a 2013 study showed that wheat breeding does not result in higher rates of gluten in wheat. "What he did find, however, is that there has been an increased use of "vital gluten" in foods." This is the protein that makes products fluffier and gives them more elasticity. He concluded that it was not the difference in the wheat, but the greater use of wheat proteins to today's products that is causing the issue.

## **Clinical trials to study new celiac disease treatments are unnecessary because the gluten-free diet is the cure**

According to Dr. Joseph Murray of the Mayo Clinic, up to 70 percent of people with celiac disease continue to be exposed to gluten, despite their best attempts to remain strictly gluten-free. The evidence in the research is clear: the gluten-free diet alone is not enough.

## **Gluten-free food should contain zero gluten**

This seems like a simple expectation, but in reality it's nearly an impossible feat — and one that would severely limit our food supply. Our current methods for gluten detection will test to 3 parts per million (ppm) at the lowest and other more reliable tests will detect as low as 5 ppm. Even if we are able to test for zero ppm in the future, that level would be so strict that it would be likely that many manufacturers simply couldn't reach it.

## **You can diagnose gluten sensitivity through a blood, saliva or stool test**

While these tests may be on the market, it's very important to know that these tests have not been validated and are therefore not accepted by the scientific community. Currently, biomarkers (a specific indicator of disease) for gluten sensitivity have not been identified, which means that gluten sensitivity remains a diagnosis of exclusion. In the CCA brochure on Non-Celiac Gluten Sensitivity, the only way to diagnose gluten-sensitivity is through a process of elimination.

## **You don't have the same symptoms as your family member, so you don't have celiac disease**

With over 300 potential symptoms or the potential to have celiac disease and have no symptoms, each person is different. Testing is the only valid way to determine if a person has Celiac Disease.



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# Scotia Run 2017 - Wow Huge Success!



Every dollar that was raised was much appreciated. Our top fundraisers received prizes from our partners at our August dinner at Nuba restaurant. If they were unable to make the dinner, the prizes were delivered to them.

## Top fundraisers were:

Pushpa Kapadia	\$3,355
Bryan Wall	\$1,990
Val Vaartnou	\$1,960
Liz Wall	\$870
Deryl Griffith	\$755
<i>(Note the Griffith Family raised \$1,990)</i>	
Jenn Arntorp	\$711
Marian Collins	\$625

We cannot thank our corporate partners enough for their support.

The 2017 Scotiabank Walk/Run could not have been any more successful from the Canadian Celiac Association – Vancouver Chapter perspective! Donations from our fundraisers were \$14,430 which is nearly double the 2016 donations for the event. Advertising revenues were \$1,700 compared to \$700 in 2016. Thanks to all fundraisers, runners, donors, corporate partners and volunteers.

The event raised over \$975,000 for Lower Mainland charities. That is amazing.

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# Scotia Run 2017 - Wow Huge Success!

Canadian Celiac Association – Vancouver Chapter wishes to Thank Our Team T-Shirt Partners:



Our Prize Donors for Top Fundraisers:



The Canadian Celiac Association – Vancouver Chapter wishes to Thank Our Runner and Volunteer Supporters:



Canadian Celiac Association – Vancouver Chapter wishes to Thank Our Runner and Volunteer Supporters:



Thanks to Darlene Higbee Clarkin for joining us in the run and displaying information at our booth regarding the My Healthy Gut application that she, Dr. Justine Dowd and Desiree Neilson RD developed to support our gluten-free community.

The only thing that did not work out as well as we would have liked, was that we were unable to get everyone's pictures at the event. Many finished early and had other commitments and were leaving. We took the picture before the majority left, however, in doing so we missed getting pictures of those who came to our tent later. Next year, we will try to take a picture before the event and get all those in the 5K walk/run at once.

We cannot thank everyone enough for your support! In the August and September Board meeting, we will look at priorities and determine where the funds will be allocated. Scotiabank will provide the funds donated to the chapter at a meeting in September.



Darlene Clarkin-Higbee, Val Vaartnou & Mavis Friesen



Bryan Wall



Jess Pirnak & Liz Wall



Meddy & Deryl Griffith



Ty Griffith



Pushpa & Kishore Kapadia



Stephanie Griffith



Boris Li



Sam Li



Brian McConack & Kishore Kapadia

# Schedule of Events

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## Wednesday, September 20, 2017 – Restaurant Event – Iki Sushi

Due to popular demand, our September Chatty Celiac's Restaurant Event will be held at:

**Location:** Iki Sushi  
2756 W Broadway  
Vancouver, BC

**Time:** 6:00 pm

## Tentative October Restaurant Event – La Mezcaleria – Details TBD

### Wednesday, October 11, 2017 – Osteoporosis and Celiac Disease

**Location:** Langley Senior Centre  
20605 51B St  
Langley, BC

**Time:** 1:00 pm

Val Vaartnou is presenting to the Osteoporosis BC group in Langley on the linkages between Celiac Disease and Osteoporosis. The presentation is free and open to the public.

### Thursday, October 19, 2017 Choice's Abbotsford – Gluten Free: Fad, Fact or Required?

**Location:** Choices Abbotsford  
3033 Immel St, Abbotsford, BC V2S 6S2  
Phone: (604) 744-3567

**Time:** 6:30 pm – 8:00 pm

**Sign-Up:** Registration for the event is required on Choice's website: <https://www.choicesmarkets.com/events/> and look for Abbotsford events.

Join Val Vaartnou, Past-President & Director and Liz Wall, President & Director of Membership of the Canadian Celiac Association (CCA) – Vancouver Chapter for an overview of the gluten-free market and who should or should not consider a gluten-free lifestyle.

Did you know that less than 15% of those with Celiac Disease in Canada are actually diagnosed and it takes an average of 12 years to be diagnosed! The discussion will include causes and the symptoms of Celiac Disease, non-celiac gluten sensitivity, autoimmunity, wheat allergy and other related conditions. The presentation will provide an overview of hints for the newly diagnosed, the challenges of the gluten-free diet, as well as who the diet is appropriate for. Bring your questions and learn from one another.

## Monday, November 6, 2017 – Gluten-Free Bread Making – Kaye Hipper

Back by popular demand.

Would you like to smell the aroma of bread baking in your kitchen? Would you like gluten-free bread that is moist and tastes delicious? Join Kaye Hipper, at the Choices Kitsilano Annex to learn about gluten-free bread making. Kaye is a Past Director of the Canadian Celiac Association – Vancouver Chapter, a retired teacher and she bakes great gluten-free bread and buns. Kaye will share her recipe, her tips and a taste of the bread. Q & A will follow the presentation and tasting and so be ready for gluten-free baking questions or questions about Celiac Disease and non-celiac gluten sensitivity.




**Location:** Choices Kitsilano Annex  
2615 West 16<sup>th</sup> Ave  
Vancouver, BC

**Time:** 6:30 pm – 8:00 pm

Registration required on-line at [www.choicesmarket.com/events](http://www.choicesmarket.com/events)

**Stay tuned for email communications regarding future restaurant events that will be posted on Facebook and Twitter.** If you do not access Facebook or Twitter, contact Val Vaartnou 604-271-8828 and she can let you know what is planned and when.



Messages

From

Your

Leaders

## Messages From Your Leaders

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**Geraldine David, Chilliwack:** New eateries in Chilliwack. Alicia's on Luckakuk is a fantastic Mexican Food place. Close to being in Mexico I've been told by several who go check these things out. They are very careful with the gluten-free and Geraldine has been there a few times and has had no issues. They are very aware of cross contamination and are highly recommended.

Vita Bella's on Luckakuk also is excellent. It's a bit pricey, but the amount they give you is enough to take home for the next day. They have a dedicated gluten-free area and almost all their pasta dishes can be prepared gluten-free. Also an excellent choice for supper.

Sara Bella's is a new all gluten-free place on Young Road. Quite expensive, but if you want to make sure of your food being 100% gluten-free it is here. They make sandwiches and salad and great desserts I've heard. Haven't tried the desserts, but did have lunch there a couple of time and the Chilliwack group went there once as well.

**Val Vaartnou** – the Chatty Celiac's have gone to Jan's on the Beach in White Rock two years in a row. If you would like gluten-free fish and chips, calamari, or yam fries, this is the place to go. Jan, the owner and chef, understands gluten-free and I don't know of anyone who has not enjoyed their meal.

**Thanks Kendra!** I would like to give a huge thank you to Kendra Mohart who facilitated the Langley Support group over the past year. Kendra is stepping down from the Board and her volunteer duties due to a busy family life with 2 young children. Kendra is enthusiastic and a wealth of knowledge and we would welcome her back at any time in the future. There will be no Support Group in Langley, but a new one will be starting in South Surrey in September (see below).


## Drop-In Groups

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**Chilliwack Drop-In** - First Saturday of each month. Location changes each month. Contact: Geraldine David 604-792-2119 or [gdavid@uniserve.com](mailto:gdavid@uniserve.com)

**Powell River Drop-In** – Contact: Liz Kennedy: [lizkennedy@shaw.ca](mailto:lizkennedy@shaw.ca) or Val Harding: [valhar@shaw.ca](mailto:valhar@shaw.ca) for location and time.

**Richmond Drop-In** – Second Monday of each month at 6:30 pm. The meeting is at Waves Coffee House in Steveston on Bayview and 1<sup>st</sup>, 1231 1<sup>st</sup> Ave, Richmond. Contact: Val at [val\\_vaartnou@telus.net](mailto:val_vaartnou@telus.net). Tea, coffee and gluten-free cookies are available for purchase.

 **South Surrey Drop-In** – Pushpa Kapadia has kindly offered to run a Support Group in South Surrey starting in September. Meetings will be the 3<sup>rd</sup> Tuesday of each month, starting at 6:30 pm at the South Surrey Choices, 3248 King George Highway, Surrey. Please contact Pushpa Kapadia at [pushpakapadia@gmail.com](mailto:pushpakapadia@gmail.com) or phone her at 604-721-0098 to let her know you will be attending the meeting.

**Vancouver Drop-In** – Meetings are the second Thursday of each month at 6:30pm. The Gluten Free Epicurean - 633 East 15th Avenue, Vancouver, BC Contact: Val at [val\\_vaartnou@telus.net](mailto:val_vaartnou@telus.net). Coffee and goodies are available for purchase.

**Contacts for Newly Diagnosed in areas where there is no Group Meeting:**

**Abbotsford:** Ute Tindorf will continue to support newly diagnosed in Abbotsford. If you are newly diagnosed and would like the assistance of someone with many years of being and supporting celiacs', contact Ute at 604-853-2610 or email at [utet@shaw.ca](mailto:utet@shaw.ca).



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