

NASSCD Summary Statement on Oats April 2016

In response to numerous queries concerning the use of oats in various products, the North American Society for the Study of Celiac Disease (NASSCD) has developed this statement.

Based on the available scientific evidence ^{1-8,} the use of oats uncontaminated by wheat, barley or rye by individuals with celiac disease and dermatitis herpetiformis in North America has been endorsed by most experts*. Oats can add diversity and offer many nutritional benefits to the gluten-free diet.

Regular (commodity) oats in North America are likely to be contaminated with wheat and barley.⁹ For this reason, oats used in gluten-free foods in North America, until recently, have been generally produced under a protocol to ensure purity during all phases of production.

Recently, companies have developed new processes to render regular, commodity oats to be gluten-free. Oats used in labeled gluten-free foods may now include mechanically/optically-sorted oats, a process which separates oats from wheat, barley and rye by color, size and shape. These methods are used to produce "clean" gluten-free oats.

Manufacturers may use different testing methods to assess the gluten-free status of raw ingredients, milled flour, and finished product. This information is not readily available.¹⁰ NASSCD, however, encourages the manufacturers to have consistent, stringent, transparent and reliable testing methods to ensure that the end product is gluten-free (below the FDA mandated level of 20 ppm).

Patients eating oats from **any** source may complain of symptoms. This could be due to one or more of several factors, including intolerance to the increase in fiber, food intolerances (e.g., Fermentable Oligo-saccharides Di-saccharides

Mono-saccharides and Polyols (FODMAPs), or fructose), contamination with gluten, or, rarely, the development of an immune response to oat protein, similar to that occurring due to gluten.^{11,12}

The decision to include **any type of oats** in a patient's gluten-free diet should be discussed with the patients' doctor and dietitian and should include monitoring of anti-tissue transglutaminase (anti-tTG) antibody levels before and after their commencement. Persistent or recurrent symptoms should prompt an assessment that may include an intestinal biopsy.

If gluten contamination is suspected, patients can report an adverse event via MedWatch, the FDA's Adverse Event Reporting System by phone: 800-332-1088 or online:

https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.h ome. Consumers should retain the packaging of any product they suspect for potential analysis.

<u>Summary</u>

The NASSCD applauds the significant efforts of those who are striving to bring safe gluten–free oats to the gluten-free community. For any oats grown as pure oats or processed to be gluten-free, there must be rigorous testing and results available for scrutiny. We believe best practices methodology, rigorous and precise testing and testing validation, and transparency of gluten-free testing data are required. Ensuring safety for patients with celiac disease consuming any oat products will depend on reliable testing measures that consistently guarantee less than 20ppm of gluten.

*There are no studies of oats in those with non-celiac gluten sensitivity.

References

- 1. Dissanayake AS, Truelove SC, Whitehead R. Lack of harmful effect of oats on small-intestinal mucosa in coeliac disease. Br Med J 1974;4:189-91.
- Janatuinen EK, Pikkarainen PH, Kemppainen TA, Kosma VM, Jarvinen RM, Uusitupa MI, Julkunen RJ. A comparison of diets with and without oats in adults with celiac disease. N Engl J Med 1995;333:1033-7.
- Srinivasan U, Leonard N, Jones E, Kasarda DD, Weir DG, O'Farrelly C, Feighery C. Absence of oats toxicity in adult coeliac disease. Bmj 1996;313:1300-1.

- 4. Hardman CM, Garioch JJ, Leonard JN, Thomas HJ, Walker MM, Lortan JE, Lister A, Fry L. Absence of toxicity of oats in patients with dermatitis herpetiformis. N Engl J Med 1997;337:1884-7.
- 5. Parnell N, Ellis HJ, Ciclitira P. Absence of toxicity of oats in patients with dermatitis herpetiformis. N Engl J Med 1998;338:1470-1.
- Hoffenberg EJ, Haas J, Drescher A, Barnhurst R, Osberg I, Bao F, Eisenbarth G. A trial of oats in children with newly diagnosed celiac disease. J Pediatr 2000;137:361-6.
- 7. Janatuinen EK, Kemppainen TA, Julkunen RJ, Kosma VM, Maki M, Heikkinen M, Uusitupa MI. No harm from five year ingestion of oats in coeliac disease. Gut 2002;50:332-5.
- Storsrud S, Olsson M, Arvidsson Lenner R, Nilsson LA, Nilsson O, Kilander A. Adult coeliac patients do tolerate large amounts of oats. Eur J Clin Nutr 2003;57:163-9.
- 9. Thompson T. Gluten contamination of commercial oat products in the United States. N Engl J Med 2004;351:2021-2.
- Thompson T. The use of oats in gluten free food. https://www.glutenfreewatchdog.org/news/?s=oats, 2014. Accessed January 5, 2016.
- Lundin KE, Nilsen EM, Scott HG, Loberg EM, Gjoen A, Bratlie J, Skar V, Mendez E, Lovik A, Kett K. Oats induced villous atrophy in coeliac disease. Gut 2003;52:1649-52.
- 12. Arentz-Hansen H, Fleckenstein B, Molberg O, Scott H, Koning F, Jung G, Roepstorff P, Lundin KEA, Sollid LM. The molecular basis for oat intolerance in patients with celiac disease. PLoS Med 2004; Oct;1:84-92.