tors (CV). This would not be desirable in a disease such as RA, in which CV risk is intrinsically increased. While some studies report an increased risk of hepatic steatosis and metabolic syndrome during GFD (15), other meta-analysis studies deny an increased CV risk in patients following long-term GFD (16). This issue remains controversial, but the more powerful studies seem to confirm an absolute indifference of gluten on CV risk factors (17) or even a protective effect of GFD on the components of the metabolic syndrome (18).

In conclusion, our observations indicate that in patients with RA, multi-resistant to both conventional and biotechnological therapies, an attempt with a GFD can be made and can give good therapeutic results.

However, the question remains which RA patients can benefit from a GFD: a consideration that deserves double-blind controlled studies for an answer.

Conflicts of Interest

The authors have no conflicts of interest to declare.

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Key points

The role of gluten in triggering rheumatic diseases has been suggested, but the topic is still debated.

Our data suggest that gluten-free diet may be useful in reducing symptoms in rheumatoid arthritis patients.

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