National Ataxia Foundation

Gluten Ataxia

What is Gluten Ataxia?

Gluten Ataxia is an autoimmune condition. It is caused when someone's immune system mistakenly attacks healthy cells in the cerebellum (the coordination center of the brain) and related brain regions due to gluten reactivity. People with Gluten Ataxia tend to have higher levels of anti-gliadin and Transglutaminase 6 (TGG) antibodies, though there is some controversy about using TG6 for diagnostic purposes.

Symptoms

Gluten Ataxia symptoms develop slowly over time. Since symptoms appear slowly, they can be easy to miss at first. In rare cases, symptoms may develop rapidly out of nowhere. Impaired balance and coordination are the main symptoms associated with Gluten Ataxia. People with Gluten Ataxia may also develop neuropathy, which is the progressive loss of feeling in the hands and/or feet. Other potential symptoms include jerky vision, as well as gastrointestinal issues similar to those with Celiac Disease. There may or may not be detectable shrinkage of the cerebellum.

Gluten Ataxia symptoms are progressive. So long as someone continues to consume gluten, symptoms will worsen.

Prognosis

The average age of Gluten Ataxia symptom onset is in someone's early 50s. However, people can develop symptoms at older or younger ages. Dietary treatment is highly effective for Gluten Ataxia. Most people see improvement in symptoms within one year of adherence to a strict gluten-free diet. However, significant gluten cross-contamination, such as cooking gluten-free ingredients with utensils that have processed gluten-containing foods, can lead to lowered effectiveness. Additionally, some people may not see significant symptom improvement if their cerebellum has already been significantly damaged.

Nonetheless, people with Gluten Ataxia should at the very least see symptom stabilization if they are strictly following a gluten-free diet.

In addition to diet, people with Gluten Ataxia can benefit from rehabilitation strategies can help manage ataxia symptoms. This includes exercise, physical therapy, occupational therapy, and speech therapy.

Diagnosis

A neurologist is often the most helpful specialist in recognizing symptoms and diagnosing the disease that causes Ataxia. A neurologic examination can determine whether a person has ataxia symptoms. MRI brain imaging and lumbar punctures are common tests used to diagnose Acute Cerebellar Ataxia. Blood or urine tests may also be ordered to rule out other potential diagnoses, such as sudden-onset ataxia caused by a child accidentally ingesting medication. Sharing personal medical history, including recent illnesses or infections, is an important part of the diagnosis process.

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What kind of support is available after the diagnosis?

The National Ataxia Foundation (NAF) is committed to providing information and education about Ataxia, support groups for those affected by Ataxia, and promoting and funding research to find the cause for the various forms of Ataxia, better treatments, and, hopefully someday, a cure. As Ataxia research moves into the clinical phase, pharmaceutical companies will begin recruiting participants for clinical trials. Individuals with Ataxia or who are at-risk for Ataxia are encouraged to enroll in the CoRDS Ataxia Patient Registry. To access the Registry, go to NAF's website www.ataxia.org and click on the "Enroll in the Patient Registry" tab and follow the directions on the CoRDS website.

NAF provides accurate information for you, your family, and your physician about Ataxia. Please visit the NAF website at www.ataxia.org for additional information, including a listing of ataxia support groups, physicians who treat Ataxia, social networks, and more. For questions contact the NAF directly at (763) 553-0020 or naf@ataxia.org.