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Canadian Celiac Association
L'Association canadienne de la maladie coeliaque

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NEXT ISSUE:

If you have any recipes, restaurant reviews/articles for the March 2022 issue, please have them submitted by February 15, 2022.

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

Please submit to:

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- CCA British Columbia
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To be the leading advocate for Canadians with celiac disease and gluten disorders.

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President's Message



As I write this in early November I can't quite believe that the holidays are just around the corner, that our mountains are experiencing snow already and that we are coming to the end of our second year of a global pandemic.

Whilst Covid 19 has brought both physical and mental challenges for many of us, I must take a moment to say how thankful I am for the wonders of technology that have meant we've still been able to support our membership base across the province without having to fret about long distance call charges, social distancing and mumbling under masks... We have been able to offer bi-monthly support meetings, our regular "Gluten Free 101" classes and even an online AGM. Zoom has also meant your Board has been able to continue to meet monthly to plan our fundraising, awareness raising and advocacy for the year ahead.

I wanted to make special mention of our Scotia Run this year - it seems that "going virtual" enticed even more runners, walkers and wheelers to get out there and we raised the astonishing total of just over \$16,000 through donations and sponsorship of our team. As a result the Board voted to make a significant donation to the CCA national office directed towards expanding the support offered by Nicole Byrom, their Health Promotions Manager, and her team.

I think we've probably all been disappointed this past year when we hoped that restrictions and social distancing rules were lifting, only to find some locations locked down again and mask mandates re-introduced, with gatherings between non-family members limited. It is, however, important for us to look forward to 2022 and I sincerely hope that we can recommence our restaurant get-togethers - I know we all learn something new when we can chat with other celiacs, and there are so many great restaurants out there for us to support. Our newly formed UBC Support Group has managed to meet a couple of times in person, so I do think we've turned a corner.

The Board is also working closely with BC food banks to provide information and hands-on training so that they are better able to support their celiac and gluten intolerant clients. We've stepped up our discussions with YVR about safe food at the airport, and we are closing in on completion of a major education project for medical professionals - I'm sure you'll be reading more about that in future editions of this magazine.

In the meantime I hope you find this edition has lots to offer you - interesting articles on living as a celiac, great recipes and of course research updates. Do let me know if there is something specific you'd like us to write about next year, or if you'd like to submit an article yourself - info@bcceliac.ca

Wishing you all Happy Holidays and health and happiness in 2022!

Julie





WESCANA FOODS

CREATING EXCEPTIONAL FOODS

NATURAL WHOLE GRAIN & HIGH IN FIBRE



QUICK OATS

ROLLED OATS

STEEL CUT OATS

OAT FLOUR

OAT BRAN



*Wescana is a
We source Org
Gluten Free die
Gluten Free oat
protocol consis
Gluten Free Oa
That is the We*

then you start with 4 points.								
Overall health points total								
Gluten deduction (minus 2 health points) to remove, rest of dollars earned to \$0.00								

IT IS EARTH FRIENDLY

- ❖ ORGANIC FARMING
- ❖ NO GLYPHOSATES (SINCE 2015)

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- ❖ Resealable zipper bag to ensure freshness

One Week Celiac Challenge



Submitted by: Arica Sharma, CCA BC Director

Being gluten free only feels like a fad to me when I go to a restaurant that is boasting numerous GF items, but the host turns me away at the door when I say I have celiac disease. I often get irritated and begin thinking in black and white terms “It’s either gluten free or it’s not! Don’t tell me gluten free, BUT....” Although the CCA is hard at work to educate and trigger changes in this regard, the reality is that “GF” for many companies is used as bait. GF-but-not-really is what I consider as fad or trendy, and no one seriously avoiding gluten will agree that they’re having a supremely lively social life by being the reason a restaurant can’t serve them and their company!

So, in the interest of spreading awareness and driving home that gluten free is a need, not fad, I created a small challenge for my friends. Be GF at a celiac level for a week, earn bonus points as you go, keep a food diary and share what you’ve learned. Any player who remained GF for five days earned a home-cooked meal. The player who remained GF for the week and earned the most points won the cash!

Those who couldn’t fathom forgoing gluten for any number of days were encouraged to make a \$20 donation to the CCA BC to provide a free membership to a celiac in need.

How did it go? Here’s some food-diary commentary from the team at [@roarcatreads](http://roarcatreads.com), a Queer & Nerdy Blog, Korè Jackson RCCH, and other participants:

Monday

“Rogue British candy (fruit pastels) - put in mouth assuming safe, panic, check, gluten free...phew.”

“I went shopping to get Tricia gluten free oatmeal, was expensive and bland, what - no flavors? And no convenient package option like for the gluten version.”

Tuesday

“Eggs again....”

“Hummus and carrots are a forever snack now.”

Wednesday

“This was the first day I had not prepped for lunch and it was kind of a scramble of what do I eat. I am finding I’m thinking about food far more in advance so I’m not caught short.”

Thursday

“I long to spread jam on something.”

Friday

“Got confused by no gluten listed in ingredients, but a may contain wheat statement.”

Saturday

“Subway has GF bread and I was desperately hungry. I watched my meal get contaminated the second it hit the cutting board.”

Sunday

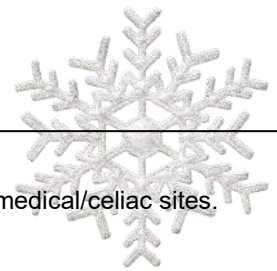
“Went to a hockey game, in the company suite...free pizza, wings, chicken strips all riddled with gluten....”

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	GF	VG	GF	VG	GF	VG	GF	VG	GF	VG	GF	VG	GF	VG
Daily health points: 1 point to start each day GF 1/2 point bonus for VG day	1		1		1		1		1		1		1	
\$ earned: \$15 per day for successful celiac day \$0.50 per day for being VG too														
Total dollars earned														
Other food allergy or intolerance: 1/2 health point bonus per day														
Day 1 only: starter health is 5 points unless you have an allergy or additional food intolerance, then you start with 4 points														
Overall health points total														
Gluten deduction: minus 2 health points tomorrow, restart dollars earned to \$0.50														

Participants learned that meal prep and planning is important, cooking at home is required, fresh bread is hard to find, GF options are costly, eating the same thing every day is easier than not, ask-a-friend or the internet is routine, eating away from home is difficult, memorizing labelling law is a necessity. On the bright side? The food options suddenly went from high in carbs and added sugar treats, to fruits and veggies, smoothies and protein bars.

Do you know anyone who is up for this challenge?

Celiac In The News



Submitted by Val Vaartnou, Past President & Director CCA BC

The following are summaries of research in progress or completed from credible medical journals and medical/ceciac sites. Links are provided where further information can be found.

Psyllium improves the quality and shelf life of gluten-free bread

A Brazilian research team studied the impacts of adding different percentages of psyllium husk in the making of gluten-free bread. The results showed that the addition of approximately 17% psyllium husk yielded gluten-free bread with structure, appearance, texture, and acceptability like wheat bread, with delayed bread staling during 72 hours of storage. The research team suggests that this approach might yield softer, chewier, better tasting gluten-free breads that stay soft longer.

For more information: [Foods 2021, 10\(5\), 954](#)

Salivary inflammatory biomarkers for the screening of CD

A team of Spanish researchers used the gene expression analysis of celiac inflammatory cytokines to determine if inflammatory gene expression in saliva mirrors the gene expression in intestinal epithelia. They found that the gene expressions between the two areas were highly correlated, and this non-invasive method might be used for the diagnosis of celiac disease.

For more information: <https://www.sciencedirect.com/science/article/pii/S2352345X21001107>

Monoclonal antibody being investigated as a potential celiac disease treatment

T-cells are triggered by gluten in those who have celiac disease. Monoclonal antibodies, man-made proteins, are being researched by a group of international researchers to see if they can turn off this autoimmune response and halt the development of celiac disease. A biologic, monoclonal antibodies are used in immunotherapy to treat other autoimmune diseases such as rheumatoid arthritis. Nextera, an Oslo-based company is involved in the study. Several monoclonal antibodies have received emergency use in fighting COVID 19. "To be able to treat disease with a drug which only affect the diseased tissue is rarely seen, though of course, it would be optimal outcome of any treatment said Geir Age Loset, PhD CEO of Nextera. The study needs to determine the precise mechanism the antibody uses to stop the t-cell activation.

For more information: https://www.medscape.com/viewarticle/914116_2

Latiglutenase – CeliacShield Study

ImmunogenX, Inc. acquired the drug in 2016 and recently concluded a Phase 2 gluten-challenge study. The trial showed significant reductions in symptoms versus the placebo group: abdominal pain, bloating, and fatigue. Latiglutenase is a combination of two enzymes that break down gluten in the stomach, rendering it inactive. It is to be used with a gluten-free diet and is a simple flavor package in a drink consumed with meals. Other Phase 2 trials will continue trying to mimic accidental gluten consumption in a normal gluten free diet.

For more information: <https://www.beyondceliac.org/research-news/immunogenx-latiglutenase-2021>

Larazotide Phase 3 trial is recruiting participants

Larazotide is meant for patients with symptoms despite being on a gluten-free diet. It is called the CeDLara Study (CeDLara (CeD-LA-3001). It has been found to be safe and effective in trials to date.

For more information: www.innovatebiopharma.com/inn-202.html

Medical students and professionals lack knowledge regarding nutritional deficiencies and CD

A Polish study found that over 1/2 of the 430 professionals and students surveyed were not aware that CD could lead to nutritional deficiencies. They also were not aware of the risk of being obese or over-weight.

For more information: [Nutrients 2021, 13\(6\), 1771](#)

Oral spray Budesonide in newly diagnosed CD

A small trial showed no significant effect on mucosal healing in patients treated with Budesonide and concurrently on a gluten-free diet. Healings at 8 weeks in one in four patients was attributed to having less severe villous atrophy at diagnosis.

For more information: <https://www.medscape.com/viewarticle/956466>

Cancer risk in patients with CD

A Swedish research team reviewed records of 50K celiac patients. 64% were diagnosed with some type of cancer since 2000. The risk rose overall but was most sharply elevated in the first year after diagnosis. The risk of blood, lymph, liver and pancreatic cancers were seen later. Risk levels were highest in ages greater than 60, while those diagnosed before age 40 showed no such increase.

For more information: <https://www.celiac.com/articles.html/major-cohort-study-assesses-cancer-risk-in-celiac-disease-r5654>

Celiac In The News

Nutritional deficiencies in adults following a gluten-free diet

A Spanish research team looked at nutritional deficiency of adults following a gluten-free diet. Deficiencies at diagnosis should improve on a gluten-free diet as the gut heals, however, the gluten-free diet itself may lead to deficiencies if it is not correctly balanced. High fat, high sugar intake and low complex carbohydrate and fiber in the diet can cause micronutrient deficiencies including iron, calcium, magnesium and vitamin D and E as well as certain B vitamins. Seeing a registered dietitian and ensuring a balanced diet is important.

For more information: [Nutrients 2021, 13\(8\), 2877](#)

Urinary gluten immunogenic peptides (GIP) use to detect GFD adherence

GIP in the urine proved to be not a reliable indicator of gluten in the diet as it was difficult to standardize the test and the research showed common false negative results.

For more information: https://www.medscape.com/viewarticle/914116_2

Gaps and opportunities in celiac disease

A position paper created by The Society for the Study of Celiac Disease indicated there is “potential to greatly improve clinical care in coeliac disease and facilitate innovations across autoimmunity. However, if funding opportunities do not increase for coeliac disease in the coming years, the breakthroughs need to continue advance and possibly cure this morbid condition will be delayed or lost?”

For more information: <https://www.nature.com/articles/s41575-021-00511-8>

Burden of the gluten-free diet

A poster presentation showed a multi-national survey of celiac patients with most adhering to a GFD. Many have difficulty adhering and experience frequent accidental exposure to gluten. The conclusion of the study was the GFD was suboptimal to manage CD. Average number of years on the GFD was 9.

For more information: https://celiac.org/main/wp-content/uploads/2021/10/TKVC103-Multi-national-burden-of-CD-UEGW-21-poster_8.00_for_upload_23-Sep-21.pdf

New European guidelines for Dermatitis Herpetiformis

For more information: <https://onlinelibrary.wiley.com/doi/abs/10.1111/jdv.17183>

Iron deficient anemia in celiac disease

This is the most common type of anemia associated frequently with celiac disease. “Folate and vitamin B12 malabsorption, nutritional deficiencies, inflammation, blood loss, development of refractory CD, and concomitant *Helicobacter pylori* infection are other causes of anemia in such patients.”

For more information: <https://www.mdpi.com/2072-6643/13/10/3437>

Intestinal cancers and celiac disease

Compared with the general population, CD patients had a high total risk of small intestinal bowel cancer and T-cell lymphoma (EATL), but not colorectal cancer. The protective effect of GFD on CD-related malignancies is controversial. Further studies are needed to confirm whether GFD treatment can reduce the risk of intestinal neoplasms in CD.

For more information: <https://www.wjnet.com/1948-5204/full/v13/i9/1017.htm>

Genetic overlap between type 1 diabetes and other autoimmune diseases

This study shows the importance of genetic links of these diseases to identify key molecular pathways that are exhibited in multiple disorders. This may help in therapeutic approaches and improving usage of existing drugs.

For more information: <https://link.springer.com/article/10.1007%2Fs00281-021-00885-6>

Inflammatory and microbiota regulation of the intestinal epithelial barrier

The intestinal epithelial barrier limits harmful antigens and microorganisms and assures the absorption of vitamins, minerals and water. This is critical for human life. Tight junctions in the small intestine are important for regulating these activities and they can be affected by cytokines, gut microbiota, and diet. Gut microbiota also regulated the immune system through the release of metabolites. Growing evidence indicates that the wrong mix of good and bad bacteria, dysbiosis, immune activation and the epithelial barrier play roles in several diseases including celiac disease.

For more information: <https://www.frontiersin.org/articles/10.3389/fnut.2021.718356/full>





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FAQs: [CCA British Columbia Facebook Support Group](#)

Submitted by: Arica Sharma, CCA BC Director

When I was a new celiac, there was a lot I didn't know and made a lot of rookie mistakes. These days after a solid gluten contamination, I experience a very heavy brain fog which can rewind me in more ways than one. This means I will not have the wherewithal to double-check the ingredients on those products I always buy, but aren't certified GF. I will not remember that ginger tea reduces inflammation which will ease symptoms. We all struggle with the magnitude of diligence that surrounds being a celiac. Thankfully there is a place where nearly 2k people come to ask questions and receive knowledgeable, science-based answers. The BC Chapter hosts a lively community of celiacs all eager to share their experiences both good and bad.

Here are some of the FAQs we have been seeing lately:

Are paper straws gluten free? Is glue on envelopes gluten free?

Gluten hides in many places, but not here! Paper straws are indeed gluten free, as well the glue from envelopes. Lick away!

I am confused about yeast extract....



Yeast and yeast extract are safe, if that is all that it says on the ingredients listing. If it says "yeast extract (barley)" or "yeast extract (wheat)" then it's not safe. Looking this up in Google does not get country specific information. For example Beyond Celiac are a US based charity and their information will be unique to the USA.

My dietitian says I need new pots and pans?

Not at all. But if you live with gluten-eating people, then there are some precautions you can take. A new toaster of your very own is highly recommended to prevent cross-contact. Stainless steel is easier to clean than wooden utensils, so if you're looking for a fool-proof solution stick to metal. Metal must be washed in hot soapy water or in a dish washer if the same pots are used for both gluten and non-gluten foods. Rinsing them out is not good enough.

This product is labelled GF but also has a "may contain wheat" statement, can I eat this?

[Food labelling](#) can get confusing. Some of us are avoiding more than gluten alone. The short answer is yes. The gluten free claim takes precedence and is true. It is understood that 'may contain wheat' could alert individuals with a wheat allergy to the presence of low levels of wheat in a gluten-free food.



If you have an open wound or abrasion, keep it clean. If you have celiac disease, you do not have to worry about sun lotions, body lotions, shampoo, conditioner or any other personal care

or cleaning products. Even those of us who have Dermatitis Herpetiformis (DH) are safe to use whichever products we prefer as the gluten (if any) in these products does not affect our skin. DH is not a contact allergy, and we are only affected by what enters the upper GI tract, if gluten is detected at that time. It is of course possible to have a contact allergy to any ingredients in these products and potentially to get a skin rash, but it is important to note this is NOT a reaction caused by celiac disease. Note that not every skin reaction is DH, and in fact it's highly unlikely that it will be – DH is much rarer than "regular" celiac, it is 1 in 10,000 as opposed to 1 in 100. And also not something you generally spontaneously develop if you previously had "regular" celiac symptoms.

Can I drink alcohol?

Distilled alcohol is safe for celiacs. Wine made in barrels using wheat paste is safe as well. In Canada alcohol beverages do need to declare if allergens, gluten sources or sulphites are present if over 10ppm. Or, if gluten is added then this must show in an ingredients list. For detailed information, check out National's guide here: <https://www.celiac.ca/living-gluten-free/food-labelling/alcohol-labelling-in-canada/>

What about the American GF Certification, is it the same as Canada?

US products sold in Canada must meet Canadian labelling laws. The only time you would have to be concerned is if you are buying product in the US, then Canadian law does not apply. The FDA standards for a gluten-free product is 20 ppm, the same as exists in Canada. Barley, however, does not need to be shown on labels and this can be an issue.

Is it OK for me to have a cheat day? How much gluten do I need to ingest to get sick?

The answer to this question brought about a range of emotions and triggers in the group. If you have celiac disease, adhering to a strict gluten free diet is the only way to manage this disease. 20 parts per million is all it takes to trigger an autoimmune response. For those whose symptoms aren't as rough as other celiacs, remember the damage is being done, even if you can't feel it immediately or if you feel nothing.

If you are struggling to maintain the GF part of your life, we urge you to reach out for support. Call, email, chat, zoom or in-person: We are here for you!

- Looking for GF restaurants and bars? There are apps for that like [Honeycomb](#) or check out some of our previous [Celiac News Magazines](#) for interviews and mentions.
- Wondering what products you can eat? Our Chapter [Instagram](#) and [TikTok](#) accounts post video shorts featuring some of our favorite products. Also take a peek at the [GF Food Finder](#) from National.
- Need [recipes](#)? Our [Chapter Website](#) is loaded with recipes and so is the Celiac News Magazine, along with our social media channels.
- [Join the BC Chapter as a member](#) for only \$20/ year, to help us continue to provide local resources to our celiac community.

A special **Thank You** to Julie Clement and Lynda Nielson for the hard work and *volunteered time* you put into ensuring the Facebook Support Group is a safe & brave space for the celiac community!

Kid's Corner - Making New Traditions

Submitted by: Arica Sharma, CCA BC Director

Although my parents' religion didn't include Christmas, that didn't stop my family from covering our home inside and out with lights and stars, from decorating a plastic tree with shiny plastic things, and from placing beautifully wrapped presents under the tree. They started this tradition in the 1970's when my older sister was born. Why? If you time travel back to the 1900's where my siblings and I grew up in Ontario, you will find that there was only 2 other kids in my class who were Hindu, like me. So Diwali would pass by in autumn and no one at school knew I had ate SO much food, got gifts in cash, got to play with other kids at Temple, and sing songs all to celebrate the festival of lights. No one at school cared or even knew what Diwali was. But after the December holidays when school started in January, all the kids would talk about the gifts they got and how much fun they had during their family celebrations. At least with this, so could I.

Back then it was difficult to fit in. I didn't eat what the other kids ate, not for breakfast, lunch or dinner. Today might feel the same to you if you have celiac disease. You also do not usually eat what other kids eat at school, and sometimes that can make you feel like you do not fit in. You know what celiac disease means, other than you do not eat gluten? It means you are in charge of making new traditions! It means you get to be the person who shares something new and delicious with your friends, and even your family! It means you are part of something that lots of other people are also part of – the celiac community!

I challenge you to make a list of the best parts of celiac disease, and how you can show everyone around you who isn't celiac all the great stuff you get to do at home that they don't even know about!

Have you shared with friends your favorite..?

- Your favorite GF meal at home?
- Candy?
- Baked item?
- Holiday treat – this can be any holiday you celebrate!
- Restaurant?
- Junk food?
- Drink?

What is the best easy snack that you eat? Is it carrots and bananas or do you have something even more exciting?

Have you tried to help with cooking or are you already on your way to becoming a master chef? What do you want to learn how to cook or bake? If you are curious to grow your cooking skills, the following link is a great place to take your first class!

<https://everydayglutenfreegourmet.ca/>

Although I did not have a celiac disease diagnosis when I was a kid, there was plenty of food I ate and learned how to cook that today all of my friends are dying to get a recipe for. I can make a mint chutney, I know to how to get my yogurt to taste like it does at Indian Restaurants, mango lassi too, I can use a slow cooker to make super yummy stews and soups, and with the help of my celiacs friends I have learned how to make loads of different type of pizza.



Help other celiac kids in the community and tell us what you're into so we can spread the word. Your advice could help someone else who doesn't feel like they fit in!

Kid's Corner - Games

Submitted by: Arica Sharma, CCA BC Director



Finding gluten free options at a restaurant sometimes feels like finding a hidden gem. In BC there are so many places safe for a celiac to eat that we couldn't fit them all into this word search! Have you had the chance to eat at any of the places hidden below?

Did you know we have a group for celiac kids and their parents on Facebook, and sometimes we meet-up in real life and eat food, hang out and have fun! If your family is interested in joining our group, go to: <https://www.facebook.com/groups/bcceliacpk> or e-mail celiakidsconnect@bcceliac.ca to learn more.

T	O	K	I	N	A	R	A	I	N	D	I	A	N
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Fun things to do

Celiac Disease and Skin Conditions

Summary by Val Vaartnou, Director CCA BC of Webinar Chaired by Dr. Alessio Fasano, MD Mass General Hospital, Harvard and the National Celiac Association

CD & the Skin

Dr. Sophie Delano, MD – Harvard, Conditions affecting skin and dermatology, Boston children's Hospital Dermatology

DH – dermatitis herpetiformis or Duhring Disease. It is not the herpes virus at all.

- Small blisters that are extremely uncomfortable, fluid filled. May have hives and red rash. Scabs and erosions form on the skin that are extremely itchy.
- Bilateral extensor surface(both sides of the body): elbows, knees, buttocks, scalp and neck are the most common places for DH to occur.
- Some GI symptoms (minority 16- 20% of patients only)
- Onset is typically in adulthood but can develop in children
- Healing state – color changes post inflammatory phase to hyper-pigmentation and mottled.
- Lighter skin is normally impacted most and looks different on darker skin types as the lesions are darker.
- Palms and soles of feet may be impacted, and it is usually not as blisters but either scaly or may look bruises

Skin Conditions that are Mimickers

- Atopic dermatitis – appearance in infancy, asthma, seasonal allergies
 - Improves with topical steroids whereas DH usually does not. DH goes undiagnosed and does not improve because of the misdiagnosis.
- Scabies: linear furrows in the skin and can impact other household members
- Allergic contact dermatitis – limited to specific part of body exposed and therefore not bilateral.
- Folliculitis on buttocks
- Linear IgA Bullous dermatosis has larger, more widespread blisters, often caused by drugs. They do not improve on GF diet.

Confirming Diagnosis: Skin Biopsy

- Local anesthesia or numbing cream needed, 3 – 4 samples in different areas
 - Blister area, newer the better
 - Adjacent and normal skin
 - Should not be on GF diet or will get false negative
 - Superficial sutures need to be removed in one -2 weeks after sample taken.
 - Can be non-specific: possibility to have biopsy read by a different dermatologist, advocate and ask for second opinion.
- Bright pink area of the skin, the protective layer and dermis is where you see DH cells. They have extra fluid and inflammation. Look for different antibodies, Tissue Transglutaminase (tTG) using IgA: DH has lumpy clumps of IgA.

Treatments

- GF diet is key, and it will take many months to resolve lesions. Usually, much slower to heal than gastro intestinal symptoms
- Topical steroids are not as effective as topical dapsone. Dapsone can also be taken orally, however, dapsone does have side effects of anemia, headache, blue skin/lips and must be monitored by a physician.

Other skin issues:

Mandatory to test for celiac disease before on GF diet.

Diet: high sugar causes problems in the microbiome and therefore should be used moderately.

- **Acne:** change one thing at time to determine what is causing the problem. First start with gluten, dairy then sugar and then add probiotics however ensure that you take a product that has scientific research behind it as many probiotics are not effective.
- **Psoriasis** - Thicker lesions, draw a line around it. Does not have the blisters. Often found on the scalp and neck
- **Oral Ulcers** may be found with CD
- **Atopic Dermatitis** may also exist.
- **Acne** use topical Dapsone.

CD patients are at increased risk for other skin concerns so close follow-up with a qualified dermatologist is recommended.

Dr. Kourosh, MD, Mass General, Harvard, Public Health Advocate. Director of Community Health

- Works with patient advocacy for skin disease and provides ways to live successfully with skin conditions. Introduced a resident specializing in skin conditions:

Celiac and Gluten Sensitivity on the Skin – Channi Silence, MD intern

- Patient Case: joint pain, scaly red patches on the extensor surfaces, was diagnosed as Psoriasis. Patient also had anemia and after duodenal biopsies, the patient was diagnosed with CD
- **Psoriasis – 4% of CD** having gluten sensitivity can also predispose you to psoriasis.
 - Large red plaques, with dark skin color, dryness, bleeding
 - Nails being brittle and joint pain may also be found
 - IgA anti-gliadin antibodies, improve on a GF diet
 - Intestinal permeability, T cells play a role in both diseases, commonly related to Vitamin D deficiency.
 - Study: 73% of patients with Psoriasis improved on GF diet, 82% demonstrated lower levels of IgA with GF diet and they showed no villous atrophy.
 - Treatment: steroids, vitamin D supplementation, biologics and oral medications (many

Celiac Disease and Skin Conditions

have significant side effects), light therapy including phototherapy, lasers, sunlight help reduce the itch. UVB beds improves symptoms.

- Dysregulation of the immune, genetic and environmental factors
 - Diet is important: GF, vegan, paleo or Mediterranean diets are best.
 - Obesity leads to pro inflammatory factors that increases the risk for psoriatic arthritis
 - Exercise, shown to reduce risk of psoriasis to 25% - 30%
 - Stress: 88% of people say stress is a trigger for psoriasis
 - Tobacco and alcohol should be avoided
- **Alopecia areata universalis (hair loss).** Anti-gliadin antibodies and high correlation to be positive for CD. Usually, no symptoms of CD, but positive for CD
 - Autoimmune, 4% of population, 1 in 85 with CD may develop
 - May be the only clinical presentation of CD
 - GF diet may reverse alopecia, but not always
- **Eczema** – CD 2- 3 times more likely to have eczema
 - NCGS may also have eczema, 80% of cases are resolved on a GF diet
- **Vitiligo** – immune system attacks pigment producing cells resulting in loss of function. May reverse on GF diet.
- **Nutritional deficiencies** –
 - B12 deficiency is found in 41% of CD cases, improved with GF diet. Symptoms include hyperpigmentation, glossitis, angular stomatitis, inflammation in corners of the mouth
 - Iron deficiency: reduce absorption of nutrients, increased blood loss from inflammation, hemolysis
 - Zinc, Vitamin A and Niacin deficiency –
 - Zinc: 60% of CD have this and may have a rash as a result
 - Dry skin, easy bruising, aphthous ulcers are also seen as symptoms.
- **Microbiome – homeostasis and health**
 - **Dysbiosis** – reduction in microbial diversity and beneficial bacteria in the gut
 - CD increase in gram negative bacteria, decrease in gram positive bacteria, partially restored with GF diet.

- Breast milk of mothers may be impacted by CD

• Treatments

- Oral probiotics: acne, eczema – lactobacillus rhamnosus shows positive effects
- More research required
- Skin Probiotics
- Fecal Transplants
- Natural herbal remedies require more research.
- Most important is to be product aware. Avoid wheat, rye and barley
- Cosmetics cannot be absorbed on the skin unless there are skin abrasions so there is little possibility of contamination.

Questions:

Dapsone – after discontinuing dapsone, DH comes back. It is a safe medication but needs to be monitored over time. Must be controlled by a physician.

Psoriasis CD related: Yes, it can be but not necessarily. Sub-clinical representations: gluten sensitivity causes many skin conditions, and your diet and gluten can exacerbate skin conditions. Balance in ecosystem is important you must treat the whole person.





Festive Rum Cake

Recipe created by Kinnikinnick Corporate Chef Lori Grein www.kinnikinnick.com/

This cake is packed with rum flavour perfect for the holiday season!

Prep time: 15 min Cook time: 65 min Total time: 90 min
Servings: 12
Calories per serving: 370 cal Fat per serving: 11 g

Cake Ingredients:

- 1 pkg Kinnikinnick White Cake Mix (500g)
- 1 pkg vanilla instant pudding mix (102g)
- 1 tsp ground cinnamon (2g)
- 4 eggs (224g)
- $\frac{3}{4}$ cup cold water (160g)
- $\frac{1}{2}$ cup cooking oil (76g)
- $\frac{1}{4}$ cup amber rum (55g)
- 1 cup raisins (soaked and drained) (144g)
- 1 cup dried cranberries (soaked and drained) (120g)
- $\frac{1}{2}$ cup dried cherries (soaked and drained) (60g)



Directions:

1. Preheat oven to 325° F (162 °C). **Generously** grease Bundt pan.
2. In a large bowl, whisk together eggs, oil, water and rum. Add **Kinnikinnick White Cake Mix** and instant pudding mix, whisk until combined. Fold in prepared fruit into batter.
3. Pour into prepared bundt pan and bake for 60-65 minutes at 325°F.
4. Cool slightly then invert onto serving plate.

Glaze Ingredients:

- $\frac{1}{4}$ cup butter (48g)
- 2 tbsp water (20g)
- $\frac{1}{2}$ cup granulated sugar (108g)
- 2 tbsp amber rum (20g)

Directions:

1. In a medium saucepan combine butter, water and granulated sugar. Mix with whisk and bring to a boil over medium heat. Remove from heat, add rum.
2. Prick top of cake and drizzle glaze evenly over top and sides of cake. Allow cake to absorb the glaze. Repeat until glaze is used up.



Traditional Fruitcake

From Toronto Chapter newsletter, 2012

Ingredients:

- 2 cups diced mixed candied fruit
- 1 cup dark raisins
- 1 cup golden raisins
- ½ cup dark rum
- ½ cup chopped blanched almonds
- ½ cup pecans
- 1 ¼ cups GF flour
- ½ cup butter, softened
- ½ cup brown sugar
- ½ cup granulated sugar
- 2 eggs
- 1 tsp vanilla
- ½ tsp almond extract
- ¼ cup grated, peeled apple or applesauce
- ½ tsp baking powder
- ¼ tsp each: salt, cinnamon, allspice
- Rum or brandy

Directions:

1. Combined candied fruit with raisins.
2. Add dark rum, stirring enough to coat fruit. Cover loosely and let stand overnight.
3. Next day, add nut and toss with ¼ cup flour. Set aside.
4. Line a 9x5 inch loaf pan with parchment paper.
5. In a large bowl, cream together butter and sugars. Beat in eggs one at a time. Beat in vanilla, almond extract and grated apple or applesauce.
6. Combine remaining flour, baking powder, salt and spices. Stir into creamed mixture.
7. Add floured fruit and mix thoroughly. Spoon into the loaf pan.
8. Place pan of hot water underneath the loaf pan. Bake at 275F for 2 ¼ hours or until cake is firm and tester inserted in centre comes out clean.
9. Cool about 30 minutes in pan. Remove cake to rack to cool completely.
10. Wrap in cheesecloth soaked with rum or brandy, then wrap in plastic or foil and refrigerate.
11. Store at least one week before slicing. Makes one loaf.

This cake is a mellow light colour and will keep 6 to 8 weeks in refrigerator. Or pack well and freeze – will keep for one year.



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Celiac in the Kitchen



Corn Chowder

Adapted from Gordon Ramsay: www.chefgordonramsayrecipe.com

Ingredients:

- Few Tbsp Butter
- 4 pieces of bacon diced or 4 sausages in small pieces or diced piece of ham
- 3 bay leaves
- 2 potatoes, peeled and diced
- 1 leek, finely chopped
- 1 can of sweetcorn, drained
- 750ml of chicken stock
- 500ml whole milk or cream
- Black pepper to taste

Directions:

1. Melt butter in a large saucepan,
2. Add bacon/ham/sausage and cook until lightly browned
3. Add bay leaves.
4. Add potatoes and leek and cook for 5-7 minutes, until leek is soft
5. Add regular corn, add stock
6. Simmer for 15 minutes, potatoes should be soft
7. Add milk/cream and stir
8. Add salt (if necessary) and pepper

Serve! These are wonderful with corn muffins



Cinnamon Sugar Cookies

Courtesy of CCA, Thunder Bay Chapter

Ingredients:

- 4 eggs
- 3/4 cup plus 2 tbsp sugar
- 1/2 tsp vanilla
- 1/4 tsp salt
- 1/2 cup melted butter
- 3/4 cup sifted coconut flour
- 2 tsp ground cinnamon

Directions:

1. Combine eggs, sugar (less 1 tbsp), vanilla, salt and butter.
2. Mix well. Stir in coconut flour.
3. Let mixture rest for 5 minutes to allow it to thicken. Combine cinnamon with 1 tbsp sugar.
4. Form dough into 1-1/2" balls and roll in cinnamon mixture, coating thoroughly.
5. Place on cookie sheet 1 inch apart. Flatten ball to a diameter of about 2".
6. Bake at 375°F for 15 minutes.



Celiac in the Kitchen



Classic English Christmas: Buck's Fizz and Yorkshire Pudding

Submitted by Lia Fairbairn, CCA BC Director

A staple in my family's Christmas celebrations are Yorkshire puddings, which we serve with gravy at Christmas lunch. As well, Buck's Fizz (or orange juice for the kids) is served at breakfast time, before the stockings are opened. After being diagnosed, I thought my days of eating Yorkshire puddings were over. After searching on the Facebook group for recommendations, I found a recipe for GF Yorkshire puddings that actually worked, and have adapted it over the years to make it a great fit for my family. Next on my recipes to tackle is a vegan GF Yorkshire pudding recipe!

Buck's Fizz

Ingredients:

- 1 carton of good quality, pulp-free orange juice.
- 1 bottle of sparkling wine.

Directions:

1. Pour the orange juice into champagne flutes and fill to a third.
2. Top up the rest with sparkling wine.
3. Add Christmas themed wine charms for extra festive cheer!

Yorkshire Pudding

Recipe by Becky Excell, appeared on <https://glutenfreecupatea.co.uk/> blog, modified.

Ingredients:

- 200 g corn starch
- 6 eggs
- 300 mL almond milk
- 1/3 cup neutral cooking oil (I use avocado oil)

Directions:

1. Preheat oven to 425 degrees F.
2. Beat the eggs into the corn starch.
3. Pour a little oil into each muffin tin to cover the bottom. Place into the oven to heat up.
4. Gradually add milk to the cornstarch, whisking constantly.
5. Transfer mixture into a jug for pouring.
6. Once oil is extremely hot and spitting, take the tray out of the oven and QUICKLY pour your mixture into the tins.
7. Place back into the oven and bake for 15-20 minutes. Be sure to not open the door until your timer has gone off.
8. Serve with gravy and enjoy!



Celiac in the Kitchen



Skillet-Roasted Lemon Chicken

Ingredients:

- 2 tsp fresh thyme leaves
- 1 tsp whole fennel seeds
- Kosher salt and freshly ground black pepper
- ½ cup good olive oil
- 1 lemon, halved and sliced 1/4 inch thick
- 1 yellow onion, halved and sliced 1/4 inch thick
- 2 large garlic cloves, thinly sliced
- 1 (4-lb) chicken, backbone removed and butterflied
- ½ cup dry white wine, such as Pinot Grigio

Directions:

1. Preheat the oven to 450°F.
2. Place the thyme, fennel seeds, 1 tablespoon salt, and 1 teaspoon pepper in a mini food processor and process until ground. Pour the olive oil into a small glass measuring cup, stir in the herb mixture, and set aside.
3. Distribute the lemon slices in a 12-inch cast iron skillet and distribute the onion and garlic on top. Place the chicken, skin side down, on top of the onion and brush with about half the oil and herb mixture. Turn the chicken skin side up, pat it dry with paper towels (very important!), and brush it all over with the rest of the oil and herb mixture.
4. Roast the chicken for 30 minutes. Pour the wine into the pan (not on the chicken!) and roast for another 10 to 15 minutes, until a meat thermometer inserted into the thickest part of the breast registers 155 to 160°F.
5. Remove the chicken from the oven, sprinkle it with the lemon juice, cover the skillet tightly with aluminum foil, and allow to rest for 10 to 15 minutes. Cut the chicken in quarters or eighths, sprinkle with salt, and serve hot with the pan juices, cooked lemon, and onion.



Mini Bagels

Courtesy of Elana's Pantry - <https://elanaspantry.com/mini-bagels-with-cream-cheese>. Note these bagels are Keto if interested.

Ingredients:

- 1½ cups blanched almond flour (not almond meal)
- ¼ cup golden flax meal
- 1 tablespoon coconut flour
- 1 teaspoon baking soda
- ¼ teaspoon Celtic
- 5 large eggs
- 2 tablespoons apple cider vinegar
- 1 tablespoon poppy seeds
- 1 tablespoon raw sesame seeds
- 1 tablespoon onion flakes

Directions:

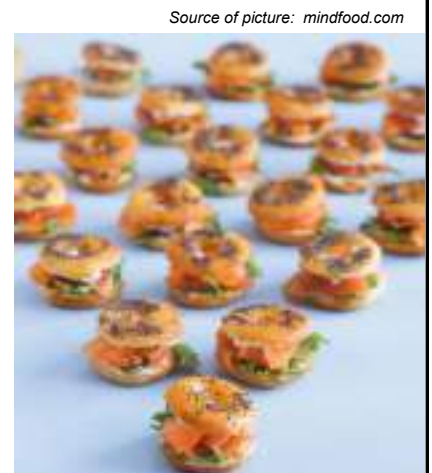
1. Grease a mini donut pan with coconut oil and dust with coconut flour
2. In a food processor, pulse almond flour, flax meal, coconut flour, baking soda, and salt
3. Add eggs and vinegar and pulse until thoroughly combined
4. Fit a pastry bag with a ⅜-inch round tip and fill bag with batter
5. Pipe into prepared mold
6. Sprinkle bagels with poppy seeds, sesame seeds, and onion flakes
7. Bake at 350°F for 14-17 minutes, until a toothpick inserted into the center of a bagel comes out clean
8. Let bagels cool in the pan for 10 minutes

Serve

If you do not have a mini donut pan or a pastry bag, you can make these bagels without the "holes" on a regular cookie sheet. Do not make the flattened dough too thick and keep the diameter of circle slightly less than the size of the "bagel" that you want.

Notes

To make this recipe you will either need 3 mini donut pans, or you will need to bake the bagels in 3 separate batches.



Source of picture: mindfood.com

Celiac in the Kitchen



White Peppermint Bark

Courtesy of hersheyland.com



Ingredients:

- 2 cups CHIPITS White Chocolate Chips
- 1/4 cup crushed gluten-free peppermint candy (or however much you like)

Directions:

1. Line cookie sheet with wax paper.
2. Place white chocolate chips in medium microwave-safe bowl.
3. Microwave at MEDIUM (50%) 1 minute; stir. Continue microwaving at MEDIUM in 15 second increments, stirring after each heating, until chips are melted and smooth when stirred.
4. Set aside about 1 Tbsp crushed peppermint candies; stir remaining crushed candy pieces into melted chips.
5. Pour mixture onto prepared cookie sheet; spread to about 1/2-inch (1.5 cm) thickness.
6. Gently tap cookie sheet on countertop to even out thickness of mixture. Sprinkle remaining peppermint pieces over surface. Repeat tapping cookie sheet on counter until candy is desired thickness.
7. Refrigerate about 30 minutes or until firm. Break into pieces. Store in cool, dry place.

Peanut Butter Balls

Submitted by Val Vaartnou, CCA BC Director

So easy, but if you like peanut butter and chocolate, so good!



Picture courtesy of yumgoogle.com

Ingredients:

- 2 cups Peanut Butter
- 2 cups sifted icing sugar
- 1 1/2 cups nuts (your choice)
- 2 tsp vanilla
- 3 of your favorite GF chocolate bars (chocolate only) or use chocolate chips (milk, white or dark chocolate)

Directions:

1. Mix all ingredients except chocolate and roll into balls. Freeze.
2. Melt chocolate bars by putting over hot water in bottom of double boiler and heat slowly to melt the chocolate. Remove from heat once chocolate is melted.
3. Dip balls and place on parchment paper.

Great with GF rice krispies added too! Just reduce the number of nuts used.

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What is the Difference?

What is the difference between the National CCA and the BC Chapter? Why it is important to support both

Reference: www.Celiac.ca and www.bcCeliac.ca

This has been a question the Canadian Celiac Association BC (CCA BC) has received numerous over the past 2 years. At that time, CCA National transitioned from membership to a donor-based model and the BC Chapter chose to remain with their membership/donor model.

CCA serves Canadians directly and in collaboration with its Chapters. The BC Chapter is a separate registered charity focused on Celiac disease and gluten related-disorders. We are voting members of CCA National with the rights given to members under the CCA National Bylaws.

The BC Chapter actively supports our community and collaborates with the CCA delivering programming and information. We provide assistance and information to individuals, and to health and other professionals respecting Celiac disease, dermatitis herpetiformis, gluten sensitivity (together, gluten-related disorders) and the gluten-free diet.

Our Chapter supports the mission, vision and programs developed by CCA National. This includes using and supporting CCA National's educational, awareness, and advocacy programs at the Chapter level.

When we think about National we see their role as leading the way for Canadians with the promotion of evidence-based solutions.

Separately the Chapter and National rely on your generosity and for us to continue making a difference for those of living with Celiac Disease as a country and as a community. *Note CCA National does not provide funding to the CCA BC.*

The CCA BC Chapter

Your \$20.00 membership and your generous donations allow our Chapter to continue:

- Raising awareness of Celiac disease and our organization.
- Supporting our diverse communities.
- Working with local businesses to promote safe food practices for those adversely affected by gluten.
- Attending local events to provide the latest information to stakeholders in the food and medical communities.
- Hosting seminars and events to bring the Celiac community together.
- Maintaining and supervising content for the Facebook Support group with nearly 2k members.
- Fundraising to support our National Association and Celiac disease research.

From the Chapter you receive:

- Our Quarterly Magazine, which currently is about 35 pages long with articles, research and recipes.
- Peer Support available through digital channels and in person
- Access to member-only events both in person, online and restaurant meet-ups.
- A 30 minute appointment with a Registered Dietitian for new members.

- Regular e-mail updates on programs, services and products in British Columbia.
- Ability to vote at our Annual General Meeting.



The CCA

Canadian Celiac Association (CCA) National and its volunteers are your advocates focused on four key priorities:

Taken from www.Celiac.ca/about-the-cca/our-strategic-priorities:

Promote Evidence Based Solutions

- Have a functional and effective Professional Advisory Council (PAC) with diverse representation and medical professionals.
- Stay abreast of international and national scientific research and trends.
- Ensure that our events, advice, and materials are firmly rooted in science.
- Publish statements through the PAC on important issues and communicate to our stakeholders.

Strengthen Standards

- Advocate for gluten-free food safety and standards in Canada.
- Champion improved standard of care for Canadians with gluten disorders.

Ensure Financial Sustainability

- Generate, diversify and maintain revenue streams.
- Strategically fund advocacy, education and research initiatives.
- Build and maintain a high-performance team to meet operational goals.

Increase Awareness and Education

- Be the go-to resource for Canadians with Celiac disease and gluten disorders.
- Involve the healthcare community regarding diagnosis and management.
- Engage the food service industry regarding food safety
- Improve outreach to culturally and socioeconomically diverse communities.

Finding the Gifts

Submitted by: Korë Jackson, RCCH

‘Tis the Season. It sneaks up on me every year. It’s already November as I write this, and time seems to be speeding on faster than ever.

No matter which holiday you choose to celebrate, beliefs you hold dear, longstanding traditions you choose to observe, or whether you celebrate with blood family, or found family: there are a couple of common things you will find at the end of the year festivities...gifts and food.

Food can be a little tricky, especially if you are navigating allergies or sensitivities and for some of us, both!

We find ourselves in a time where there have been a LOT of “restrictions” and changes and challenges beyond our control, which have coloured our lives and seem to be ever evolving. It can all feel like it is a bit much at times. When you have food restrictions and certain health concerns it’s a lot like that.

Friends and I had a bit of a laugh at a recent gathering where we were bringing food for all to share. The list of concerns was as follows: Gluten-free (celiac), meat-free (vegan, sensitivities to ingesting animal products), nut-free (anaphylactic nut allergy), dairy-free, nightshade free. (Note that each of these restrictions are attached to a different human...it’s really a good thing that we all like each other!

This time of year is an opportunity to change perspective as you **find the gifts**, the silver lining in it all.



Gratitude

Is an essential part of maintaining a positive mindset about all of the above!! It can be really easy to get stuck in the “can’t” of it all.

When things feel really difficult to manage, find the things that you “can” do, or already have, to experience and embrace those instead. What did I hold onto above all else through the early stages of my recovery (or more accurate-

ly, my life re-haul) following my brain injury? The thing that I kept telling myself is that I was grateful to be walking, talking and breathing on own; given the context of how I was injured, this very well may not have been the case.

We all have a lot to be grateful for.

Inspiration & Innovation

My friends and I use our collection of dietary restrictions as an opportunity to get creative and try delicious new things.

Either by substituting ingredients to old favourites to make them friendlier for those who are invited, or thinking outside the box and exploring new recipes and combinations that you may not have thought of before. Where there is a will, there is a way. (Sorry Auntie Violet, we may have had to adjust a few things in your secret family stuffing recipe!)

Fun

I’m a big fan of taking anything that might feel like a chore, that is restrictive, or overly complicated and making it into a game.

This is a great way to make anything more fun! Find a way to appeal to your inner five year old (or anyone else’s) and turn something as mundane as taking out the trash and change your perspective on it by making it into a “field-trip”.

Create a challenge for family or friends or even yourself when it comes to food.

Find new favourites. Give a prize for the tastiest creation. Make a game of finding a great new restaurant which fits all your dietary needs. Keep things interesting.

Take Time

Remember to breathe and appreciate the moments.

Time moves quickly, and in the flurry of activities surrounding the season and of life in general these days, everything seems to go by in a blur. Pay attention to being present with yourself and those you love, and you will experience magical moments all around you. Find beauty in simplicity.

Take time to reflect on how you arrived at today; celebrate all of your victories, large and small, all the leaps into the unknown, steps, missteps and detours along the way.

Appreciate the opportunities paved by some of the challenges you have experienced, that you have been given the gift to become a healthier, stronger and more resilient version of you.

Have a Happy & Healthy Holiday Season!

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Holiday Gifting - Made Easy!

Submitted by Julie Clement, CCA BC Director

As the holiday season approaches and your family and friends think about shopping for you, the celiac in their life, do you worry about them getting it wrong and you hurting their feelings by not being able to eat something they buy or make for you with love? Look no further than this handy gift guide which you can "subtly" leave lying around in full view... or don't worry about subtlety, take a copy of this page and send it to everyone who could benefit from seeing it!

Gift Cards

Recipe books can be a very personal thing, but a gift card for a book store allows the recipient to pick out the perfect one to fill a hole on their shelf



While you're in the book store maybe browse the journals and pens so your loved one can make their own recipe notes or grocery lists in style

Head from the book store to your local independent homewares, clothing or toy store - a gift card to spend in an independent business gives back on so many levels.

At the Mall



Pick up a pair of pyjamas and a copy of *The Night Before Christmas* for any celiac children you know

Grab a cozy blanket, some teabags and a festive mug so your neighbour can have a seasonal night in

Luxury soap is always a treat, or a gift card if you're not sure of their preferred scent. What about hand "Santa-tizer" to "wash them a merry Christmas"...

Last Minute Grocery Store Gifts

If you really do want to treat someone to a food-based gift, keep it celiac safe by ensuring you buy products with clear "Gluten Free" labelling - nice crackers for cheese and a chutney or a box of chocolates are a classic treat.

Ask the store to make you up a fruit basket, naturally gluten free and always feels so special.

Grab a set of cookie cutters, a spatula, some muffin cases, frosting and sprinkles and fill a Christmas stocking.

Consider a small succulent or a Christmas cactus in a festive pot - dollar stores these days have some really cute pots.



What about an eco-friendly kit to avoid the incoming bans on single use plastics - most stores now sell reusable straws, bamboo utensils and beeswax food wraps.

If You're Feeling Crafty

Find instructions online for a homemade or suet bird feeder, super easy for any children in the family to help with.



Plan ahead and mix up some plain epsom salts with dried lavender or essential oils then package them in a pretty jar for a pampering session.

Pick up a used Scrabble set from a thrift store and use the letters to make up a Merry Christmas plaque or a named decoration.

If you're feeling really confident, how about a fresh flower table centrepiece?

Ask Jess: Nutrition Corner



Jess Pirnak is a Registered Dietitian and kindly volunteers her time to answer your questions at: nutrition@bcceliac.ca.

She is a member of the Registered Dietitians of Canada and you can read her blog at: <https://www.foodyourself.com/>.

She is also available for a one on one discussion, which is free for members up to 30minutes. She can be contacted at: <https://www.foodyourself.com/contact-1/>

Q) Should I take an iron supplement?

A) If you've been feeling extra tired lately or experiencing unexplained hair loss or brittle nails, you might want to get your iron levels checked!

Who's at a greater risk for iron-deficiency anemia?

Pregnant women, menstruating women, children, older adults, vegetarians, runners and people with celiac disease. Because of malabsorption caused by inflammation, or the inflammation itself, anemia may be present in those with celiac disease. In fact, it may have been the symptom that led to the diagnosis of celiac disease in the first place.

Damage to the gut cells can lead to decreased absorption of iron, folate and vitamin B12.

So, should you take an iron supplement?

First, ask your family doctor for your ferritin blood test and only if your results come back low should you take an iron supplement. And it's important to stop taking your iron supplement if you don't need it as excessive iron can cause constipation, upset stomach, nausea, vomiting or stomach pain.

Hope this helps!



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In conversation with...

Submitted by: Lynda Neilson, CCA BC Director

Lynda: Hi! Please tell us your name!

Chris: Hi there, thanks so much for this interview! I'm excited. My name is Chris Byrom.

LMN: That last name sounds familiar - are you related to someone we know?

CB: Yes! I am the husband of Nicole Byrom, Registered Dietitian and Health Promotions Manager at the CCA.

LMN: I understand you are diagnosed with Celiac Disease. How long have you been diagnosed?

CB: I received my initial bloodwork panel on my birthday in 2019. It was funny, my wife looks up all of our bloodwork online and we were about to have dinner on my birthday, and I saw her looking at the computer. She quickly closed the laptop and said, "let's eat!". I could tell something was up. That was the day I found out my TTG was 130. I knew I had to continue eating gluten until my biopsy, but it certainly wasn't the birthday present I was expecting. 😊

LMN: Is anyone else in your family also diagnosed?

CB: Yes! Our daughter Julie was diagnosed when she was 5 years old, and both my sister and my niece also have celiac disease. It certainly runs in my family! Oddly enough, my mother-in-law also has celiac disease, so genetically speaking our children have the genes for celiac on both sides of the family.

LMN: What do you do for a living?

CB: I am a Captain with the North Vancouver District Fire Department.

LMN: How do you manage to eat Gluten Free when living at the Firehall? I thought firemen cook one big dish for each meal or they sometimes order out? If that is true - how are you accommodated?

CB: This was certainly one of my concerns when I was first diagnosed, and cross contamination is always a fear when I am at the firehall. One thing I have learned from my wife is to be empowered. I have done so much learning about celiac disease and how to stay safe and keep myself healthy. My crew is very understanding and accommodating. At the firehall we are one big family, and as such we want to keep each family member safe. Since my diagnosis, another member of my team has also been diagnosed, our truck driver. So, there are two of us now on shift! We took the time to educate our fellow firefighters on what celiac disease is, and how eating even the smallest amount of gluten can make us sick. It's all about communication and honesty. Our team is amazing. As fire fighters, health is a primary focus, and as such, our crew takes healthy eating and living very seriously. I often get texts asking about ingredients and meals for that shift. I'm very lucky.

LMN: An inside source told me that you were seconded to fight forest fires this past summer without much notice. While you probably have the firehall eating situation worked out this would be a totally different way of eating. How did it work out and how did you remain gluten free?

CB: That was funny, as I was running out the door to head to the interior my wife was throwing GF granola bars in bags for me! Our chief also ensured the truck was stocked with some GF snacks. Once we were on site, I was quite surprised how easy it was to dine out gluten free, even in the small town of Lillooet. Living with Nicole, I am now very skilled on what to ask in restaurants! So, I was well prepped on how to navigate this.

LMN: What is your favourite GF dish to make for the firehall?

CB: Oh, that's a hard one! I have so many. But, if I had to choose, we make an amazing quinoa salad with all the fixings. (Gluten-free quinoa of course. It's a grain, so needs to be labelled GF! I have my wife's voice in my head!)

LMN: What is your favourite GF dish that Nicole makes for you and your daughter?

CB: I do a lot of the cooking! But Nicole makes an amazing lasagne, and dahl.

LMN: What is your favourite GF snack food that gives you energy for the job?

CB: My wife's granola bars are a fan favourite at the firehall. They are famous around here; the guys even ask her to make them for our shifts.

<https://www.youtube.com/watch?v=M1xkyM6hbZE>

LMN: Any other wisdom or tricks you wish to add for the members of the BC Chapter?

CB: Be empowered and access the CCA for help. The resources that the CCA have to offer are amazing. Here in Canada, we are so lucky to have the support of such an amazing organization and for me to be living with an RD working for the CCA is such a gift.

LMN: Well, I think that wraps up all my questions Chris! Many thanks for participating and keeping us safe with all that you do in your job!

CB: Many thanks for this interview! I wish everyone well!



Picture of Chris (left) and his co-worker – both have Celiac Disease.

Autumn Social Media Recap

Submitted by Lia Fairbairn and Sasha Dobisz, CCA BC Directors



Our social media team has been working hard these past few months, preparing posts on Facebook, Twitter, Instagram and Tiktok!

In September, we focused on back-to-school themed recipes and snacks including roasted chickpeas, vegetable fritters, and cauliflower mac and cheese. Wellness Wednesday returned for the month and featured recipes that used seasonal produce available in British Columbia.

Now that our UBC support group is up and running, you can also find event information on our social media pages. To date, our events have included two coffee chat events, a sushi dinner at Iki's Japanese Bistro, and a trip to the Gluten-Free Epicurean bakery. All students and young adults in the Greater Vancouver area are welcome to attend!

In October we began our "what a celiac eats in a day" series to showcase the diversity of foods that are available to all of us following a gluten-free diet. Too often people with celiac disease focus on what they cannot eat and forget about what they can! Follow along for recommendations of gluten-free products and restaurants to try, recipe inspiration and weekly meal prep ideas.

Membership renewals are fast approaching, so we have also been highlighting some of the benefits of becoming a member of our chapter as well as some of the most frequently asked questions on our Facebook Group. If you find our Facebook group or this magazine useful, consider supporting us by becoming a member of the BC CCA.



mandarin Spice Cake

1 pkg. Namaste Foods Spice Cake Mix
3 eggs
2/3 cup oil

Two - 11 oz. cans mandarin oranges in juice or water

Preheat oven to 350° F. Lightly spray 9" x 13" pan with non-stick spray.

Pour juice from oranges into a 3/4 cup measuring cup. (If the oranges are packed in water or simply if you prefer, use orange juice instead.) Combine cake mix, eggs, oil and juice in large mixing bowl. Beat with electric mixer or by hand until blended well. Fold in mandarin orange slices.

Pour batter into prepared pan and bake for approximately 45 minutes, or until toothpick inserted into center comes out clean.

For Fun: Top with cream cheese frosting and candied orange slices for a special occasion!

enjoy!

Changes in Microbiome That Might Signal CD

By Amy Ratner, Director Scientific Affairs, Beyond Celiac Reprinted with Permission, July 12, 2021

Researchers may eventually be able to use these clues to intervene to stop celiac disease



Intestinal changes that occur before the development of celiac disease in at-risk children have been identified in a new study.

These changes are giving researchers clues that may eventually enable them to intercept and possibly prevent celiac disease by adjusting the collection of microorganisms in the gut, called the microbiome.

“With these findings we anticipate that we will be able to distinguish who will remain healthy and who will develop celiac disease months before the onset of the disease,” said Alessio Fasano, MD, director of the Center for Celiac Research and Treatment at Mass General Hospital for Children and senior author of the study published in the *Proceedings of the National Academy of Sciences*. Results of this proof-of-concept study will need to be confirmed in larger studies, he added.

Substantial changes in the microbiome and the metabolome — the molecular components of cells and tissues — of children with a parent or sibling who has celiac disease were identified months before celiac disease developed, Fasano and colleagues found in the new study. The research is part of the larger Celiac Disease Genomic, Microbiome and Metabolomic Study (GEMM).

The changes included an increased abundance of pro-inflammatory microbial species and decreased abundance of protective and anti-inflammatory microbial species at various time before celiac disease, the study says.

While no changes were seen in the type of microbes, metabolites and functional pathways, all of these were increasing or decreasing at the time of diagnosis in the children who went on to have celiac disease, Leonard said.

March to celiac disease

“The identified alterations point to a march from the preclinical stage of disease to a break of tolerance to gluten and the subsequent onset of celiac disease and may serve as microbial markers of progression towards disease onset,” the study authors wrote.

The gut microbiome of the first 10 infants who had developed celiac disease in the GEMM study were compared to the microbiomes of 10 who did not get celiac disease. The two groups were matched one-on-one in multiple ways, including sex, season of birth, the method by which they were delivered, and timing of the introduction of solid food and gluten.

About 500 children in the United States, Italy and Spain are being followed from birth to 10 years old in the GEMM study. Samples of blood and stool are collected, and parents fill out questionnaires about birth, feeding, and antibiotic exposure.

The comparison in this study was done with stool samples from both groups that had been collected at several points beginning 18 months before the 10 children developed celiac disease. 18 months is the youngest a child in the study has been diagnosed. Significant changes in the intestinal microbes, pathways and metabolites were found as early as 18 months before celiac disease developed, said Maureen Leonard, MD, lead study author and clinical director of the celiac center. “This was much earlier than we expected,” she noted.

Functional pathways represent the overall activity of the microbiome, including the metabolites being produced.

Researchers used metagenomic analysis to link microbial composition with function, highlighting changes in the pathways associated with increased or decreased inflammation. Metagenomics is the study of a collection of genetic material from a mixed community of organisms and usually refers to the study of microbial communities.

While some adenoviruses were detected, changes were limited so results of the study are only related to bacteria and archaea, single-celled organisms whose cells lack a defined nucleus.

Previous research has linked celiac disease and the reovirus in children. A higher frequency of enterovirus during early childhood was associated with later development of celiac disease in another study, but no association with adenovirus, which is also common in children. Another study has also explored the connection between the Epstein-Barr virus, which causes mono most often in teenagers and young adults, with celiac disease and other autoimmune conditions.

Cause or consequence of celiac disease

The longitudinal, GEMM birth-cohort study is giving investigators the evidence they need to move microbiome research from observations of associations to studies related to cause, Fasano said. Researchers are interested in whether changes in the microbiome are a cause or consequence of celiac disease. The study provided an opportunity to observe alterations in the earliest phase of celiac disease because scientists have specific data about the make-up of the microbiome of the children before celiac disease developed.

The study may also impact other autoimmune diseases. The investigation “establishes a roadmap” for long-term

Changes in Microbiome That Might Signal CD

studies to better understand the role of the microbiome in the development of other conditions and how to target treatments so they prevent autoimmunity, the authors wrote. The study notes there are other implications for autoimmune diseases, including the identification of microorganisms that might serve as biomarkers of future autoimmune disease.

Ongoing GEMM study

GEMM is an ongoing research project. The [first published study](#) based on its evidence showed that caesarean delivery, antibiotics at birth and formula feeding cause changes in the gut of infants at-risk for celiac disease that are linked to dysfunction of the immune system and to inflammatory conditions. Early results of [another GEMM study](#) presented recently at Digestive Disease Week found that the breast milk of new mothers with celiac disease who are on the gluten-free diet is similar to the breast milk of new mothers who don't have celiac disease.

"I think the most important thing about this study is that we identified alterations in the microbiome more than a year prior to celiac disease onset," Leonard said. "This is very promising for potentially identifying ways to intervene before celiac disease develops." Researchers expect about 50 children participating in the study to develop celiac disease before the investigation concludes. Additional data collected will be used to validate the findings of the current study and refine predictions that link specific microbiome shifts to the risk of developing celiac disease, according to the study. Future work will also analyze microbiome changes related to other influencing factors including timing of gluten introduction, amount of gluten consumed and exposure to viruses.

Study limitations noted by the authors include the small number of participants included in the analysis and potentially the collection and analysis of stool samples, which may not be the ideal measure of small intestine microbiota, which is part of the gastrointestinal system of interest in celiac disease.

[Read the study.](#)

DEFINING WHAT'S GOING ON IN THE GUT

microbiome
The community of many types of bacteria in the small and large intestine which help break down and digest food, provide the body's energy and make vitamins needed by the body. These gut bacteria aid in the development of the immune system.

metabolites
Products created by processes in the gut including digestion and the production of vitamins. Specific metabolites differ from person to person depending on genes, makeup of the microbiome and food consumed. These small molecules are formed in or are necessary for metabolism.

Metabolome
The collection of metabolites.

Metabolism
The complex process in which chemical reactions in the body's cells change food into energy.

BEYOND CELIAC
Together for a Cure

CCA 2021 Virtual Conference



If you were unable to attend this year's conference, do not fret! Thanks to CCA BC Board Directors Lynda Neilson and Val Vaartnou, we have access to thorough notes from the seminars and talks that were had this year. Read on for just a glimpse of what we learned, and stay posted with the [CCA's YouTube channel](#) to view the conference once it's uploaded!

Many celiacs feel there were important items of note skipped by their GP at the time of diagnosis. Dr. Sara Ahola Kohut, Ph.D., C. Psych addresses some of these issues and more:

- Brains are wired to survive and socialize, this is a "safe state". A celiac diagnosis involves interacting with medical teams, labelling issues, dining out/ restaurant issues and cross contamination concerns including at family or friend gatherings, causing some threat to our brain's "safe state". Adding pandemic related restrictions is a further threat and adds to social isolation of a celiac.
- Information overload – road to diagnosis can be bumpy. Normal to have whole host of emotions. You will not feel this way forever. Some of the questions do not have answers and may make you feel anxious. The answers will come with time.
- One needs to make safety, awareness, and self-care important to respond flexibly to life.
- Celiac may be all consuming now or for periods in the future. With time and experience CD does get easier. Reading labels gets easier. Advocating gets easier.
- Worrying thoughts are trying to protect us, awareness is important. Learn to work with our worries.
- You must strike the right balance for you between ignoring and being hypervigilant. Put energy towards the things that really matter.
- Perspective shift: on a larger scale – think more broadly on how much energy is spent avoiding stress, anxiety, sadness vs moving towards what is important to you. Be where you are in the moment every day.
- On small scale try this exercise using an everyday snack: granola bar versus an apple. The granola bar will be chewy, soft or gooey, chocolatey. Eat the apple for what it is, crisp, juicy, crunchy. Avoid telling yourself you eat apples because it is a GF snack.
- You are not Celiac Disease, but it is a part of who you are!

Consider 2 questions. What would you be doing if you were not worried about gluten exposure or cross contamination? What small steps would you be willing to take to move towards acting on that? Knowing and *acting* on this information are two different things, combining the two requires practice. Celebrate what you achieve, and do not beat yourself up for a lapse of action.

- Be gentle but firm, and even fierce when needed in both directions of action because you are not a burden! It is OK to take a sick day, you do NOT need to apologize! It is OK to take care of yourself and your needs, boundaries are about self-compassion, and you are not lesser if you need accommodations, being busy in life does not equal success. Being assertive and embodying confidence takes practice. You don't need to get it right every time. It is OK to take rest, and it is OK to say "I have taken enough rest today." Saying NO is hard, it is an art. You are in control of what you are asking for.

Simple tool that can support assertiveness and communication

1. Name, diagnosis, pertinent medical history (about you)
 2. Current treatment plan (issue)
 3. Your question or request
- Hi I'm Sara. I have CD. Treatment is a strict GF diet. I need to know more about the chicken Caesar salad. Can you meet my medical needs?
 - Can also be used in personal or academic/ employment settings such as: Hi I'm Sara. I am a psych major. I have 3 exams on the same day. Can I please reschedule one?

You are not a burden. This is a right and nothing to apologize for. What are you comfortable sharing? What are you not comfortable sharing? Reflect on this. No right or wrong!

What about those difficult conversations?

There are times when you may be required to speak to your CD. When do you want these conversations and consider the intent behind sharing? Sharing your needs around CD is important when you are

- Booking or receiving accommodations
- Out with friends and requiring help
- Strengthening an important relationship
- Increasing awareness around CD versus a GF lifestyle

Feeling pressure from others or perhaps not knowing what to say in a situation can make you feel like you HAVE to share. You do not owe anyone anything! In a social setting some may feel comfortable asking what your symptoms are, if you do not feel like disclosing this information then don't do it!

CCA 2021 Virtual Conference

Finding peace amongst the chaos – this is hard to do!

- Take care of yourself: physically, socially and mentally
 - Eating well and exercising
 - Allow yourself to just do one thing
 - Staying connected to hobbies and social interests
 - Building a support network you can rely on to help ease your load
 - Making sure you keep up with activities that are just for fun and make you feel accomplished
 - Creating GF safe spaces if you need, places you don't have to carry as many worries
- Reach out to your support network for help if you are finding you are having trouble reintegrating into everyday life. Are your thoughts and feelings about gluten exposure and cross contamination overwhelming? Reach out, they want to help!
- Overall health is the presence of something, not the absence.
- Our brains like to do one thing at a time: savor what you are eating.

STOP, TAKE A BREATH, OBSERVE, PROCEED - feel for a moment, take a moment to check in with yourself and your body. Are you comfortable? Collect data on yourself. What kind of human do you want to be?

Inez Martincevic, RD, Hospital for Sick Children in Toronto is a Clinical Dietitian practicing within the Division of Gastroenterology, Hepatology and Nutrition at the Hospital for Sick Children.

- Not simply the GI system, CD symptoms may be related to malabsorption and symptoms being on a variable spectrum, mild or severe or none.

Prevalence and Risk:

- CD has increased partly due to research into tools and tests. In literature the rates are .152% to 2.67%. Prevalence in children aged between 2.5 years and 15 years is about 3 to 13 in 1000.
- Higher risker: is relative, certain genetic conditions: Down syndrome or Turner syndrome and people who already have one autoimmune condition (Type 1 diabetes, rheumatoid conditions, lupus)

Treatment: A strict GF diet (GFD) for life. Sooner you start as possible and adhere to it you can reverse damage (heal) and prevent the development of other conditions (comorbidities) like osteoporosis and infertility. Improve the quality of the life.

Gluten: Main storage protein of wheat grains, including hybrids for example triticale. Avenins in oats are considered naturally GF but become contaminated during harvest, milling, transport, storage, processing and /or packaging.

Food products can be contaminated from farm to table.

GFD is complicated: a gluten free diet with the assistance of a registered dietician (RD) is strongly advised. In the Shelley Case Survey - about ¼ (26%) patients could access a trained dietitian, meaning those living in rural locations experience difficulty getting the help and knowledge they need.

Online Education/ eLearning: Modules geared for both practitioners and patients, online education is accessible and streamlined across Canada. These tools are extremely useful in gaining the knowledge required to maintain a GFD and can address RD resource limitations. About Kids Health: aboutkidshealth.ca/CeliacDisease is available online and will provide individuals with up-to-date information.

Dr. Jocelyn Silvester, MD PhD is Assistant Professor of Pediatrics at Harvard Medical School and Director of Research for the Celiac Disease Program at Boston Children's Hospital (BCH) and Associate Staff at Beth Israel Deaconess Medical Centre.

Myth: CD occurs in Europeans and those of European Descent. This used to be a common myth but CD prevalence is about 1.4% globally.

Myth: Individuals with CD are not overweight or obese. Although classical CD does not present itself this way, it also does not prevent a high body mass index. About 15% - 31% CD patients are overweight, 6.8 – 13% obese, 5% of whom are children.

Myth: All patients with CD respond to a GF diet. Many do not respond – persistent symptoms on GF diet are common and may not be caused by gluten. A 2021 study shows in 15% of adults and children, ongoing symptoms may not be related to gluten. Many patients with CD have persistent villous atrophy on a GF diet. 1/3 people have a healthy intestine after 2 years, 2/3 have healthy intestine after 5 years.

How does a GF diet fail?

- Intention/ Behavior gap: intention is not actual behavior or action.
- Looking for gluten in the wrong places: toothpaste, lipstick, medication....
- Village effect: a high dependence on the knowledge others can contribute to contamination, for example due to misinformation, or outdated resources.
- Literacy/ education: research backed information is lacking.
- Food insecurities: Availability and accessibility of GF food has suffered due to pandemic.

Have some questions? Send us an e-mail and we would be happy to help clarify! info@bcceliac.ca

Black Owned Businesses

Submitted by: Arica Sharma, CCA BC Director

The initial objectives of the CCA were to provide information on sources of gluten-free food, to foster research and to encourage mutual support among people with celiac disease. Today the association serves people with celiac disease, non-celiac gluten sensitivity and dermatitis herpetiformis through affiliated chapters across Canada. The CCA is here to help individuals regain power over every aspect of their lives. With increased research incentives powered by our donors, community networking, and mutual support, we are regaining power over our disease, our bodies, and our lives. Celiac disease does not discriminate. It does not care who you are or where you came from, once you're a member of the celiac community, you're in it for life and we welcome you with open arms! As always, the CCA BC is a resource here to provide you with delicious food options that are safe for you and your family to enjoy. This round we showcase Black owned business who have taken gluten free and made it a delectable priority.

Juke Fried Chicken:

182 Keefer St, Vancouver

Contact: (604) 336-5853

[@jukefriedchicken](#)



Juke is the reason the Chicken crossed the road. Juke offers celiac friendly gluten-free fried chicken & ribs with seasonal sides. You can pre-order online, Take-out, or delivery with any of your favorite delivery apps.

Taps & Tacos:

91 Moody St, Port Moody

Contact: (604) 492-0759

Pushing a 5 star review by more than 800 Googlers as well as rave reviews from our Facebook Support Group, celiacs all over BC feel safe and love dining here.



Premium Meals:

88 W Pender St, Vancouver

info@premiummeals.ca

Breakfast to dinner in a variety of meals, find your fresh Keto and celiac friendly meal-prep here and delivered right to your door!



Juice Kadi Juice Co.

Fresh and locally made juice is the best way to start, continue and end a day! Get your healthy dose with a flavor you love by taking a peek at the menu on Instagram [@juicekadi](#).



Calabash Caribbean Bistro:

428 Carrall Street, Vancouver
(between Pender and Hastings)
Contact: (604) 568-5882



With a mission statement like "Every guest leaves with good vibes" this lively spot offers food, music and a dance floor! Calabash was a place created to celebrate and share Caribbean culture with Vancouver. Celiacs can enjoy Chicken and Fish Curries, as well as Jerk Chicken – just skip the fried plantain garnish!

If you know a Black Owned Business that also caters to celiacs, help spread the word! Head to the [Facebook Support Group](#), [Twitter](#), [Instagram](#), [TikTok](#) or email info@bcceliac.ca so we can all enjoy new food, and support local/ black owned businesses!

**Always advocate for yourself and communicate any food allergies/ intolerances to your server before placing an order – Safety first!*



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Our products are available on Amazon

www.LKK.com

Finland is celiac world HQ, where eating GF is easy

Read the original article [online here](#) and more by: [Lisa Fitterman](https://www.allergicliving.com), at <https://www.allergicliving.com>

In August 2013 I was carefully treading my way around Portugal and Spain feigning a lactose intolerance, while a little whisper in my head said “Yes, but you know it’s probably gluten.” I was in heavy denial and certainty simultaneously while my scheduled blood test awaited me in Toronto come December. I remember *the last time* I ate a lot of gluten things, because I knew as I ate them what horrific things were going to happen to my tummy, and the truth of my almost new life around the corner.

August 2014 found me knee deep in my new celiac diet struggling to stay clear of contaminants while travelling to San Francisco, Seattle and Vancouver. This is around the time I started to develop a bit of social anxiety and significant anxiety around food. What can I eat? How many tourist trap restaurants will bait me in with GF options and make me sick due to cross contact? Is there a lineup for the washroom?

In Canada and in the USA the rate of celiac disease is estimated over 1%. In Finland it’s closer to 2.4% for adults. In all three cases, this is a modest estimate and it is suspected there are even more celiacs out there.

Travelling to a place where they hold the highest incidence of celiac disease in the western world means that you’re in a place where “many of the 5.5 million inhabitants know someone – a parent, a brother, a cousin, the friend of a friend – who has keliakia [celiac].” This means that from the southern coast, to Turku in the west, to Tampere in the north and beyond, just about everyone knows what celiac disease is and what impact it can have on health. Finding gluten free, which is called “gluteeniton” airs on the side of simple and easy to find, and most establishments take a GF request seriously! Cafés, supermarkets, bakeries, high-end restaurants, convenience stores, gas stations all offer safe food for celiacs. [McDonald’s even has a GF burger!](#)

OK, Celiacs can travel to Finland and find GF food no problem, but **why?** “Leading Research and a 70% Diagnosis Rate. Tampere University, 100 miles northeast of Turku, is one of the leading centers of research into the disease, and Dr. Markku Maki, who made that center famous, is a ‘rock star’ in the celiac world...He speaks of the importance of Finnish primary care physicians knowing how to diagnose a patient without having to consult a specialist...Maki contended that disseminating information about what symptoms primary care physicians should be on the lookout for and giving them the right to order blood screenings without having to consult a specialist has significantly cut diagnostic delay.”

“These days, researchers in the country are studying other factors that may trigger or contribute to celiac disease science – including what kind of bacteria in digestive systems trigger inflammation, a possible link to other autoimmune diseases such as Type 1 diabetes and even hygiene.” Professor of internal medicine Dr. Katri Kaukinen at the University of Tampere agrees, that even the most strictly gluten free celiac patients often continue presenting

symptoms. Ongoing research points to the microbiota in the gut for these patients, and how it differs from others.

So then what can you do to help make GF simple and easy to find in Canada?

[Spread awareness!](#)

I would love to eat a GF burger from McDonald’s and any number of other international chains. This means when I travel, there’s a definite safe space to go to when all else fails. Share [FAQs](#) to your [social media](#) to help everyone around you engage with the importance of your diet (it’s not a fad, it’s a need!), when you order GF be loud and proud about it and toot your Celiac horn!

[Fund Research!](#)

The International medical community is certainly working to decipher the mysteries around celiac disease. For all of us who continue to follow strict GF diets but are still unwell, or for those who are part of the nearly 12-year wait to receive diagnosis, or to those restrictions set in place to our medical professionals that prevent prognosis, funding is a necessity. The CCA BC is a proud supporter of funding and research, if you’re interested in making an impact in this area, click here: <https://www.canadahelps.org/en/dn/4644> or send a cheque to our mailing address:

Canadian Celiac Association British Columbia

2675 Oak Street

Vancouver, BC V6H 2K2

[Become a Member!](#)

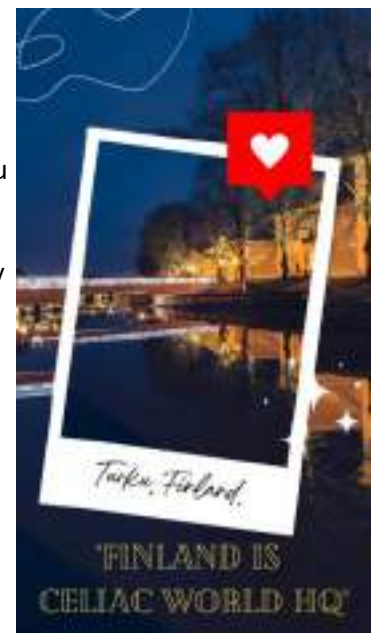
\$20 is all it takes to be part of the solution. Your membership keeps your local chapter (that’s us!) supporting [you](#), [your family](#), [local GF businesses](#), [restaurants/ bakeries](#), and [medical representatives](#) as well. What’s more is we also support the [Canadian Celiac Association](#) (National) in providing vital information (and more) about what’s happening in the real day-to-day struggles of celiacs from the west coast.

So, where is next on your travel list and why? How much of an impact does being celiac make on your travel location plans? Do you find peace knowing you’re headed to Mexico like I do?

If you had a relatively breezy experience travelling somewhere as a celiac, we would love to hear about it!

Contribute an article to our next [Celiac News Magazine](#) and SPREAD THE WORD!

E-mail your submission to newsletter@bcceliac.ca before February 15, 2022 to make the March 2022 issue.





kinnikinnick
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Messages From Your Leaders

Due to COVID 19 and the provincial health guidelines that change from time to time, confirm with the contact person for the Support Group whether any meeting is taking place. Some groups are holding Zoom meetings.

Support Groups

Chilliwack Drop-In – 1st Saturday of each month.
Contact: Geraldine David - 604-792-2119 or gdavid@uniserve.com

Powell River Drop-In – Contact: Liz Kennedy: lizkennedy@shaw.ca or Val Harding: valhar@shaw.ca

Richmond Drop-In – 2nd Monday of each month at 6:30 pm. Contact: Val Vaartnou: val_vaartnou@telus.net or phone 604-271-8828.

South Surrey Drop-In – 3rd Tuesday of each month at 6:30 pm. Contact Pushpa Kapadia at pushpakapadia@gmail.com or phone 604-721-0098.

UBC Support Group – The following events are planned for December:

Basil Box Dinner: Tuesday, Dec 7th @ 7pm

Lemonade bakery trip: Wednesday, Dec 22nd @2pm

Follow CCA BC social media feeds for updates about future meetings or contact student.support@bcceliac.ca

Contacts in areas where there is no Group Meeting:

All Areas: Val Vaartnou will teleconference with anyone newly diagnosed or who needs assistance with the gluten-free diet. Contact Val at 604-271-8828 or email at val_vaartnou@telus.net

Help Line: If you have any questions, you can also phone our helpline at 604-736-2229 or 1-877-736-2240 and leave a message and a volunteer will get back to you.

The purpose of our helpline is to offer support to newly diagnosed celiacs and those who are having difficulty with the gluten-free diet. If you just feel the need to talk to someone with the same illness who has been on the diet and living well as a celiac, please leave a message with your name, phone number and a brief description of your inquiry.





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Happy Holidays!

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