SPACE TO BREATHE THERAPY

Gluten-Free Diet

Understanding gluten-free eating, coeliac disease, food choices and nutritional balance

A gluten-free diet removes gluten, a protein found in wheat, barley and rye. For people with coeliac disease, strict lifelong avoidance is medical treatment rather than a lifestyle preference. Other people may avoid gluten because of diagnosed wheat allergy, non-coeliac gluten sensitivity or another clinically assessed reason. The reason for going gluten-free changes how strict the diet needs to be and what risks need managing.

Where gluten is found

Obvious sources include many breads, pastas, cereals, cakes, biscuits, pastries and foods made with wheat, barley or rye. Gluten can also appear in sauces, gravies, soups, stock products, processed foods and some drinks. Ingredients and manufacturing can change, so labels remain important.

Naturally gluten-free foods

Food group	Examples
Starchy foods	Potatoes, rice, maize/corn, quinoa, buckwheat, millet and certified gluten-free oats where appropriate.
Protein foods	Meat, fish, eggs, beans, lentils, chickpeas, tofu, nuts and seeds when prepared without gluten-containing additions.
Fruit & vegetables	Naturally gluten-free in their plain form.
Dairy	Plain milk, yoghurt and many cheeses are naturally gluten-free; flavoured/processed products still need checking.
Fats	Plain oils, butter and many spreads; check processed/flavoured products.
Specialist products	Gluten-free bread, pasta, flour, crackers, cereals and baked goods can replace familiar staples.

Do not start before coeliac testing if coeliac disease is suspected

Testing for coeliac disease is most accurate while gluten is still being eaten. Removing gluten beforehand can make blood tests and further investigations less reliable. Speak to a GP before starting a gluten-free diet if coeliac disease is a possibility.

Gluten-free is not automatically healthier

Specialist gluten-free products can be useful and sometimes essential, but their fibre, protein, fat, sugar and micronutrient content varies. A balanced gluten-free diet still needs enough energy, protein, fibre, vitamins and minerals.

Coeliac Disease, Sensitivity & Wheat Allergy

Coeliac disease

Coeliac disease is an autoimmune condition in which gluten triggers an immune response that damages the lining of the small intestine. Symptoms vary widely and can include diarrhoea, abdominal pain, bloating, indigestion, constipation, fatigue, weight loss, mouth ulcers and iron-deficiency anaemia. Some people have few obvious digestive symptoms.

Why strict avoidance matters

For diagnosed coeliac disease, even small amounts of gluten can matter. Treatment is a lifelong gluten-free diet, with attention to ingredients and cross-contamination. Symptom absence does not prove that gluten exposure is harmless.

Non-coeliac gluten sensitivity

Some people report symptoms associated with gluten-containing foods despite not having coeliac disease or wheat allergy. Symptoms can overlap with irritable bowel syndrome and may sometimes relate to other components of wheat-containing foods. Assessment before long-term restriction can help avoid unnecessary exclusions.

Wheat allergy

Wheat allergy is an immune reaction to wheat proteins and is different from coeliac disease. Someone with wheat allergy needs individual allergy advice. 'Wheat-free' and 'gluten-free' are not always interchangeable: gluten also occurs in barley and rye, while some gluten-free products may contain ingredients unsuitable for a particular allergy.

Diagnosis matters

Reason	What it means for the diet
Coeliac disease	Strict lifelong gluten-free diet; cross-contamination prevention is important.
Wheat allergy	Avoidance depends on the diagnosed allergy and medical plan; emergency medication may be required for severe allergy.
Non-coeliac sensitivity	Assessment is useful before restriction; individual tolerance and alternative causes of symptoms should be considered.
Personal preference	There is no established health requirement to remove gluten in people who tolerate it; nutritional balance still matters.

Follow-up after diagnosis

People newly diagnosed with coeliac disease should receive appropriate medical and dietetic support. Follow-up may include symptom review, nutritional assessment, blood tests and discussion of bone health depending on individual circumstances.

Labels, Cross-Contamination & Oats

Reading labels

In the UK, cereals containing gluten are among the allergens that must be emphasised in ingredient lists on prepacked foods. Look for wheat, barley and rye, and do not rely only on the product name or front-of-pack appearance.

'Gluten-free' labelling

Foods labelled 'gluten-free' must meet a defined low-gluten threshold. This makes the term useful for people with coeliac disease. Products described only as 'no gluten-containing ingredients' may not offer the same assurance about contamination.

Cross-contamination at home

For coeliac disease, crumbs and shared preparation surfaces can matter. Practical measures may include a separate toaster or toaster bags, clean chopping boards and utensils, separate butter/jam to avoid crumbs, clean worktops, careful flour handling and separate storage where necessary.

Eating out

Tell the restaurant or café that the requirement is medical if you have coeliac disease. Ask about separate fryers, grills, preparation surfaces, sauces, marinades and shared utensils. A dish can contain no obvious gluten ingredients yet still be contaminated during preparation.

Oats

Oats themselves do not contain the same gluten proteins as wheat, barley and rye, but ordinary oats are frequently contaminated during growing or processing. People with coeliac disease should use oats specifically labelled gluten-free. A small proportion of people with coeliac disease may also react to avenin, the protein in oats, so individual professional advice may be needed.

Common places gluten can hide

Check carefully	Why
Sauces, gravy and stock	Wheat flour or other gluten-containing ingredients may be used as thickeners.
Breakfast cereals	Many contain barley malt or wheat.
Processed meats/alternatives	Breadcrumbs, coatings or fillers may contain gluten.
Soups and ready meals	Recipes often combine multiple ingredients and thickeners.
Chips/fried foods	Shared fryer oil can create cross-contamination.
Oats	Use certified/labeled gluten-free oats when medically required.

Nutrition, Meals, Shopping & Budget

Fibre

Removing ordinary wholemeal bread, bran cereals and wheat-based wholegrains can reduce fibre intake. Gluten-free oats, potatoes with skins, brown rice, quinoa, buckwheat, pulses, vegetables, fruit, nuts and seeds can help where tolerated. Increase fibre gradually if digestive symptoms are present.

Iron, folate and B vitamins

Some conventional breads and cereals are fortified, while gluten-free replacements vary. People with coeliac disease may already have deficiencies because intestinal damage affected absorption. A varied diet and appropriate follow-up blood tests can identify whether supplementation is needed.

Calcium and vitamin D

Coeliac disease can affect bone health, particularly around diagnosis or after prolonged malabsorption. Calcium-rich foods and UK vitamin D guidance are relevant; individual medical advice may include further assessment depending on risk.

A practical gluten-free day

Breakfast: certified gluten-free oats, eggs and potatoes, yoghurt and fruit, or a labelled gluten-free cereal. **Lunch:** baked potato with beans/cheese, rice bowl, lentil soup with gluten-free bread, or salad plus a substantial protein and carbohydrate. **Dinner:** rice-based curry, chilli with potatoes/rice, fish with potatoes and vegetables, gluten-free pasta, or naturally gluten-free family meals.

Shopping framework

Naturally GF staples	Useful replacements	Check labels
Rice, potatoes, quinoa	GF bread and wraps	Sauces and stock
Beans and lentils	GF pasta	Breakfast cereals
Fruit and vegetables	Certified GF oats	Processed foods
Eggs, fish, plain meats	GF flour/crackers	Flavoured/ready foods

Budget

Specialist products can be expensive. Building meals around naturally gluten-free staples such as potatoes, rice, pulses, vegetables, eggs and other tolerated proteins can reduce reliance on specialist substitutes. Batch cooking and freezing can also help.

Convenience is valid

Gluten-free ready meals, bread, pasta and snacks can make life considerably easier, especially with fatigue, disability or executive-function difficulties. Practicality is part of nutritional care.

ARFID, Sensory Needs, Eating Disorders & Individual Circumstances

ARFID, autism and sensory differences

A medically necessary gluten-free diet can be especially difficult when a person's safe foods are wheat-based. Gluten-free versions often differ in smell, texture, dryness, appearance and consistency. Replacing a trusted safe food may therefore require more than simply buying the gluten-free equivalent.

Compare foods gradually and predictably. Keep packaging, preparation and presentation consistent where possible. It may be useful to trial one replacement at a time and protect all remaining safe foods that are already gluten-free.

Eating disorders and restrictive eating

Gluten-free eating is essential for coeliac disease, but unnecessary gluten restriction can also become part of escalating food rules. When a person has an eating disorder, support should distinguish medically required restriction from additional rules that reduce intake without clinical need.

Someone with both coeliac disease and an eating disorder needs both conditions taken seriously. The answer is not to expose them to gluten, nor to allow medically unnecessary restriction to expand unchecked.

Children and teenagers

Children with coeliac disease need adequate energy and nutrients for growth as well as strict gluten avoidance. School meals, parties, trips and social eating may require planning. Age-appropriate education can support independence without making food frightening.

Travel and social situations

Planning ahead can reduce anxiety: identify suitable venues, carry safe snacks, learn useful phrases when travelling abroad, and check accommodation facilities. Coeliac UK and similar specialist organisations provide practical travel and eating-out resources.

Multiple allergies or intolerances

Combining gluten-free eating with dairy-free, nut-free, low-FODMAP or other exclusions can substantially narrow the diet. A registered dietitian can help protect nutrition while avoiding foods that genuinely need to be excluded.

When to seek support

Seek medical or dietetic advice for suspected coeliac disease before removing gluten, unexplained weight loss, anaemia, persistent gastrointestinal symptoms, poor growth, multiple exclusions, severe food anxiety, or difficulty maintaining a nutritionally adequate gluten-free diet.

Myths, Personal Check-In & Sources

Common myths

“Gluten-free is healthier for everyone.” There is no general need to remove gluten if it is tolerated. **“A tiny amount does not matter if I feel fine.”** In coeliac disease, intestinal damage can occur without obvious symptoms. **“Wheat-free means gluten-free.”** Barley and rye also contain gluten. **“All oats are safe.”** Coeliac disease requires specifically gluten-free oats, and some people also react to avenin. **“Gluten-free means carbohydrate-free.”** Rice, potatoes, maize, quinoa and many other carbohydrate foods are naturally gluten-free.

Personal check-in

- Why am I avoiding gluten - diagnosed coeliac disease, allergy, assessed sensitivity or personal choice?
- If coeliac disease is suspected, have I spoken to my GP before removing gluten?
- Do I understand which foods contain wheat, barley and rye?
- If strict avoidance is medically required, have I considered cross-contamination?
- Am I replacing fibre and fortified grain foods with nourishing alternatives?
- Are gluten-free substitutes acceptable in taste and texture for me?
- Is the diet becoming broader and manageable, or increasingly restrictive?
- Do I need support around ARFID, allergies, digestive symptoms or an eating disorder?
- Would a registered dietitian help me make the diet safer and easier?

A message from Space to Breathe Therapy

Living gluten-free can be a small adjustment for one person and a major daily challenge for another. If it is medically necessary, you deserve practical support rather than being told it should be easy. If you are considering gluten-free eating without a diagnosis, understanding the reason first can prevent unnecessary restriction. Food should be as safe, nourishing and manageable as your circumstances allow.

Evidence and further reading

NHS - Coeliac disease: symptoms, diagnosis, testing and treatment, including the importance of continuing to eat gluten before diagnostic testing.

NHS - Coeliac disease treatment: lifelong gluten-free diet and practical information on foods containing gluten.

Coeliac UK: specialist information on gluten-free labelling, cross-contamination, eating out, oats and living with coeliac disease.

NICE - Coeliac disease: recognition, assessment and management: UK clinical guidance for diagnosis and ongoing care.

Educational information only. This guide does not diagnose coeliac disease, wheat allergy or gluten sensitivity and is not a substitute for personalised medical or dietetic advice.