

OET Case Notes

Dietetics · Beginner · Advice letter · to Patient

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Dietetics — Advice Letter to a Patient Newly Diagnosed with Coeliac Disease

THE CASE NOTES

Patient: Ms Lauren Collins, 34 years old; recently confirmed coeliac disease on biopsy (Marsh III)

Gluten-free diet: Strictly lifelong — no wheat, barley, rye, or any product containing them; oats are tolerated by most coeliacs but avoid initially and reintroduce after gut healing under dietitian supervision

Cross-contamination: A tiny amount of gluten can cause damage — use a separate toaster, separate butter/jam spreads, separate chopping boards; inform restaurants (coeliac, not preference); check soy sauce, stock cubes, ready meals, processed meats (common hidden gluten sources)

Naturally gluten-free foods: Rice, potatoes, corn, quinoa, fresh meat and fish, eggs, legumes, all fresh fruit and vegetables, plain dairy

Label reading: Look for the crossed-grain (Coeliac UK) symbol or gluten-free label (EU standard: <20 ppm); 'wheat-free' does NOT mean gluten-free — barley malt extract and rye can still be present

Follow-up: Anti-tTG antibody blood test in 3 months to monitor diet compliance; annual dietitian review

Task: Write an advice letter to Ms Collins explaining how to follow a gluten-free diet safely.

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WHAT TO INCLUDE

+ The four grains to avoid: wheat, barley, rye — and the provisional oat avoidance with supervised reintroduction

Patients frequently believe coeliac disease is only about wheat. Barley (beer, malt) and rye are equally harmful and less obvious. The oat nuance is a clinically accurate instruction the patient cannot derive from a simple no-grains rule.

+ The cross-contamination risk and the practical household measures

Cross-contamination is the most common reason a diagnosed coeliac continues to have symptoms. The toaster, shared spreads, and shared chopping board are the most important household vectors.

+ That wheat-free does not mean gluten-free

This is the labelling trap that most commonly causes inadvertent gluten exposure in newly diagnosed patients.

WHAT TO LEAVE OUT

– A complete list of every gluten-containing food

The patient needs principles and the highest-risk examples, not an exhaustive inventory. The Coeliac UK App provides comprehensive food lists; the letter provides the framework.

– Nutritional deficiency management in detail

A brief mention — 'your GP will check your blood count and vitamin levels' — covers it. Detailed supplementation advice belongs in a separate consultation.

CRITERION IN FOCUS · LANGUAGE

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A coeliac disease advice letter requires precise, unambiguous language because mistakes cause real harm. 'Try to avoid gluten' is not accurate — even trace amounts cause gut damage; 'avoid gluten strictly' is correct. 'Most soy sauces contain gluten — always check the label' is more useful than 'be careful with processed foods'. Precision in food language is a Language criterion requirement in dietetic letters.

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