

A Practitioner's Guide to Oats

Oats are a nutritious, naturally gluten-free (GF) grain that offer many benefits. However, there has been much controversy over the use of oats in the gluten-free diet (GFD). While there are individuals who react to the protein avenin present in oats, it represents relatively few individuals with celiac disease (CD).

Some gastroenterologists will suggest waiting until an individual's CD is well-controlled before introducing oats, while others will only suggest removing them as clinically indicated. There is no consensus on a standard recommendation for the type, portion, or frequency of consumption of GF oats at this time. The recommendation on oats should be individualized to each patient based on disease manifestation, symptoms, blood tests, current diet, and patient preferences.

The below statements are suggestions for helping providers guide patients in choosing safe oat products based on current knowledge. These statements represent the expert opinion of the Dietitians in Gluten and Gastrointestinal Disorders (DIGID) workgroup (a subunit of the Academy of Nutrition & Dietetics practice group, Dietitians in Medical Nutrition Therapy). This is subject to change at any time as new research becomes available.

1. Oats and oat products without a label indicating that they are GF are **NOT** recommended for any individual with CD.
2. For newly diagnosed CD patients, consider the following:
 - How is the patient responding to the GFD (i.e. physical health, mental health)?
 - Is the patient already consuming oats? If so, how often?
 - Does the patient want to consume oats?
 - Are there other factors affecting the patient's food choices (e.g. religious practices, food insecurity, institutionalized meals, etc.)?
3. For previously diagnosed patients who are already consuming oats, consider the following:
 - How often is the patient consuming oats?
 - Is the patient experiencing any symptoms?
 - Have serologies normalized, plateaued, or increased?
 - Is intestinal damage present?
 - Are there any other potential sources of gluten exposure which may be more likely the culprit rather than oats?
 - Which brand(s) of oat products is the patient consuming?
 - Are there other factors affecting the patient's food choices (e.g. religious practices, food insecurity, institutionalized meals, etc.)?

Practical Applications:

If the patient has symptoms, elevated CD antibodies, and / or intestinal damage present and no other potential source of gluten exposure can be identified by a CD specialist dietitian, we suggest either an oat brand switch trial (to a brand with a more rigorous testing protocol) or oat elimination trial. This decision should be made with the following considerations in mind:

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- Frequency of oat consumption (e.g. daily, a few times per week, a few times per month)
- Access to recommended GF oat brands
- Funds for recommended GF oat brands
- Access to CD-specific testing (e.g. serologies, EGD)
- Institutionalized meals (e.g. school, college, camp, residential facility, etc.)
- Religious / cultural background
- Severity of symptoms / disease
- Health status (e.g. pregnancy, eating disorder/disordered eating, nutrient deficiencies, etc.)
- Quality of life

After an oat brand switch or complete oat elimination trial, continue to monitor for symptoms, elevated CD-specific antibodies, and / or intestinal damage. Regular follow up with a CD specialist dietitian is recommended to confirm that there are no other sources of gluten in the diet.

Choosing an oat product:

We suggest using the following criteria for choosing a safer oat product. Each patient's tolerance to oats may vary, so all considerations should be individualized.

1. Does the oat product have a GF label?
2. How often is the GF oat product being consumed?
3. Does the manufacturer use a purity protocol that is clear and transparent?
4. Is the oat supplier information available, and is the GF protocol clear and transparent?
5. Is the oat product certified GF by a third party?
6. Is the product manufactured in a dedicated GF facility?

Conclusion:

Inclusion of GF oats in the GFD should be individualized to each patient. If the patient is consuming GF oat products that meet the above criteria and appears to be responding well to the GFD, the patient may continue to consume GF oats / oat products. All patients should be monitored closely by a gastroenterologist and CD specialist dietitian, and complete annual blood work.

Disclaimer

The content found in this handout is intended for informational purposes only and is not intended to serve as a substitute for the consultation, diagnosis, and/or medical treatment of a qualified physician or healthcare provider. Please use this handout in conjunction with your dietitian and gastroenterologist.

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