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Case Examples and Panel Discussion

**Celiac Disease & Gluten-Related Conditions
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Objectives

- In patients with suspected or diagnosed celiac disease:
 1. Gain an understanding of common psychological symptoms and challenges.
 2. Consider aspects of age and development as an important context for mental health symptoms and treatment.
 3. Identify and discuss multiple areas of functioning that may be targeted for mental health treatment.

Overview

- 3 Case Examples
 - Discussion Points
 - Panel Discussion
 - Question & Answer
- Conclusion

Case Examples

- The following case examples illustrate some of the unique psychosocial challenges related to celiac disease
 - Names were changed to protect confidentiality
 - Cases are composites of various patient experiences and do not represent a specific individual
- For each case, consider:
 - Age of patient / developmental context
 - Biggest stressor(s)
 - Areas of functioning affected
 - Opportunities to collaborate with medical providers

Case 1: “Martha”

- 10-year-old female referred for mental health treatment
- History
 - Generalized Anxiety Disorder treated with SSRI for 1 year
 - No known prior medical history
- Presenting symptoms:
 - Chronic stomachaches
 - Fear of vomiting, especially in front of others
 - Chronic shyness
 - Avoidance of household chores and school after meals

Case 1: “Martha”

continued

- Therapist referred to gastroenterologist
 - Family avoided making appointment
 - Anxiety about possible endoscopy
 - Pediatrician recommended acid blocker to see if it would help with symptoms.
 - After several weeks, did not start medication
 - Martha disclosed she was embarrassed to tell pediatrician that she cannot swallow pills

Case 1: “Martha”

continued

- Treatment goals:
 - Patient and family-centered care
 - Anxiety reduction and management
 - Parenting skills and reinforcement of coping skills
 - Managing physical symptoms and identifying antecedents
 - Behavioral management (school, chores)
- Over course of therapy, anxiety improved but physical symptoms persisted.

Case 1: “Martha”

Discussion Points

- Barriers/referral to medical care
 - Parenting strategies
 - Somatic complaints
 - Selecting therapeutic intervention(s)
 - Medication management
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Case 2: “Daniel”

- 14-year-old male referred for mental health treatment
- No prior psychiatric history
- Medical history notable for celiac disease
 - Diagnosed at age 8; previously adherent to gluten-free diet
- Physical symptoms
 - Increase in abdominal pain, bloating, and diarrhea
 - New onset dizziness, fatigue, and headaches
 - Have persisted and worsened over several months

Case 2: “Daniel”

continued

- Presenting symptoms:
 - Anger and frustration about diet
 - Refusal to share celiac disease diagnosis and need for gluten-free diet
 - Parents suspect gluten exposures, but Daniel denies it
- Context:
 - 504 plan for celiac disease
 - Freshman year in new school

Case 2: “Daniel”

continued

- Disclosed to therapist that he was eating gluten around friends
 - Daniel described wanting to ‘be like everyone else’ with eating
 - Feels embarrassed to share celiac disease diagnosis or need to be gluten-free
- Daniel expressed frustration that parents ‘nag’ him about what he is eating

Case 2: “Daniel”

continued

- Treatment goals:
 - Problem solving for nonadherence
 - Coping with feelings of anger and frustration
 - Balancing parental monitoring and freedom
 - Helping Daniel and parents advocate for his needs
 - Referral for medical evaluation
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Case 2: “Daniel”

Discussion Points

- Rapport and self-disclosure about nonadherence
 - Adolescence, transition and change
 - Self-advocacy
 - Further medical evaluation
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Case 3: “Janet”

- 35-year-old female referred for mental health treatment
- No previous psychiatric history
- Medical history:
 - Symptoms of chronic fatigue and migraines for years
 - Previous diagnoses of IBS and fibromyalgia
 - Diagnosed with celiac disease after 8 years of medical evaluations

Case 3: “Janet”

continued

- Lives with spouse and child
 - Child was recently diagnosed with celiac disease
 - Spouse cooks meals that are not gluten-free
 - Feels blamed for stressors in the family
 - Employed in full-time job
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Case 3: “Janet”

continued

- Presenting symptoms:
 - Depressed mood, hopelessness and helplessness
 - Feelings of grief and guilt
 - Anxiety about gluten ingestion, social stigma
 - Restricted eating/avoidance of food
 - Social withdrawal, fear of rejection
 - Family relationship problems
 - Missing work frequently/symptoms only partially remitting

Case 3: “Janet”

continued

- Treatment goals:
 - Coping with new medical diagnosis
 - Improving depression symptoms
 - Managing anxiety related to gluten exposures
 - Gluten-free skill-building
 - Problem solving with spouse
 - Improving functionality
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Case 3: “Janet”

Discussion Points

- Coping with celiac disease diagnosis/process
 - Challenge of ongoing symptoms
 - When to consider medications
 - Celiac disease in other family members
 - Areas of functional impairment
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Take-Home Messages

- Diagnosis itself
 - Adherence and behavioral change
 - Coping with diagnosis, symptoms, diet
 - Functioning- school, work, relationships
 - Developmental changes & transitions
 - Collaboration with medical team is key
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Questions/Comments

Thank you!

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