

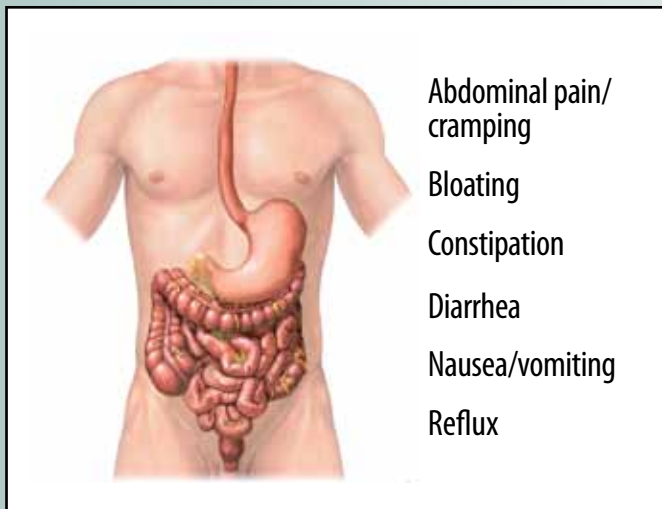


Recurrent gastrointestinal (GI) distress? Second-line diagnostic testing can help you find a cause!

25% of all individuals experience adverse food reactions that can lead to prolonged GI distress¹

- Each year, more than 36 million Americans present with symptoms related to the digestive system²

Common Symptoms of Recurrent GI Distress^{1,3-7}



Are immunologic disorders part of your GI distress evaluation?

Before invasive diagnostic procedures, consider second-line testing for

- IgE-mediated food allergy
- Celiac disease (CD)

Timely diagnosis of allergy and autoimmune disease aids effective treatment

- Improperly diagnosed food allergy can lead to unnecessary dietary restrictions that may adversely affect quality of life and nutritional status¹
- Hallmark symptoms of autoimmune diseases often present late
 - CD symptoms were present a mean of 11 years before diagnosis⁸
 - More than one third of CD patients were previously diagnosed with irritable bowel syndrome
 - Untreated CD carries the risk of long-term complications, including osteoporosis, infertility, neurologic disorders, and cancer⁹
- Tests with excellent sensitivity and specificity are available to help confirm allergy and autoimmune conditions or rule them out— which is just as important!

"...[I]t is essential that the practicing physician be able to identify and separate food-induced IgE-mediated reactions from other types of reactions to food."¹

— AAAAI/ACAAI Joint Task Force on Practice Parameters

"Patients with celiac disease in the United States have a long duration of symptoms and consider their diagnosis delayed. Improved quality of life after diagnosis is common. ... Quality of life after diagnosis was reported to be improved by 77%..."⁸

— Green PHR, et al

What is causing your patient's prolonged GI distress?

Rule in or rule out key diseases to target your diagnosis!

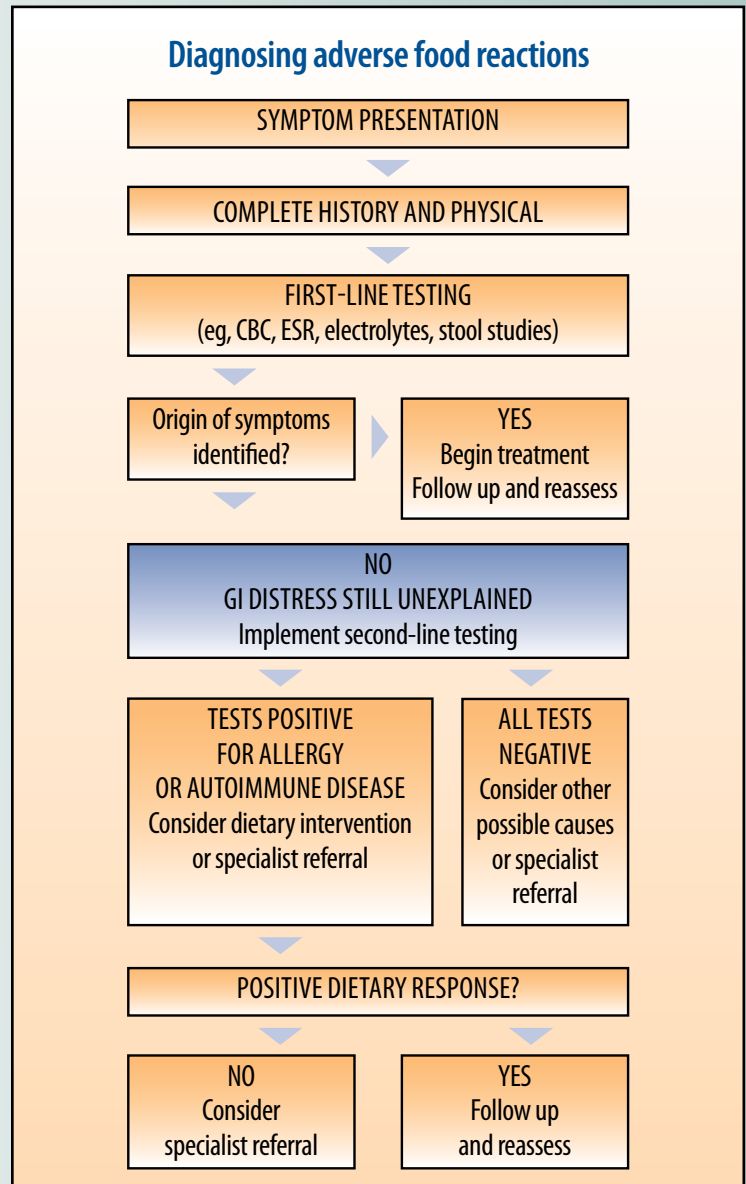
Employ Adverse Food Reactions Profile when first-line tests don't reveal cause

Profile tests for

- **Food sensitization**
 - ImmunoCAP® Specific IgE blood testing
- **Celiac disease**
 - EliA® tTG IgA & IgG
 - EliA Gliadin IgA & IgG

Combined profile offers maximum diagnostic power

- **ImmunoCAP** food allergens are pre-selected for your convenience
 - Allergens selected are most likely to produce reactions
 - Low-level IgE-mediated food allergies are critical to the evaluation of symptoms^{10,11}
- **EliA tTG** antibody testing
 - Is well documented in worldwide literature
 - Helps prevent unnecessary intestinal biopsies¹²
 - Sensitivity and specificity >99%¹³
- **EliA Gliadin** IgA & IgG assays
 - Support tTG results
- Employ objective evidence to help you
 - Rule in/rule out IgE-mediated food reactions and CD
 - Explore other symptom causes
 - Improve patient quality of life⁸



References

1. AAAAI/ACAAI. *Ann Allergy Asthma Immunol.* 2006;96(3 suppl 2):S1-S68. 2. National Center for Health Statistics. *Advance Data.* 2007;389:14. <http://www.cdc.gov/NCHS/data/ad/ad389.pdf>. Accessed November 9, 2009. 3. Presutti RJ, et al. *Am Fam Physician.* 2007;76(12):1795-1802. 4. Holten KB, et al. *Am Fam Physician.* 2003;67(10):2157-2162. 5. American Gastroenterological Association Institute. <http://www.gastro.org/wmspage.cfm?parm1=5679>. AGA Institute publication 2007-030-09046. Accessed September 1, 2009. 6. Swagerty DL, et al. *Am Fam Physician.* 2002;65(9):1845-1850. 7. Choi YK, et al. *Am J Gastroenterol.* 2003;98(6):1348-1353. 8. Green PHR, et al. *Am J Gastroenterol.* 2001;96(1):126-131. 9. Fasano A. Medscape CME Web site. <http://cme.medscape.com/viewarticle/505105>. Accessed September 2, 2009. 10. Yunginger JW, et al. *J Allergy Clin Immunol.* 2000;105(6 pt 1):1077-1084. 11. Ensari A. *Arch Pathol Lab Med.* 2010;134(6):826-836. 12. Hill PG, Holmes GK. *Aliment Pharmacol Ther.* 2008;27(7):572-577. 13. Wong RC, et al. *J Clin Pathol.* 2002;55(7):448-494.