CELI-YAK NEWS

MANITOBA CHAPTER'S NEWSLETTER

SUMMER 2018



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- Restaurant Reviews
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Deadlines for submissions to Manitoba Celi-Yak is quarterly, so Jan 1, Apr 1, Jul 1 and Oct 1. Please submit to patspar51@gmail.com.



President's Message

Hello everyone!

Welcome to yet another fabulous issue of Manitoba Celi-Yak News, the newsletter for members of the Manitoba Chapter of the Canadian Celiac Association. I'm writing this on April 1st and the ground is frozen, the wind is blowing and I'm wondering if spring will EVER come. It's been a very long winter so I hope that by the time you're reading this, it's warm outside and maybe there are even buds on the trees.

May is Celiac Awareness Month. If you're in Winnipeg during May, watch out for a Winnipeg Transit bus having a huge ad for the CCA and Manitoba Chapter on the back. Winnipeg Transit carries these ads for charitable organizations that request them and this year we were able to secure our place in May. Thank you to Donalda Johnson for arranging the placement of the ad and ensuring that it shows the new CCA logo and colours.

You may already be aware that there's a National Conference in Ottawa on June 9th. These conferences present us with an amazing opportunity to learn from world-renowned scientists, doctors and experts. I was diagnosed in April 2001 and, as is often the case even now, my doctors didn't give me much (any) information or guidance. So, what is celiac disease and what does "gluten free" really mean? I took to the internet and discovered that there was going to be a National conference in Winnipeg that spring. To this day I thank my lucky stars that I seized the opportunity to attend that conference. It was the first time I heard Dr. Alessio Fasano and others who explained everything in understandable, science-based terms. It was life-altering! I was no longer ignorant of what gluten was doing to my body and how I could take back control over my health and well-being. Of course since 2001, much has been learned about celiac disease and its effects on our bodies, so every year there is new information and research breakthroughs to learn about.

In addition to the opportunity to learn from experts, you can meet and learn from fellow celiacs from across Canada. We shouldn't overlook the value of sharing experiences with those who understand our journeys. And last but not least, just imagine all the amazing food that you won't have to ask a million questions before eating!

I strongly encourage you, if it's at all possible for you to do so, to attend the National Conference in Ottawa. It may change your life!

Dorothy Macintyre

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NOTES FROM DR. DUERKSEN'S PRESENTATION

MANITOBA CHAPTER,
CANADIAN CELIAC ASSOCIATION, FEB. 3, 2018

Dr. Donald Duerksen is our Chapter's physician advisor and he's also on the CCA's Professional Advisory Council. He is a Professor in the Rady College of Medicine in the Faculty of Health Sciences as well as being Medical Director - Adult Manitoba Home Nutrition Program Medical Director – WRHA Food and Nutrition Services.

He attended the International Celiac Disease Symposium in New Delhi, India in September 2017. The statistics showing the prevalence of celiac disease globally were interesting. Studying only biopsy-proven celiac disease, the incidence is .7%, ranging from .4% in South America, .5% in Africa and North America, .6% in Asia and .8% in Europe. However, data on celiac disease diagnosed through blood tests only shows the incidence to be 1.4 % globally.

More specifically, in India, the prevalence in the northern areas is 1.24%, but in the south, .1%. Researchers continue to study the cause of the disparity. However, gluten intake is perceived to be higher in the northern areas.

It is still difficult to estimate the prevalence, but as diagnostic techniques improve, they are getting closer. A study of enlisted personnel in US circa 1950 shows that the incidence is now approximately 4 times higher than then.

Diagnosis
The blood tests are now about 95% accurate. The biopsy is still requested for adults because Finnish studies show positive antibodies may be transient. However, in children, the biopsy may not be necessary if:

TTG is 10xnormal
EMA is positive
1 or both of the genetic markers are present
1 Celiac symptom is present

A study of 803 children showed that if all these criteria are met, the diagnosis of celiac disease if 99.6% accurate.

Latiglutinase is a treatment that contains 2 enzymes that break down gluten. In a clinical trial in 2017, 398 patients were treated for 12 weeks. The symptoms improved, but there were no changes in their biopsies. More testing is needed. This would not be a cure, but a treatment to alleviate symptoms following accidental glutening. Take heart, however, several other options are being investigated.

Follow-up study
86% of people with biopsy-proven celiac disease have had a follow-up biopsy after 2 years. All had improved, but only 37% are now normal, 14 % are still inflamed, and 51% are still in the level 3 range of the Marsh scale. There may be several reasons for this, including the extra time required to follow a strict gluten-free diet, deliberate non-compliance, eating out, and cross-contamination.

New tests are being developed by Biomedal in Spain which will identify gluten peptides in urine and stool samples. Dr. Duerksen and his team have been collaborating with them studying 21 Manitobans prior to their 2-year follow-up biopsies. 25% of all the food they eat and samples of urine and stool are collected over a period of 10 days, then shipped to the lab in Spain on dry ice for analysis.
The St. B lab is also collaborating with Dr. Rupert Leong in Sydney, Australia to study Cellular Damage Scores. The study is to determine if studying cells within the villi rather than the biopsy would be a more accurate measure of healing.

In the Q&A time, following the presentation, Dr. Duerksen responded as follows:

- The biopsy is still the most important diagnostic tool. The villi taken for the biopsy will regenerate.
- Progress has been made in making family physicians more aware of celiac disease. He believes that the time from symptoms to diagnosis is probably 2-3 years compared to 7-8 years ten years ago. Celiac disease is now being emphasized in medical school.
- Why aren't patients immediately tested for Celiac Disease, instead of after all else has been tried? The symptoms are varied and the tests are costly. Besides, you don't want to miss something else.
- Should the biopsy be repeated routinely if the genetic markers are present? No clear answer on that, but just because your TTG test is negative now, doesn't mean it will be negative for life. However, if there are no symptoms, it's probably unnecessary.
- Can irritable bowel disease remain after celiac disease has been found and treated? Yes, not often, but the 2 conditions can co-exist.

Thank you to Dr. Duerksen for his presentation and for standing around for the next half-hour responding to questions from individuals.

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(James Harley in our GF Section)
"This morning James was actually excited to help pack his lunch with foods we had picked up…" - *James' mom Michelle Harley*

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LYALL MEYERS MEMORIAL CAMP SCHOLARSHIP

A pharmacist by profession, Lyall was the son of George Meyers who established Meyers Drugs at 483 William at Isabel in 1949. Following in his father's footsteps, he expanded the store to become one of Canada's longest operating family-run pharmacies. Known for their excellent customer service, they specialize in Gluten Free Foods, Sports Supplements, Clinical and Supplemental Nutrition with an extensive presence on the internet.

Sadly, on March 27. 2016, Lyall Meyers lost his battle with cancer at the age of 70 years. He was predeceased by his wife Barbara and is greatly missed by his son Michael and daughter Laura. Lyall was a generous, caring, and knowledgeable man. Golf, fishing and the arts were his leisure passions. But most importantly, he was known as a proud contributor to local organizations such as the Main Street Project, the Manitoba Chapter of the Canadian Celiac Association, various body building associations, women's shelters, and First Nations Bands.

For many years he had taken the Manitoba Chapter of the Canadian Celiac Association under his wing and guided us through the aisles of Gluten Free commercial foods. During our general meetings, he and his staff frequently set up tables featuring the latest items and fed us with generous samples. When our volunteers presented informational talks regarding Celiac Disease, Lyall offered boxes of treats to compliment the coffee breaks. In addition, he was generous with his time, speaking and advising from his pharmacist's perspective, and helped to spread the knowledge of celiac disease at our booths at health fairs throughout the city.

At the time of his passing, the family requested that memorial donations be made to the Manitoba Chapter of the Canadian Celiac Association and numerous family, friends and members did just that. At the October 2016 General Meeting of the Manitoba Chapter, the Board of Directors gratefully launched the Lyall Meyers Memorial Camp Scholarship. This award would be offered annually to a celiac child of a Chapter member to attend a summer camp for a week and is valued at up to five hundred dollars ($500). The deadline for application for the upcoming summer was January 6th. The selection committee, consisting of a member of the scholarship committee, a Chapter Board member and an association member- at-large, met shortly thereafter to select the winning candidate. The Chapter then forwards a cheque to the (celiac aware-gluten free) camp of the parent's choice.

Our recipient of this scholarship for 2018 is Austin Carson, age 11, who will attend Red Rock Bible Camp in August and he is very much looking forward to enjoying camp activities without fear of unsafe food.



If you know, or are aware of, a celiac child between the ages of 8 and 16 who might enjoy a week at Camp next summer please pass this information on to them.

Further information and application forms are available online at our website www.manitobaceliac.com or by contacting our office at 204-772- 6979 or email office@manitobaceliac.com

GLUTEN FREE 101 MEETINGS

Held prior to every meeting from 9:15 a.m. to 11:00 a.m. This is an informal session that will assist individuals and families to start on the Gluten-free journey. This meeting is packed full of information but still has time for the questions you have. Please call 204-772-6979 for more information or to reserve a spot. Leave your name and phone number and we will get back to you quickly.

River East / Transcona seeking Gluten-free Homestay Family

River East Transcona School Division is looking for our help. An international student from Germany wants to study in Manitoba starting in the fall of 2018 and requires a place to stay. She requires a strict gluten-free diet, so Kristi Munro, the Homestay Facilitator for International Education has reached out to us.

If you live in the River East Transcona School Division, have a little extra space, would like to have a little income for the duration of the stay and are willing to welcome this young woman, please contact Kristi Munro at 204-667-7130, ext. 2209 or e-mail her at kmunro@retsd.mb.ca Their website is at www.retsd.mb.ca

This is also a golden opportunity for the homestay family to learn first hand about Germany and, perhaps learn a little of the language.

From Kristi "I'm hopeful we will be able to find a host family for this student – I would hate for her to miss out on this study abroad opportunity because we couldn't accommodate a gluten-free requirement."

The "River East" side runs roughly from the Red River to Lagimodiere East-to-West and from Munroe northward to the Perimeter Highway (and a little bit beyond). The "Transcona" side runs from Lagimodiere to the Perimeter Highway East-to-West and roughly from Pandora/Regent to the South up to Gunn Road and the North Perimeter Highway.

This particular student wants to improve both her English and French language skills, so she's hoping to go to College Pierre Elliott Trudeau; so ideally, a family from the Transcona side would be able to welcome her into their home. However, what's most important is finding her a caring family that lives gluten-free."



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THE ROLE OF VIRUSES IN CELIAC DISEASE

IMPACT
A PUBLICATION OF THE UNIVERSITY OF CHICAGO CELIAC DISEASE CENTER
February 2018

Nearly a year ago, a team of researchers and physicians from the University of Chicago, under the supervision of Dr. Bana Jabri, our Center's director of research, published a paper in the high impact journal *Science*, that received a great deal of acclaim and interest. The project was driven mainly by Romain Bouziat and Reinhard Hinterleitner, two post-doctoral researchers, along with the contribution of several lab members including Toufic Mayassi, Marlies Meisel, Sangman M. Kim and Valentina Discepolo, but also with the collaboration of other institutions, especially the group of Dr. Terence Dermody, expert pediatric virologist at Nashville, now at UPMC in Pittsburgh. Here, Dr. Discepolo, MD, PhD, working as a visiting researcher in our celiac research lab, dissects it for us, explaining why it was truly important.

Q: *Why is it significant that this paper was published in Science*? A: It is extremely significant that this paper was published in *Science*, rather than in a medical or gastroenterology journal. *Science* contains articles about all science, from astronomy to zoology. So the fact that the editors were interested in an article about celiac disease tells us that the topic, the contribution of viral infections to the induction of autoimmune disorders, has far-reaching implications and has the potential for a much wider audience than merely those with an interest in celiac disease.

Q: *Can you explain in laymen's terms what this paper showed?* A: Sure. This paper explains how we can finally see that reovirus, a virus that is normally rather innocuous, can actually imprint a different response to food in the intestine. For the first time we were able to dissect the mechanism by which a virus, which is an environmental trigger, can alter the immune system selectively in the intestine in a way in which it is able to imprint a different response of the immune system to a food protein, which is something that has never been proven mechanistically.

Q: *Please go through the process with me. Someone gets infected with reovirus, and what happens?* A: First, it's important to understand the nature of this type of infection: Infection is not the same as disease. Infection is just a pathogen going into the body, having an interaction with the body and eventually replicating into the host cells. The result of the infection could vary from clearance, to causing disease, to having chronic infection, which means the virus stays forever in your body. There are different outcomes. So, the term "infection" just means that an external pathogen enters the body though a certain route (gastrointestinal, airway, etc.) and replicates into its cells. Whether it causes disease depends on different factors (both viral intrinsic and host intrinsic) that may lead to development of clinical symptoms. So the interaction between a bug and someone's body could result in symptoms, but this is not necessarily the case for all viral infections. Sometimes you don't even know you've been infected because your immune system was able to clear the infection without any damage or symptoms. The ability to clear the infection also depends on both viral and host factors. Some viruses could be fought efficiently by every human body, while others are set up to chronically live in your cells, most of the times silently without causing any symptom. Reoviruses induce a silent infection; in other words they enter the human body through the oral route and they replicate in the intestine without causing any clinical symptoms, so most affected subjects are not aware that they have been infected.

Q: *How is reovirus in particular related to celiac disease?* A: No evidence supported its role in celiac disease development previously; however, rotavirus, a major cause of gastroenteritis in humans, belongs to the same viral family and was associated with the development of celiac disease by several scientists. Using reovirus, for the first time, we actually proved that a virus, even if it doesn't cause any symptoms, could still act on your immune system in such a significant way that it is able to contribute to elicit an autoimmune disorder. This is not true for all viruses. Indeed in this paper, we used two strains of reovirus, so two slightly different viruses belonging to the same family, and showed that only one of them could have such an impact on the immune system. In particular, only one strain was able to impair the immune tolerance to a food protein when infection occurred at the same time of first dietary intake of that very protein. So it is not only the family of the virus that matters, but also the specific strain of the virus that can have a specific interaction with the immune system, thus having a different impact on the disease development. In addition, the timing of viral infection and dietary protein intake play a role.



DR. BANA JABRI, DIRECTOR OF RESEARCH FOR THE CELIAC CENTER, WITH HER RESEARCH TEAM.

Q: *Who were your subjects?* A: We first tested our hypothesis in common wild-type mice, (we call them wild-type, because they are the strains that exist normally in nature). Then, we used a transgenic mouse model to further correlate what we found with celiac disease onset. The transgenic mouse model we used in the study is engineered to express the human HLA-DQ8 gene, which is one of the two main predisposing alleles for celiac disease development in humans (the other one being HLA-DQ2). All celiac patients must have either one or both of the HLA-DQ2/- DQ8 alleles in order to develop the disease, so this is a requirement. These mice only have the HLA-DQ8, like celiac disease patients, and they are fed with gluten to mimic what happens in the human disease. Of note, the HLA-DQ8 is also expressed by patients with Type 1 diabetes, and this allows for some speculation about the role of similar immunological mechanisms in the context of other autoimmune disorders.

Q: *Can you summarize the main conclusions in laymen's terms?* A: In this paper we specifically focus on the loss of immune tolerance to an oral antigen. Oral tolerance is a process normally occurring when we encounter any food protein though an oral route, and it consists of the development of a tolerogenic response to that protein by our immune system. Sometimes this response is instead inflammatory rather than regulatory, as occurs in celiac disease. Why this shift occurs in some patients to some proteins is unclear. We postulated that viral infections may be one possible trigger of this phenomenon. The first concept this study puts forth is that a viral infection can have an

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impact on the immune system, independent of the fact that it does not cause symptoms or that it can be efficiently cleared from the body. This specific reovirus strain infects the gut and is efficiently cleared, meaning that we don't detect any more virus a few weeks after infection; nevertheless, for the time that the virus interacts with the immune system, it can impact its response to food antigens, thus promoting a pro-inflammatory rather than a regulatory response to them.
Q: *How many of these mice developed celiac disease?* A: These mice do not develop full-blown celiac disease after being infected with reovirus; indeed they don't show any villous atrophy. However, they develop a break of tolerance to gluten, which is a pre-requisite for celiac disease development. In other words, they produce antibodies against gluten and we observe the activation of tissue-transglutaminase in their intestine, a key event occurring in the gut of celiac patients and required for disease development. Transglutaminase deamidates gluten peptides, a process required for gluten to be recognized by the immune system that mounts an inflammatory gluten-specific response. The same transglutaminase is also the one against which celiac-specific autoantibodies are produced. Both transglutaminase activation and anti-gluten inflammatory response are necessary, but not sufficient, for disease development and do not occur in healthy individuals, but can be already observed in potential celiac patients (subjects with celiac-specific antibodies, but no tissue damage). Our mouse model in the study phenocopies this stage of celiac disease.
Q: *What is the evidence that these viruses are associated with celiac disease in humans?* A: We detected higher antibody titers against reovirus in patients with celiac disease as compared to controls, thus suggesting that repeated infections by reovirus might be associated to celiac disease development. In summary, we showed for the first time that reovirus infection is associated with celiac disease. We proved that a clinically asymptomatic virus could have an impact on the intestinal immune system such that it could impair the mechanism of immune tolerance to food proteins, particularly to gluten in a celiac disease-relevant mouse model. This will have an impact not only on the potential development of preventive strategies for at risk subjects (i.e. vaccination against reovirus if developed in the future), but also improve our understanding of how environmental/infectious triggers may contribute to induce autoimmune processes.



A Canadian Celiac Podcast

A Canadian Celiac Podcast will explore information, research, lifestyle issues and personal stories of individuals who have celiac disease or non-celiac gluten sensitivity. The host, Sue Jennett has access to some of the prominent minds and personalities in the celiac/gluten free community in Canada…Listen to her Podcasts at: ACANADIANCELIACPODCAST.LIBSYN.COM

Non-Celiac Gluten Sensitivity

For those of you with gluten sensitivity, please do not feel abandoned by the celiac research community. We can understand it is frustrating when friends and family may think you are lying and when popular media continually leaves you out of the "must eat gluten free" group.

There are a lot of top name researchers who are making real progress in identifying what is triggering these reactions. The scientific community has made significant strides and is continuing to study why this is happening and what the indicators might be.

Today there is some pretty good evidence that some people may be dealing with FODMAP issues and others may be reacting to another component of wheat (amylase/trypsin inhibitors). This was in the theoretical discussion stage two years ago at the International Coeliac Disease Symposium in Prague. There is even some progress on bio-markers to allow a positive diagnosis rather than a "rule out" diagnosis.

The CCA changed its mission to focus on "any one adversely affected by gluten" despite the concern expressed by long term members who were afraid we were going to forget about people with celiac disease. We recognize that we all face the same challenges eating safely.

To read more about non-celiac gluten sensitivity, please visit https://www.celiac.ca/gluten-related-disorders/non-celiac-gluten-sensitivity/

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FAKE NEWS! A SAMPLING OF THE WORST NUTRITION ADVICE OF THE YEAR



CHERYL OGARANKO

Jan/Feb 2018

When it comes to diet and nutrition information, there is no shortage of fake news.
In fact, there is so much bad advice out there it can sometimes seem overwhelming.
Most of the misinformation I have come across over the last year can be found on websites that are designed to promote a particular product or fad diet. But a lot of it is also being spread by word of mouth.
Much of this flawed information is completely false, such as the suggestion that eating eggs will increase your risk of heart attack. But other claims - such as the assertion that cleanses and detoxification diets can enhance your health - can be downright dangerous.
So, in order to help readers sort fact from fiction, I've pulled together a sampling of some of the worst nutrition advice I have come across over the last year.

1) Juice your fruits and vegetables: The suggestion here is that juiced fruits and vegetables are easier to digest and will release their nutrients more evenly than their whole-food counterparts.
But the fact is blending or juicing does not make the fruit or vegetable easier to digest, nor does it create an even release of nutrients into the bloodstream. Both methods simply change the food from solid to liquid. Blending uses a powerful appliance to smooth out the food so that none of the healthy fibre content is lost. Some juicers separate the fibre from the food and then discard it.
Meanwhile, there are a couple of concerns with juicing and blending. For example, the ease of sipping food through a straw as opposed to chewing it may lead to overconsumption. This translates to extra calories that can lead to weight gain. Remember, drinking a ½ cup (125 ml) of juice or blended fruit is the same as eating three or four servings of the whole food.
The other issue is a food safety concern. If you do try juicing or blending fruits and vegetables, make only as much as you can drink at one time because leftovers can quickly develop harmful bacteria.
Bottom line: If you need to get more fruit and vegetables in your diet, it would be better to eat more of them in their whole form. You'll feel more satisfied and end up consuming fewer calories because whole foods take longer to eat than liquids. Make veggies the main part of every meal and eat fruit for snacks. You won't have any trouble meeting your recommended requirement of eight to 10 servings per day.

2) Get a cleanse or de-tox treatment: Cleanses and detoxification treatments are supposed to provide us with increased energy and easy weight loss. But do they?
It has been suggested that cleansing and detox diets will remove specific foods to help get rid of toxins that build up in the body from pollution and diet. Of course, there is no scientific evidence to support that detox or cleansing diets remove toxins or leave us feeling better. Besides, our bodies are very well-designed to self-cleanse. That is why we have a liver, kidneys, lungs and intestines. These organs do an excellent job of removing harmful waste from our systems.
Specific detox or cleansing diets vary, but typically there is a period of fasting followed by a restrictive diet eliminating many foods. Cleansing diets often recommend colon cleansing, which can result in dehydration, nausea, and vomiting. Some of the diets advise using herbs and other supplements that have not been proven safe and may be costly. It is also important to consider possible side-effects such as fatigue or possible vitamin and mineral deficiencies.



Bottom line: Detox and cleansing diets can be very restrictive, often eliminating entire food groups. This can take the joy out of eating, cause extreme food cravings and be unsustainable. It can also pose a health risk, especially for children, teens, pregnant women or older adults, and becomes even more risky if followed for long periods of time or combined with long-term fasting and colon cleansing. If you are considering a detox or cleansing diet, check with your care provider first.
If you're looking to enhance your health, why not try a more balanced, long-term approach? Be active every day. Eat a diet full of a variety of foods including fruits, vegetables, whole grains, dairy, and protein mostly from non-animal sources. Drink water when thirsty and limit processed foods, fast foods, alcohol and foods with added sugar. If you follow a diet like this, there is no need to detox or cleanse.
3) Avoid eggs: Many people fear eggs because they are high in cholesterol, which is believed to contribute to heart disease.

(Continued on page 12)

A Sampling of the Worst Nutrition Advice of the Year

(Continued from page 11)

But the truth is, while eggs do contain cholesterol, they don't actually increase bad cholesterol in the blood. On the contrary, eggs have been shown to help increase good blood cholesterol, which is linked to decreasing the risk of heart disease.
Bottom line: Eggs are high in protein, healthy fats, vitamins, minerals and antioxidants. They are also easy to prepare and reasonably priced. Eating up to three whole eggs a day is fine.

4) Eat gluten-free to lose weight: Do you think eliminating gluten from your diet will help with weight loss? You aren't alone. A market research survey done in the United States shows that up to 30 per cent of adults said they want to cut down or be gluten-free. Unfortunately, cutting gluten isn't going to help you with your weight.
Gluten is a protein found in many grains including wheat, rye, barley and oats. People who have celiac disease have an immune reaction to gluten that damages the intestines.



Approximately one per cent of the population has celiac disease, so they must avoid the protein. For the rest of us, a gluten-free diet has no health benefits.
In fact, people who avoid gluten may not be getting enough of the fibre, vitamins and minerals found in whole grains. Gluten-free products are often made with refined grains and are low in nutrients. One observational study done in 2017 found that eating a low gluten diet increased the odds of developing Type 2 diabetes, probably because of low fibre intake.
Some people who go gluten-free say they have lost weight and feel better. That's because in avoiding gluten, they have also cut out a lot of desserts and snacks. Anybody who removes cookies, donuts and desserts from their diet and replaces them with healthier choices such as fruits and vegetables is going to feel better and maybe lose weight.
If you are going to go gluten-free, try using gluten-free grains like quinoa or buckwheat. Balance your diet by including fruits, vegetables, dairy products and some protein foods, mostly from non-animal sources.
Bottom line: There is no magic in going gluten-free, unless you have celiac disease. It will not improve your health or increase weight loss. Keep in mind that gluten-free products are more expensive and can be higher in calories, sugar, fat and carbohydrates and lower in protein than products that have gluten. Make sure to read labels.

5) Eat a high-protein diet: First, it was the low-fat diet. Then there was the low-carb diet. Now it seems the high-protein diet is all the rage. The latest fad diet may have originated from low-carb diets such as Atkins and South Beach, which, in addition to being low in carbohydrates, are high in protein. High-protein diets are often associated with athletes who are trying to build muscle mass. But more recently, there have been suggestions that such a diet can also aid weight loss.
So, do you need a high-protein diet in your life?

Probably not. Most adults get more than enough protein from their diet as it is. However, this changes with age. About 40 per cent of people age 65 or older don't get enough protein, and the percentage increases with advancing age.
Vegetarians, too, wonder if they consume enough protein. They usually eat less protein than meat eaters, but still usually meet their needs, especially if they eat dairy and eggs. Beans, nuts, seeds and grains also provide protein.
Protein does play a role in maintaining muscle. But the main key to gaining and preserving muscle is to stay active and do strength training. Being sedentary will cause weak muscles no matter how much protein is eaten. If you exercise regularly, you may need a bit of extra protein, but chances are you're already getting enough from your regular diet. Even weightlifters and endurance athletes get enough protein, mainly because they eat more food anyway. Remember, it is proper training that builds muscle, not extra protein.
As far as weight loss is concerned, protein takes a long time to digest, so it can leave you feeling fuller for longer and, as a result, you might end up eating less. However, there is no evidence to show that a high-protein diet will result in weight loss.
Bottom line: Most Canadians eat enough protein. But many older people don't get enough and should make an effort to eat more. If you do decide to increase protein intake, check with a health-care provider about your kidney health, because too much protein can stress the kidneys.
As with anything, the key is not to go overboard. Simply choose lean sources of protein like eggs and lean meat, and those rich in healthy fats like fish, nuts and soy. This is a healthy way to eat for everybody.
Avoid foods that claim to be protein-fortified since they are usually highly processed and of questionable nutritional value. Protein supplements and power bars are generally not necessary, but if you're older and lack appetite, high-protein meal replacements are an option.



CCA Position Statement: NIMA Sensor

SUMMARY:

The Canadian Celiac Association's Professional Advisory Council (PAC) was asked to review the NIMA Sensor device as it was recently launched in Canada.
The PAC is not aware of any published independent or third party scientific data that defines the accuracy of this device. There are potential difficulties in the measurement of the gluten content of food including:
using a sample that is representative of the food being consumed, detectability of gluten in the food matrix, and type of assay used to detect gluten.

At the present time, the CCA Professional Advisory Council DOES NOT RECOMMEND that people with celiac disease or non-celiac gluten sensitivity use the NIMA Sensor device to determine the gluten status of a food for the reasons outlined below. We will continue to evaluate scientific information about the NIMA device as it becomes available.

What does this mean for Canadian consumers?

Gluten testing is a complex process.

Sampling error

One small spot of gluten on your plate can make you ill, but you cannot guess where it is on your plate. Trying to find the right sample is very difficult – you might miss the gluten by millimeters and think the entire plate is safe

Complexity of processed food

Once food is combined and processed with other ingredients, detecting gluten can be difficult due to the transformations that occur during cooking. Other ingredients in the food may interact with the gluten test giving a false report

Testing

Improper testing of foods can give false readings, either positive or negative. This can lead to consuming foods that contain gluten or avoiding safe foods. For this reason, gluten testing of foods should be done by trained experts in an accredited laboratory so that:

- appropriate validated tests can be selected to match the characteristics of the food
- the food is thoroughly mixed to ensure even distribution of the ingredients before testing
- adequate number of samples are taken for gluten testing

The Canadian Celiac Association Professional Advisory Council DOES NOT RECOMMEND that people with celiac disease or gluten sensitivity use this device to determine the gluten status of a food until scientific data demonstrating its accuracy are available. Instead, it is essential that individuals ask questions about the food ingredients, preparation and serving procedures.

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Check out our Spring & Summer 2018 Catalogue



Joelle Rheault
Epicure Consultant/Unit Leader

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View our catalogue & shop on line with me at
www.joellerheault.epicure.com

All Epicure products are
guaranteed 100% gluten-free!

Food & Product Information

Food Recalls:

A recall has been added to the CFIA's Food Recall Report.
Class 3
Reason for Recall: Allergen - Gluten
Product: Rootalive brand Fenugreek Seed Powder
Recalling Firm: Rootalive Inc.
Distribution: British Columbia, Manitoba, New Brunswick, Ontario
A recall has been added to the CFIA's Food Recall Report.
Class 1

Reason for Recall: Allergen – wheat
Product(s): Sensations brand Pecan-Crusted Cheesecake Collection
Recalling Firm: Sobeys Inc.
Distribution: Alberta, British Columbia, Manitoba, Nunavut, Ontario, Saskatchewan

Reminder on Beer

NO beer made with malt is considered safe for people with celiac disease, not mainstream beers, and not enzyme treated beers. Examples include Estrella, Celia and Omission.

Current technology can not accurately measure the amount of gluten in beer. It doesn't matter whether the company says their beer tests at 3 ppm or 10 ppm, or whatever. We feel that those numbers are not reliable. Other people drinking the beer without apparent symptoms still doesn't make it safe.

Recognize that this restriction is just a bad part of having celiac disease and find your new drink.

Miracles of Chia

From Calgary Celiac News

Ch ch ch chia!
While many of us remember the commercials, few of us suspected that we'd ever eat chia, or how nutritious and tasty it can be.

Some recipes use chia as the primary flour, others use it as a binder or an egg replacer. Chia seeds are generally sold two ways: whole and ground. Whole seed are easy to grind into a meal in a coffee grinder, blender or with a mortar and pestle. For a recipe with texture, like cookies, muffins or breads with nuts, seeds, etc., whole seeds will work. Ground chia works better for cakes, brownies, and less textured baked goods. Chia seeds ground finely to a powder can be used as a thickener for puddings and other silky smooth recipes.

Chia is wonderful for gluten free baking, because it is an excellent binder and thickener. It can be used in many recipes that call for ground flax seed, but it's a good idea to use 2/3 as much because it is a more powerful binder.
The amount needed may depend on the recipe, and might take a little trial and error. A small amount of chia can also replace xanthan or guar gum. For most recipes, ¼ to ½ teaspoon of ground chia can serve as a binder.

Chia is also a great addition to egg free or vegan baking. Rather than using the standard flax "goop" of ground flax seeds and water, replace it with ½ of the amount of ground chia seeds.

- So for a flax egg, an "egg"=1 TBSP ground with 3 TBSP water
- For a chia egg, an "egg"=2 tsp ground chia with 3 TBSP water

The seeds should be added to the liquid ingredients, like water, milk, juice, etc. and allowed to sit until it forms a gel, which takes about 20 minutes. Extra chia gel can be stored in the refrigerator and will keep for a week or more.

Chia seeds can also be used to bind burgers, meatloaf, meatballs, etc. instead of egg and breadcrumbs. To replace an egg, use ¼ cup of water with 1 teaspoon ground chia, or 1.5 teaspoons whole chia seeds.
Quick and easy ways of using chia seeds include adding them to a salad, yogurt or hot cereal, adding them to a smoothie or sprinkling whole seeds onto a loaf of bread or crackers before baking,

Disclaimer:
The content of this publication is provided in good faith for information purposes only and using the most current information available subject to amendment, should not be used as a substitute for the advice of a qualified health professional. The Professional Advisory Council of the Canadian Celiac Association has not reviewed this publication. Use of the information in this publication is at your own risk. The CCA does not endorse any product referenced in this publication. To the fullest extent permitted by law, the CCA, its local Chapters and all persons involved in compiling the publication disclaim any responsibility for, and make no representations or warrantees regarding the information provided in this publication. In no event will the CCA, its Chapters, or those persons involved in compiling this publication be held liable for any damages of any kind resulting from the use of the information in this publication.
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Going gluten free as a senior

Excerpts from "Delicious Living" *Jan 22, 2018*
Julyne Derrick

As awareness of gluten issues grow, more and more people – including seniors – are being diagnosed with celiac disease and gluten intolerances. While learning to live a gluten-free lifestyle can be daunting to anyone, it provides unique challenges to seniors over age 65.
Here, we address some challenges seniors going gluten-free may grapple with.

Getting diagnosed with a gluten sensitivity



Once considered a disease that affects mainly children, doctors now know that gluten issues can affect anyone at any age. But for older people who may be grappling with other health issues, getting a proper diagnosis can be tricky because the symptoms mimic those of a number of other ailments.
To get a proper diagnosis, you'll want to first rule out celiac disease, an auto-immune disorder caused by gluten that attacks the small intestines. Celiac affects 1 percent of Americans, says Lola O'Rourke, the education supervisor at The Gluten Intolerance Group of North America. That translates to about 400,000 adults over age 60.
A celiac screening test is a simple blood test and the key to this test is to get screened before you take gluten out of your diet, says O'Rourke. Otherwise, "you're going to have a potential false negative."
If you don't have celiac, the next step is to test yourself for "non-celiac gluten sensitivity," which affects about six times the number of those who have celiac, according to the Beyond Celiac website.
"There isn't a test for non-celiac gluten sensitivity. The only way to know if you have it is to give up gluten for several weeks and then binge on it. If you feel really bad, then you probably have it," says Jane Anderson, a medical journalist who writes about the gluten-free lifestyle for Verywell.com and who has been gluten-free since 2003.

The good news is most gluten issues can be managed with diet alone, and the growing awareness of the gluten-free lifestyle means living gluten-free has never been easier.



Dining out

Many restaurants these days have gluten-free options labeled on their menus, making dining out for gluten-free seniors much easier.
Here are some tips:

- Call ahead to find out if a restaurant has a gluten-free menu or gluten-free options
- Inform your waiter that you are gluten-free, not by choice, but because of serious health reasons
- Speak to the chef and ask for menu accommodations or recommendations

Gluten-free eating at home



Dining at home is always a gluten-free person's best option. You don't have to worry about cross-contamination on a cutting board or someone adding a dash of flour as a sauce thickener. But while there are a ton of gluten-free labeled processed foods (no need to give up beer, bread, crackers or even cereal), seniors should consider sticking to the basics, such as: dairy, fresh fruits, meats and veggies.
Why? Because for seniors, "your caloric needs go down, but your need for nutrients goes up," says O'Rourke, who

Going gluten free as a senior-Cont'd

(Continued from page 15)

is also a registered dietician. Processed foods, even the gluten-free ones, can be unhealthy.

What's more, there's no reason a gluten-free lifestyle should be limiting.

"We encourage people to really explore ethnic cuisines. There's a whole world of Asian, Indian and Mexican cuisines that don't rely on gluten-filled ingredients at all," says O'Rourke.

Searching for gluten-free senior living



One of the biggest problems gluten-free seniors face is finding an assisted living or long-term care community that can accommodate their specific dietary needs.

Not all seniors can afford or want to move far away to a community that specializes in their needs. So how to find a place that can work with you? You can start by researching residences and setting up appointments. "You have to talk to the people in charge of the food – the dining coordinator or dietitian or the staff on consult," says Anderson, who recommends that you "don't just ask, 'can you do gluten-free.'" Instead, ask them to walk you through a week's worth of menus. Also ask to speak to other gluten-free residents who can tell you straight out if the food is good, if the community really sticks to a GF menu and if there is variety and a lot of options so you won't get bored.

The previous article was edited to conform to Canadian standards. The sections on grocery shopping and pharmaceuticals were deleted entirely.

Pat Sparling

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Coming Events

May is Celiac Awareness Month - CCA National Webinars

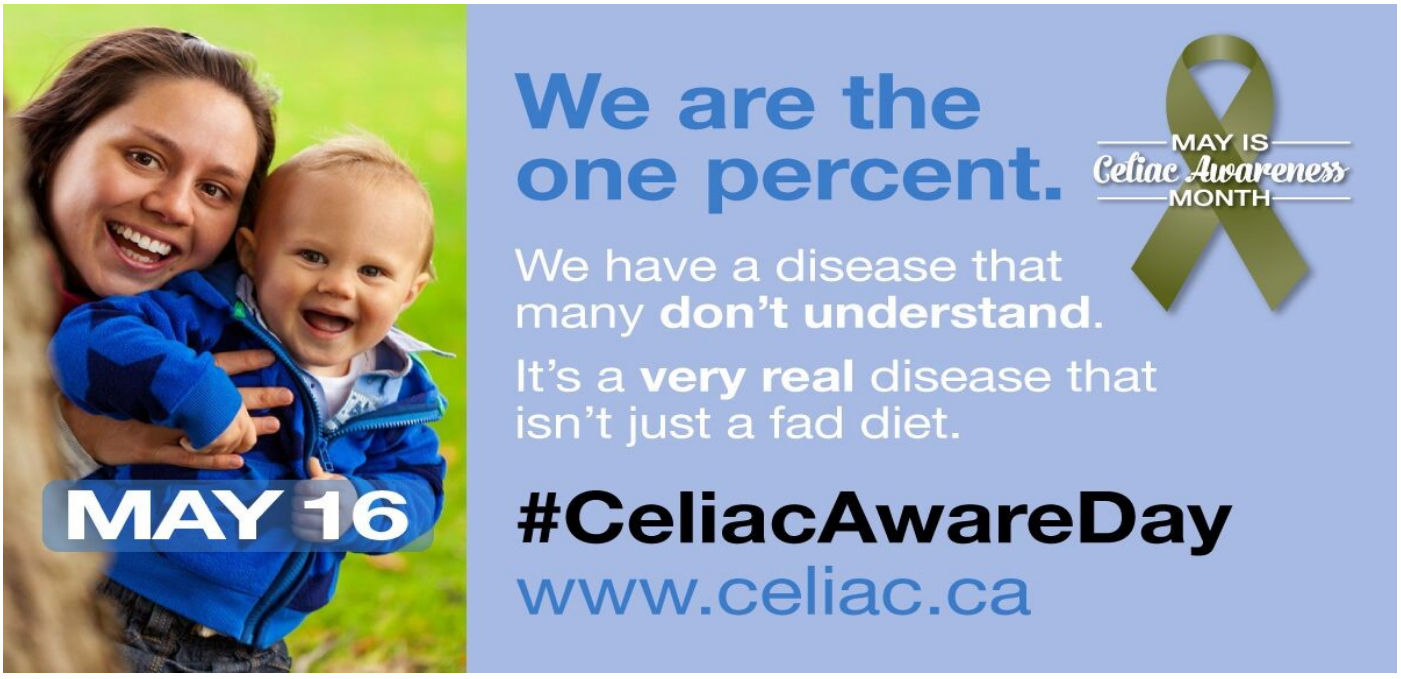
May 5 – GF 101 webinar open to public featuring Mark Johnson, Ottawa Chapter
May 16 – 9-10 p.m. EDT – Could my child have celiac disease? – Free webinar
May 23 – Gluten Free 101: Getting Started on the Gluten-Free Diet – Free webinar
May 29 – Bone Health webinar in partnership with Osteoporosis Society of Canada (free)
Space is limited. Click here to register

Since there will be no regular meetings between June and October, remember, if you are able, to contribute gluten-free products to Winnipeg Harvest. The need never takes a break. Also, the CCA makes the GF101 session available in a webinar. If you are someone you know is newly diagnosed, check the website at www.celiac.ca to see when the next will be.

GLUTEN-FREE™ FOOD PROGRAM
GF-VERIFIED.COM • GF-DEDICATED.COM • GF-SMART.COM

Riverwood Square, 1778 Pembina Highway, Winnipeg will be Canada's first Long Term Care Facility to be certified GF-Verified with the Gluten Free Food Program!

The Gluten-Free Food Program (GFFP) provides food service handlers and operators with the required knowledge and best practices to responsibly meet the special dietary needs of people needing to eat gluten-free food. GFFP benefits a wide range of business types committed to serving the gluten-free population, including restaurants, caterers, camps, hotels, convention centres, healthcare and educational institutions, to name a few. In turn, through easily identifiable and recognizable brand marks, GFFP helps consumers find safer, more reliable gluten-free options for eating out.



It's Coming!

Get Ready to Lace Up Your Walking Shoes!



**Prize basket of Montagu dried fruits and nuts to be awarded to the person who raises the most money from sponsorship!

Canadian Celiac Association

Manitoba Chapter's

17th Annual Walkathon

June 2nd

at Assiniboine Park Site #21 (across from the Lyric Theatre) Registration 9-10am

Walk10-11and BBQ 11:30 to 1pm

*Manitoba Pork will provide BBQ at the canopy tent food shelter

*Bouncy Castle

*Marshmallow roast

Contact: www.manitobaceliac.com

CCA National Conference

When: Saturday, June 9, 2018
Where: Shaw Centre, Ottawa, Ontario



The Ottawa Chapter of the Canadian Celiac Association (CCA) is pleased to invite you to our beautiful city for the 2018 national conference of the CCA. From the luscious grounds of Parliament Hill to the charm of Dow's Lake and Gatineau Park, and from the amazing restaurants of the Byward Market to the beauty of the majestic Rideau Canal, Ottawa has lots to offer.

The conference is taking place on June 9, 2018, at the spectacular Shaw Centre in the heart of downtown Ottawa, just steps from the Byward Market, Parliament Hill and the Rideau Centre.

The conference will feature a gluten-free vendor fair along with some exciting speakers from the fields of gastroenterology and neurology, as well as gluten-free food manufacturing, and more.

A Canadian Celiac Podcast interviewed Ottawa Chapter president Mark Johnson about the upcoming conference. Take a listen and learn all you need to know! http://acanadianceliacpodcast.libsyn.com/episode-11-mark-johnson-and-the-cca-conference

Don't miss your chance to learn the latest from the fascinating field of research into celiac disease and other gluten-related disorders! We hope to see you there!

Conference Registration

Join our ***Growing Gluten-Free Momentum! Register for THE conference for celiac disease and gluten sensitivity.***

Space is limited so reserve your spot today! CCA Members have access to discounted rates.

Rates: After April 1
Members: $135 Non-member: $190
We are pleased to offer two registration options:
To use your credit card, please register online with Eventbrite.
To pay by cheque, download and complete our Registration Form and mail it in.
Questions? Contact us at info@ottawaceliac.ca.

KNOW THE LESS OBVIOUS SYMPTOMS OF CELIAC DISEASE

#GoBeyondTheGut

CELIAC DISEASE is an autoimmune disease that prevents the small intestine from properly absorbing nutrients from foods containing **GLUTEN** (i.e. proteins found in wheat, rye and barley).[1,2]

- PROTEINS
- CARBOHYDRATES
- FATS
- VITAMINS & MINERALS

MOST COMMON SYMPTOMS affect digestion:[3]

- Chronic diarrhea
- Abdominal pain
- Weakness
- Unintended weight loss

But celiac is **MORE THAN A DIGESTIVE DISEASE**. Many patients experience lesser-known symptoms and are not aware of their condition.

UNDIAGNOSED AND UNTREATED CELIAC DISEASE CAN CAUSE:

ANEMIA

Gluten impairs red blood cell function, leading to symptoms such as:

- Fatigue
- Shortness of breath
- Dizziness
- Headaches
- Weakness[4]

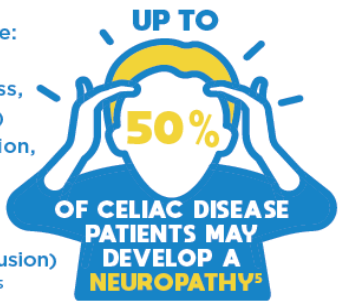
67.8% OF CANADIAN CELIAC DISEASE PATIENTS PRESENTED WITH ANEMIA[3]



NEUROLOGICAL DISORDERS

These conditions include:

- Neuropathy (pain, weakness, or numbness, often in hands or feet)
- Ataxia (poor coordination, slurring speech, difficulty swallowing)
- Impaired neurological function (amnesia, confusion)
- In rare cases, seizures[5]





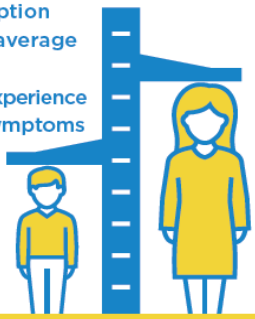
26% OF CANADIAN CELIAC DISEASE PATIENTS PRESENTED WITH OSTEOPOROSIS[6]

OSTEOPOROSIS

- Celiac disease patients are often deficient in both calcium and Vitamin D
- Increasing risk for low bone mineral density[7,8]

SHORT STATURE

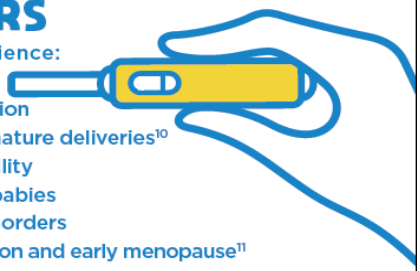
- Poor nutrient absorption may result in below average **height.**
- It is possible not to experience any other signs or symptoms of celiac disease.[9]



REPRODUCTIVE DISORDERS

Women may experience:

- **25%** higher risk of spontaneous abortion
- Higher risk of premature deliveries[10]
- Unexplained infertility
- Low birth-weight babies
- Menstrual cycle disorders
- Delayed menstruation and early menopause[11]



FOLLOW YOUR GUT.

IF YOU SUSPECT THAT YOU HAVE UNDIAGNOSED CELIAC DISEASE, TALK TO YOUR DOCTOR.

LEARN MORE ABOUT LIVING WITH CELIAC DISEASE AT CELIAC.CA

Share how you go **#BeyondTheGut** @CCAceliac @CCAceliac CanadianCeliac

References: 1. Canadian Celiac Association. Celiac Disease. June 2016. https://www.celiac.ca/gluten-related-disorders/celiac-disease/. Accessed April 10, 2018. 2. Health Canada. Celiac Disease – The Gluten Connection. June 4, 2012. https://www.canada.ca/en/health-canada/services/food-nutrition/reports-publications/food-safety/celiac-disease-gluten-connection-1.html. Accessed April 10, 2018. 3. Pulido O, et al. Clinical features and symptom recovery on a gluten-free diet in Canadian adults with celiac disease. *Can J Gastroenterol*. 2013; 27(8): 449–453. 4. Gluten Intolerance Group. Celiac Disease and Anemia. January 17, 2018. https://www.gluten.org/resources/health-wellness/celiac-disease-and-anemia/. Accessed April 10, 2018. 5. Freeman H.J. Neurological disorders in adult celiac disease. *Can J Gastroenterol*. 2008;22(11):909-911. 6. Cranney A, et al. The Canadian Celiac Health Survey. *Dig Dis Sci*. 2007;52(4):1087–95. Epub 2007 Feb 22. 7. National Institute of Health. What People With Celiac Disease Need to Know About Osteoporosis. April 2016. https://www.bones.nih.gov/health-info/bone/osteoporosis/conditions-behaviors/celiac#b. Accessed: April 10, 2018. 8. Tavakkoli A, et al. Vitamin D Status and Concomitant Autoimmunity in Celiac Disease. *J Clin Gastroenterol*. 2013; 47(6): 515–519. 9. Boguszewski MCS, et al. Celiac disease, short stature and growth hormone deficiency. *Transl Gastrointest Cancer* 2015;4(1):69–67.

Restaurants

In conversation with a group of people requiring gluten-free diets, I learned that **Brown's Social House** is **a good bet**, and that there are locations in cities from Calgary to Winnipeg, maybe more. One person reported a very **unhappy experience** at **Za Pizza** on St. Mary's Road, where staff had flour all over and no attempt was made to prevent cross-contamination to the point where the guest in question stopped production and walked out. After contacting management and being invited to return, it had all been cleaned up and the guest felt quite safe consuming the pizza. Just a little reminder to remain vigilant especially in restaurants. Don't be afraid to speak up; you're worth it! Speaking of pizza, several Gondola Pizza locations now carry gluten-free options and not just pizza. I'm clear on the Charleswood and Portage Avenue locations, but it might be worth a call to other locations as well. Also, if you prefer to bake and serve your own, Dr. Oetker now have gluten-free options. I have only seen them at the Walmart on Kenaston, but I don't shop at a lot of grocery stores in Winnipeg.



Chachi's now has a presence at Polo Park. Dave McComber was there on opening day and scored coupons!

As with any list, it's really nearly impossible keep the list of gluten-free or celiac-friendly restaurants on our website current. Please send suggestions/corrections to office@manitobaceliac.com. It's equally important to make us aware of restaurants that don't have a clue about gluten safety. Thank you.

Dinner at Maxime's

On March 27th, Christa Dubesky arranged a celiac-friendly meal, this time at Maxime's on St. Mary's Road. There were 10 of us, 8 requiring a gluten-free meal and it was wonderful.

The restaurant offers a whole separate gluten-free menu, fries cooked separately, and after-dinner candies (licorice or cinnamon flavours) that we were assured were gluten-free without even having to ask!


Pickerel and Fries


Lemon Caper Chicken


Garlic Chicken


Chicken Parmesan


Greek style chicken and pork


Chicken Souvlaki


Chicken Florentine

UNIVERSITY OF CALGARY
FACULTY OF KINESIOLOGY

CIHR IRSC



ARE YOU NEWLY DIAGNOSED OR STRUGGLING WITH

CELIAC DISEASE?

PARTICIPANTS NEEDED FOR POWER-C STUDY

Promoting Optimal Wellbeing, Education and Regulation for Celiac Disease

What is it?

The purpose of the study is to examine the impact of an 8-week online program for adults with celiac disease. Participants will be entered into a draw to win one of eight $25 Amazon gift cards.

What's Involved?

This study will involve participating in 4 bi-weekly online modules (8 weeks total) designed to help people cope with celiac disease. Participants will also be asked to complete online questionnaires at 4 time points.

Eligibility

We are currently looking for adults (ages 18+) who have been diagnosed with celiac disease. You do not have to follow a strict gluten-free diet to participate in this study.

Please contact the Health & Wellness Lab for more information:

celiac@ucalgary.ca +1.403.210-8482

The data you provide in this study is collected solely for research purposes and will remain completely confidential

This study has been approved by the University of Calgary Conjoint Health Research Ethics Board.

GLUTEN FREE 101 MEETINGS

Held prior to every meeting (except the Walk-a-thon) from 9:15 a.m. to 11:00 a.m. This is an informal session that will assist individuals and families to start on the Gluten-free journey. This meeting is packed full of information but still has time for the questions you have. Please call 204-772-6979 for more information or to reserve a spot. Leave your name and phone number and we will get back to you quickly.

Chocolate Cherry Jelly Roll

Change up the filling for a completely different creation. Recipe created by Kinnikinnick Corporate Chef Lori Grein

Ingredients for Sponge Base:

½ pkg. **Kinnikinnick Angel Food Cake Mix** (225g)
5 eggs (divided) (280g)
2tbsp cocoa powder + 1tbsp water (30g +15g)
2tbsp icing sugar (18g)
2tbsp granulated sugar (25g)

Filling

1 cup 33% cream (whipped) (240g)
¼ cup icing sugar (40g)
1 cup prepared cherry pie filling (cooled) (240g)

Directions:

Preheat oven to 350°F (176°C)
Line a 15"x10" pan with parchment. Set aside
In a small bowl combine cocoa powder and water to make a slurry. Set aside. In a separate small bowl, combine 2tbsp icing sugar and granulated sugar in a small bowl. Set aside.

In two separate bowls, divide egg whites and yolks. Mix egg whites until stiff peaks. Set aside. In separate bowl, mix egg yolks until combined. Add cocoa powder slurry, mix until combined. Add ½ pkg **Kinnikinnick Angel Food Cake Mix** to yolks and mix until combined (approx. 3-5 minutes). Using your hand or a spatula gently fold in egg whites just until combined. Deposit batter in prepared pan, spread with a pallet knife until even.

Bake at 350°F (176°C) for 18 minutes (check for doneness). Remove from oven and let sit for 5 minutes. Sprinkle a new piece of parchment slightly longer than pan with ½ of the Icing sugar/granulated sugar mixture. Invert pan on prepared parchment and carefully remove from pan and baking parchment. Sprinkle with remainder of sugar mixture and tightly roll sponge width wise. Let cool.

To make filling: Whip whipping cream until soft peaks. Add icing sugar and continue to whip to stiff peaks. Fold in 1 cup prepared cherry filling.

To assemble: Unroll jelly roll and spread with prepared filling. Carefully roll back up keeping even pressure. Slice into desired serving sizes. Dust with icing sugar.

Tip: Try our Cherry Pie Filling recipe available at https://www.kinnikinnick.com/index/glutenfree/recipes/action/recipes/
Cherry filling can be made ahead of time.

The Manitoba Chapter of the Canadian Celiac Association has no staff, but volunteers, Bonnie Pirch (207-772-6979) and Lois Wotton (office@manitobaceliac.com) are committed to responding to any inquiries in a timely manner. The Canadian Celiac Association office in Mississauga can be reached toll-free at 1-800-363-7296 or by email at info@celiac.ca

RECIPES

(Continued from page 23)

Leek and Saffron Soup with Sautéed Shrimp

Chef Michael Kornick, mk - Chicago, Illinois
6 servings

Ingredients:

1/2 cup chopped, fresh Italian parsley
1/2 cup olive oil
4 chopped garlic cloves
12 uncooked medium shrimp, peeled, deveined, and halved lengthwise
6 tablespoons (3/4) butter
5 chopped medium leeks, about 3 cups (use pale green and white parts only)
One 8-ounce russet potato, peeled and chopped (about 1 1/2 cups)
1/4 teaspoon (scant) crumbled saffron threads
5 cups gluten-free chicken stock or canned low-salt chicken broth
1 tablespoon whipping cream
1 small bunch chives, cut into 1-inch pieces

Directions:

Combine parsley, oil, and one garlic clove in food processor. Blend until parsley is coarsely chopped. Transfer 1/4 cup parsley-garlic oil to medium bowl. Add shrimp and toss to coat. Pour remaining parsley-garlic oil into a cup. Cover shrimp and remaining oil separately and refrigerate.

Melt butter in a large heavy pot over medium-high heat. Add leeks and sauté until tender and wilted, about 5 minutes. Add potato, remaining 3 garlic cloves, and saffron. Sauté for 2 minutes. Add chicken stock and bring to a boil. Reduce heat to medium-low. Cover and simmer 30 minutes.

Working in batches, puree soup in blender or processor until smooth. Return to pot. Add cream and season with salt and pepper.

Heat a heavy medium skillet over low heat. Add shrimp and sauté until opaque in center. Ladle soup into heated bowls with 6 shrimp halves per serving. Garnish with chives and several drops off remaining parsley-garlic oil and serve.

From Cooking Gluten-Free by Karen Robertson:

4 Ingredient Bagels from Skinny Taste

Copied from CCA FaceBook Page

1c PC gf flour
1c plain Greek yogurt (I used oikos 2%)
2 tsp baking powder
1/4 tsp salt

Mix until dough starts to come together, if too sticky add flour until its a bit more dry.
Drop dough onto floured surface and divide into four, roll into logs and form into a bagel shape. Brush tops with egg and add topping if wanted. Bake on parchment @350 F for approx. 25min. Allow to cool.

ADVERTISEMENT



GOING GLUTEN-FREE IN CUBA

By Yvonne Vissing Ph.D.
January 5, 2018

Journal of Gluten Sensitivity Winter 2018 Issue

Celiac.com 01/05/2018 - Cuba is abundant with music, color, and people. The countryside is a lush, rich green where fields of sugar cane stretch as far as the eye can see. Streets of Havana are filled with hot pink, lemon yellow, candy-apple red, bright blue and green classic cars. Rural streets have horse drawn carts overflowing with harvested sugar cane and the men (almost always men) with machetes from cutting the crops. It is a country of contradictions, where pillars of ancient affluence intersect with rubble as people yack on cellphones while throwing their fishing lines off the Malecon.

As a multiple-time tourist there, I'm overwhelmed with how friendly people are and how safe I feel, even though my ability to speak Spanish is, well, not-so-good. Given that Wi-Fi and internet connections are few and far between, my translation app doesn't work so I'm on my own when it comes to ordering food and figuring out if it's gluten-free or not. Between my Spanish being awful and the fact that menus may not be in English, much less contain a list of ingredients, asking the wait-staff if there are gluten-free menu options is a no-brainer. The communication and interpretation challenges meant that it made no sense for me to ask that question.

So how does one go about being gluten-free in Cuba? Actually, it's not so hard once you keep in mind certain facts. One is to understand the traditional daily diet of most Cubans. Food staples include rice, beans, pork, beef, and sometimes chicken. These are all safe for people with Celiac disease. You're likely to find these foods at every meal in every home or restaurant. Cubans do not tend to use a lot of spices because they don't have them; processed foods are generally unavailable which makes food rather bland but on the other side, pretty safe because the chances of being exposed to gluten-filled flavor enhancers aren't around. Breads may be served but they, like the delicious-looking fried dough sold on the street in baskets or papers by local vendors, can be easily avoided. Pasta dishes are found in many restaurants, and the pasta is always wheat so forget asking if they have corn, rice of quinoa pasta. Eggs are pretty easy to find; cheese somewhat, but peanut-butter is not.

For many people going gluten-free, vegetables are a lifesaver. However, in Cuba this option is something we



need to have a serious conversation about. Vegetables are hard to come by. Now, there is a big organic farm program in Cuba. Organopónicos, or organoponics, is a system of urban agriculture using organic gardens that originated in Cuba and is widely used there. The idea is for them to produce organic, highly nutritious vegetables in an efficient way that maximizes the use of natural resources, composting, and recycling. The farm I visited outside of Havana distributes 90% of all the produce to local residents; only 10% goes to hotels and commercial vendors. The organoponics movement is trying to lure Cubans away from their primary reliance on rice, beans and meats into eating more produce. There is a heavy health emphasis related to nutrition there – there are hospitals and health care providers, but they aren't plentiful and tend not to be the first line of health care. Food is a primary vehicle leading to better health. Sweets, salty foods and fats are not nearly as common there, due to the lack of imports of such items in this still largely socialistic country. Foods are simpler, and seem to be more "real", if you get my drift. Since Cuba is an island, fresh fish is a good choice for meals. If you order a salad, expect them to be small and consisting primarily of lettuce (not iceberg!), thinly sliced cucumbers, and maybe a bit of grated cabbage. Don't go looking for tomatoes, broccoli, carrots, potatoes, Brussel sprouts, squashes or kale. Chances are low that you'll find them. It's more likely that when you find vegetables, they are present more as garnish.

Fruits, on the other hand, can be easily purchased at corner open-air markets where farmers bring bananas, plantains, pineapple, mangos, papaya, and coconuts. They are beautiful and fresh, and can be served on plates as main foods, garnishes and certainly as juices.

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We are ALWAYS on the lookout for great things to share with our readers. If you are a web surfer or if you have your finger on the pulse of community events or if you've just had a great (or even a terrible) travel, restaurant or shopping experience, we want to hear from you! One of the best sources for navigating the trials and triumphs of the gluten-free lifestyle is the experience of other people living the gluten-free lifestyle. If you would be willing to help us help other people, one great way to do it is to send an e-mail to the newsletter Editor at newsletter@manitobaceliac.com and share your experience with others.

Thank you

GOING GLUTEN-FREE IN CUBA

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Food isn't why one goes to Cuba. Mojitos and rum may be (thank God they are gluten free!), cigars are a draw, and a tiny cup of their coffee will keep you rolling all day. People who have to go gluten-free have often gotten used to watching what they eat and having limited options, so in this regard traveling to Cuba is no different. In some ways it's a bit easier because of the lack of processed foods and fancy, hidden ingredients that make their way into both gourmet and convenience foods in the United States. Cuba is more of a what-you-see-is-what-you-get culinary world. Gourmet cuisine hasn't arrived there yet. Neither have fast food items that U.S. people have come to take for granted. It's not uncommon to overhear people at the airport planning what they're going to eat when they get back to the states.

My advice for anyone going gluten free in Cuba is to pack some nuts, dried fruit, protein bars, and easy-to-keep-and-transport favorite gluten-free food options. Expect when you go out for breakfast to have fruit and eggs. Dinner will likely be a meat/chicken/fish that is simply prepared so it should not usually be a gluten issue. Rice and beans are usually cooked without much seasoning, so you're probably safe eating them. Definitely avoid anything that is deep fried, because chances are high that something breaded was cooked in the oil. Plantains that are fried are probably safe because they are cooked in butter or oil in a skillet. Fresh fruits are abundant, just sometimes a bit complicated for tourists to manage when purchased on the street if they don't have knives or ways to cut and serve them in a non-messy fashion. Don't expect to see many veggies, and when you do, relish them. And of course the mantra for most tourists traveling there is – don't drink the water! There's plenty of bottled water, juices and beer around, so you should not get sick from either gluten or water if you're nominally careful. Remember why you're in Cuba – not for fine dining, but to see the culture, listen to music, and have fun.

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