Strict Gluten-Free Diet

The only treatment for coeliac disease — and it has to be absolute.

MAINLY USED FOR	CORE RESTRICTION	EFFORT
Coeliac disease, dermatitis herpetiformis	Wheat, barley, rye and cross-contamination	3 of 5

01 How it works

In coeliac disease, gluten peptides trigger an immune attack on the lining of the small intestine. Villi flatten, absorption fails, and the consequences run well beyond the gut: anaemia, osteoporosis, infertility, neuropathy and a raised risk of small bowel lymphoma.

There is no threshold of 'a little is fine'. Damage occurs at around 10-50 mg of gluten per day, which is roughly one crouton or a few crumbs from a shared toaster.

Non-coeliac gluten sensitivity is a different, real but less well-defined condition where trace exposure matters far less. The distinction determines how strict you need to be, which is why testing before going gluten-free matters.

02 Nutrition at a glance

For coeliac disease this is a lifelong medical treatment with a measurable contamination threshold.

Certified gluten-free	Under 20 ppm	The legal and clinical threshold
Damaging dose	~50 mg gluten/day	About an eighth of a slice of bread
Gut healing	6–24 months	Slower in adults than children
Follow-up bloods	3, 6 and 12 months	Then annually
Fibre	25–30 g/day	Gluten-free substitutes are usually low in it

Nutrients that often run short: Fibre · Iron · Folate · B12 · Calcium · Vitamin D · Zinc.

ELECTROLYTES

A word on electrolytes

Any change in how you eat changes how much sodium, potassium and magnesium you take in — usually downwards, because cooking from scratch removes the packaged foods that supplied most of it. Headaches, cramps, lightheadedness on standing and that flat, foggy feeling in the first fortnight are far more often an electrolyte dip than the diet failing. Drink to thirst rather than to a rule, salt your food unless you have been told not to, and lean on potassium- and magnesium-rich whole foods. If you have kidney disease, heart failure or high blood pressure, or you take a diuretic, ACE inhibitor or ARB, set your targets with your clinician — and avoid potassium-based salt substitutes unless told they are safe for you.

03 Key cautions

The things that most often catch people out — worth raising at your next appointment.

TALK TO A CLINICIAN

Never go gluten-free before coeliac testing

Serology and biopsy both normalise off gluten, and getting a diagnosis afterwards means a six-week gluten challenge that most people find miserable.

WORTH TESTING

Bone density and nutrient status

Untreated coeliac disease costs bone. A DEXA scan and iron, folate, B12, vitamin D and calcium checks are part of standard follow-up.

KEEP AN EYE ON

Cross-contamination is the usual reason for ongoing symptoms

Shared toasters, colanders, fryer oil, wooden spoons and flour dust in the air all carry enough gluten to matter.

KEEP AN EYE ON

Gluten-free is not automatically healthier

Many substitutes are refined starch with more sugar and fat and less fibre than what they replace. Naturally gluten-free whole foods do better.

04 Conditions it is used for

- Coeliac disease
- Dermatitis herpetiformis
- Gluten ataxia
- Non-coeliac gluten sensitivity, at a less strict level
- Wheat allergy, which additionally excludes wheat-derived non-gluten proteins

05 Your food lists

Eat freely

Naturally gluten-free staples

- Rice
- Corn and polenta
- Potato
- Quinoa
- Buckwheat
- Millet
- Certified gluten-free oats
- Legumes

Whole foods

- All fresh meat, fish and eggs
- Fruit and vegetables
- Plain dairy
- Nuts and seeds
- Oils

Eat with care

Check the label every single time

- Oats — only certified gluten-free; standard oats are cross-contaminated
- Soy sauce, which is usually brewed with wheat — use tamari
- Processed meats, stock cubes and gravy
- Beer labelled 'gluten-removed' rather than gluten-free
- Medications and supplements using wheat starch as an excipient
- Communion wafers, playdough and lipstick

Best to skip

Gluten grains

- Wheat in every form — durum, semolina, spelt, farro, kamut, einkorn
- Barley and malt
- Rye
- Triticale
- Brewer's yeast

Hidden sources

- Malt vinegar and malt extract
- Standard soy sauce
- Seitan
- Battered and crumbed food
- Thickened sauces
- Bulgur and couscous

Cross-contamination

- Shared toasters
- Shared fryer oil
- Shared butter and spreads with crumbs
- Bulk bins
- Flour dust in a shared kitchen

06 Three days of meals

Day 1

Breakfast: Certified GF oats with milk and berries.

Lunch: Rice bowl with grilled chicken, avocado, black beans and salsa.

Dinner: Steak, baked potato, roasted broccoli.

Snack: Apple and peanut butter.

Day 2

Breakfast: Eggs with corn tortillas and cheese.

Lunch: Big salad with quinoa, chickpeas, feta and olive oil.

Dinner: Chicken curry with rice, using a checked GF curry paste.

Snack: Greek yoghurt with honey.

Day 3

Breakfast: Buckwheat pancakes with maple syrup.

Lunch: Rice noodle pho with beef and tamari.

Dinner: Roast salmon, polenta, green salad.

Snack: Corn chips and guacamole.

07 Getting started

- Get tested before you stop eating gluten. Coeliac serology and biopsy both go negative on a gluten-free diet, and getting a diagnosis afterwards requires a miserable gluten challenge.
- De-gluten the kitchen: separate toaster, separate colander, separate butter, replace scratched wooden and plastic utensils.
- Ask for a coeliac dietitian and a bone density scan; deficiency in iron, B12, folate, vitamin D and calcium is common at diagnosis.
- Learn the restaurant script: coeliac disease, medical, cross-contamination, separate preparation.
- Screen first-degree relatives. Coeliac disease runs in families at roughly 1 in 10.

08 Common mistakes

- Going gluten-free before testing.
- Assuming gluten-free means healthy — GF processed food is often higher in sugar, fat and refined starch, and lower in fibre and B vitamins.
- Eating oats that are not certified.
- Missing malt, soy sauce and stock cubes, the three classic hidden sources.
- Relaxing after symptoms improve. Silent damage continues without symptoms in many people.

09 Questions people ask

How strict is strict?

For coeliac disease, absolute. Around 10-50 mg of gluten a day — crumbs — is enough to cause measurable intestinal damage.

Is sourdough safe?

No. Long fermentation lowers gluten content but does not eliminate it. Wheat sourdough is not safe in coeliac disease.

What about 'may contain traces'?

Certified gluten-free products must be below 20 ppm. Precautionary 'may contain' labelling is not tested, so most coeliac dietitians advise avoiding it.

10 How it overlaps with other diets

- Gluten-free is a permanent requirement, so every other diet on this site has to be built on top of it, not alongside it.
- Gluten-free plus low FODMAP is straightforward and often used together for IBS-like symptoms that persist after diagnosis.
- Keto and AIP are already gluten-free by construction.

> This guide is educational and is not medical advice. Therapeutic diets can change how medication works and can leave gaps in nutrition, so please plan any of this with your doctor or a registered dietitian.

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