GLUTEN FREE "NEWS"

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PRESIDENT'S NOTES:

Well Spring has sprung and summer is on the way, what a great winter we had.

I traveled to the Gluten Free/Allergen Free EXPO in Chicago this month. It was a great EXPO. If ours is ¼ as good as this one, we will be a success.

For any of you that have internet you might want to check out Pinterest. It is a site that you can "pin" things of interest from the internet that you like, making it easier to share and find later. There are so many people that have "Pinned" gluten free recipes that you can't possibly make them all, lots of great ideas Too! ~Check It Out~

Also don't forget we have a website www.wcfceliac.com and a face book page www.facebook.com/CVCELIACS. Tell your Gluten Free Friends..

Our next meeting is June 03, 2012. Picnic Fun is the theme. We will also be having a meeting on August 5th. We will be finalizing the EXPO plans at this meeting and setting up all the volunteers etc. Please plan to attend this meeting.

Denise Launderville

A BIG thank you to Clark Printing for printing our newsletter FREE OF CHARGE. Please contact them if you have any printing needs.
319-233-6637

~MARK YOUR CALENDARS~

UPCOMING CELIAC SUPPORT GROUP MEETINGS

Note: We must have 15 members in attendance to hold meetings. Please call Kristi Simmerman at (319) 234-2104 if you are unable to attend.

Date: Sunday, June 03, 2012
Regular Meeting

Time: 2:00 p.m.

Place: Covenant Medical Center

Theme: Picnic Fun!

Agenda: **T.B.D**

Date: Sunday, August 05, 2012
Regular Meeting

Time: 2:00 p.m.

Place: Covenant Medical Center

Theme:

Agenda: Working on the Expo

If you have any information for the newsletter please send it me. I would be more than happy to include it in the next edition. My e-mail is surlygirl@mchsi.com or dlaunderville@hotmail.com

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Check out our Website @ www.wcfceliac.com and find us on Facebook @ Cedar Valley Celiacs

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SAVE THE DATE!

1st annual Gluten Free Expo in Cedar Falls, IA at the McLeod Center by UNI-Dome

Saturday, August 18th, 2012! 10 a.m. – 4 p.m.

This will be open to the public and free to attend.

~NEW PRODUCTS~

*****NEW BOOK ALERT*****

For anyone with a Kindle there are several free Gluten Free cookbooks available.

~SHARED & SUBMITTED~

Gluten-free-for-Five-Hundred-Alex/

Celiac.com 02/17/2012 - You know you've hit the big time when you're a featured category on perennial TV game show favorite Jeopardy! And that is exactly what happened on show #6290 on Friday, January 13, 2012, when Jeopardy! devoted an entire category to: Gluten-Free Foods.

The category began with the $200 clue: There's an octet of veggies in this alphanumeric brand's vegetable juice, but no gluten. The answer, phrased in famous Jeopardy! question-form, is of course: What is V-8 Juice?

The next clue, for $500, was: This classic canned meat from Hormel that debuted in 1937 has no gluten. The correct answer: What is Spam?

The $600 clue was: In the U.S., this soda is gluten free, as its Vanilla Zero version. The correct answer was: What is Coca-Cola?

For $800, the clue was: Don't despair: gluten-free candies from Nestle include the Butterfinger bar & these chocolate-covered peanuts. The correct answer was: What are Goobers?

In-coming champion Brandon Libby, an actor and Phillie Phanstormer from Mount Ephraim, New Jersey, ran nearly the entire category, correctly answering all of the clues, except the final one.

The final clue for Jeopardy's Gluten-Free Foods category was: This yogurt brand, known in France as "The Little Flower" has many gluten-free flavors, including strawberry kiwi. The correct answer is, of course: What is Yoplait?

However, that seemingly simple last question stumped all of the panelists.

You can review these questions, and have a go at some of the other questions from that day's show in the Jeopardy! Archive.

Celiac Disease in the Elderly

Celiac.com 02/13/2012 - Evidence from numerous epidemiological studies supports the idea that celiac disease is not a disease that largely affects children, but is actually a disease that can affect people of any age. Several recent studies suggested that a majority of patients are now diagnosed after age 50.

Indeed, in one study, the median age at diagnosis was just short of age 50, with one-third of new patients diagnosed over the age of 65. A recent study in Finland found even a higher prevalence of biopsy-proven celiac disease (2.13%) in older people (52-74 years of age).

Another recent study showed that celiac disease may truly occur for the first time in an elderly individual, despite a life-long apparent tolerance of gluten ingestion, not merely be diagnosed at this age. However, despite growing body of research on celiac disease, very little is known about this condition in older people.

A research team set out to review the prevalence, clinical features, diagnosis and consequences of celiac disease in the elderly. The team included Shadi Rashtak, MD and Joseph A. Murray, MD, affiliated with the Department of Medicine, Division of Gastroenterology and Hepatology, and the Department of Dermatology at the Mayo Clinic College of Medicine in Rochester, Minnesota

They also reviewed data on treatment strategies for celiac disease, with emphasis on the particular nutritional and non-nutritional consequences or connections there may regarding celiac disease in the elderly.

Part of the problem is that lack of awareness, coupled with more atypical symptoms in older celiac patients, as compared to the younger patients, can result in delayed diagnosis of celiac disease in this population which leads to higher morbidity and mortality in this group.

Also, classic symptoms of celiac disease, such as diarrhea, weight loss and abdominal pain are less common in elderly celiac patients. Even though many elderly celiac patients do have abdominal symptoms, many have milder symptoms, such as abdominal bloating, flatulence, and abdominal discomfort, which

make proper diagnosis more difficult.

The team also notes that celiac disease is the most common cause of steatorrhea in people over 50 years of age, and the second most common cause in those over 65 years.

Between 60% and 80% of older people with celiac disease suffer from Anemia, which is largely attributed to a deficiency of micronutrients, mainly iron.

The presence of other autoimmune diseases that are frequently associated with celiac disease may well offer important clues that can raise possibility of celiac disease in an elderly patient.

For example, autoimmune thyroid disorders are commonly associated with autoimmune diseases in elderly celiac patients, with majority of patients suffering from hypothyroidism. Also, the risk of intestinal lymphoma and other celiac disease-associated malignancies is higher in older people.

Occasionally, celiac disease may present with cavitation of mesenteric lymph nodes and splenic atrophy or with intestinal ulceration with or without underlying malignancy

In the face of this data, the team is calling for improved awareness of the incidence and clinical presentation of celiac disease in the elderly to prevent delays in diagnosis.

Even though treatment for celiac disease is pretty basic, the elderly may face individual treatment challenges, especially with regard to making radical dietary changes, and also in coping with the difficulties of chronic nutritional absorption problems.

The researchers feel that a comprehensive, multidisciplinary approach to treating celiac disease should reduce patient deaths related to celiac disease, and emphasize that a treatment approach tailored to the individual challenges of each elderly celiac patients is the key to success.

Source: Gastroenterol Clin North Am. 2009 September ; 38(3): 433–446. doi:10.1016/j.gtc.2009.06.005.

Diagnosing Celiac Disease is Still Not a Simple Task

Celiac.com 04/06/2012 - The first step in diagnosing celiac is serological testing, looking for the presence of anti-tTg antibodies. But in adults at least a duodenal biopsy is still the gold standard of diagnosis, partially because of the risk of false positive anti-tTg results. Yet serum anti-tTg levels positively correlate with the severity of small intestinal histopathology. This prompted researchers in Italy to wonder if those patients with the highest ant-tTg levels could be spared an endoscopy, and if so, how high their anti-tTg levels had to be. They conclude, in their words, that "tissue-transglutaminase antibody level 5-folds the upper limit of normal is 100% specific for duodenal atrophy and using this cut-off biopsy could by avoided in 1/3 of patients. Diagnostic criteria of celiac disease in adults need revision."

They retrospectively looked at 945 patients who came to their center because of suspected celiac disease. Three different commercially available methods were used to assess anti-tTg levels, which were then correlated with duodenal histology. By all serological methods used, anti-tTg levels increased in parallel with increasing severity of intestinal damage. As noted above, a cut off of five times the upper limit of normal ant-tTg included all of the patients with significant levels of villous atrophy. Celiac disease was confirmed in these patients by the presence of antiendomysial antibodies (EMS) and by their positive response to a gluten free diet.

The use of serological results alone had previously been suggested as diagnostic guidelines for children, but these authors suggest

that many adults could be spared an endoscopy as well. They also note this strategy is already being implemented in primary care, with people adopting a gluten free diet solely on the basis of blood work; this study is valuable in that it validates that approach.

Source: Zanini B, Magni A, Caselani F, Lanzarotto F, Carabellese N, Villanacci V, Ricci C, Lanzini A. High tissue-transglutaminase antibody level predicts small intestinal villous atrophy in adult patients at high risk of celiac disease. Dig Liver Dis. 2012 Apr; 44(4):280-5. Epub 2011 Nov 25.

Mortality in People With Celiac Disease Diagnosed in Childhood Compared With Adulthood: A Population-Based Cohort Study

Celiac.com 04/04/2012 - After numerous studies over several decades showing higher mortality rates in people with celiac disease, including a comprehensive study in 2009, published in Gastroenterology, news of a recent UK study, finding mortality rates for people with untreated celiac disease that are similar to the general population, has raised a few eyebrows.

With diverse study data fueling differing opinions, questions regarding long-term mortality in people with celiac disease will likely take time to resolve.

In the meantime, a review of scientific literature brought up this small 2007 study. In it, a research team compared long-term mortality rates in people diagnosed with celiac disease as children with rates for those diagnosed as adults. They wanted to find out how those rates might differ and if the rates might be related to the disease and the length of gluten exposure before diagnosis.

To find an answer, the team gathered data for 285 children and 340 adults diagnosed with celiac disease. They continued to gather data for each until the end of 2004, excepting those who failed to follow up for other reasons.

From their data, the team calculated standardized mortality ratios (SMRs) for the period starting five years after patient diagnosis. They found that adults diagnosed with celiac disease had 38% higher mortality rates (SMR 1.38, 95% CI 1.16-1.63). Children on the other hand, faced rates three-times higher (SMR 3.32, 95% CI 2.05-5.07).

This excess mortality in children was mainly due to higher rates of death from accidents, suicide, and violence (seven deaths, SMR 3.22, 95% CI 1.29-6.63), cancer (five deaths, SMR 3.72, 95% CI 1.21-8.67), and cerebrovascular disease (two deaths, SMR 10.03, 95% CI 1.21-36.00).

The 2007 study found that adults with celiac disease face a modest increase in mortality rates over the long-term, but that mortality rates for those diagnosed with celiac disease as children were three-times higher starting five years after diagnosis.

The team proposed that the increased mortality in children from external causes may be due to behavioral changes associated with living with life-long celiac disease and its treatment.

Stay tuned for further developments regarding mortality rates in people with celaic disease.

Source: The American Journal of Gastroenterology. 2007;102(4):864-870

Raise Awareness for Celiac Disease

Celiac.com 04/13/2012 - There is a disease that affects one in every hundred Americans and causes physical and mental agony yet once it's diagnosed, it can be easily treated with a change in diet and without the administration of drugs. You maybe haven't even heard of it. You would think that the sufferers of this disease would be rather lucky to have such an easy treatment option available to them, right? As a matter of fact, it turns out that this disease—celiac, or coeliac, disease—may be easy to treat, but it's very difficult for doctors to diagnose, and for the

very reason that doctors haven't heard of it either. It's estimated that three out of every hundred of the people with celiac disease has been diagnosed. Only three out of every hundred!

So why is it that most celiacs suffer without diagnosis? Low awareness in this country means low awareness in the medical community about this disease. If you're like most Americans, you probably haven't even heard about it before you read this article. With celiac disease, a component of wheat, barley, and rye, called gluten, causes an immune reaction that attacks the intestine and can affect the entire body.

Another reason for difficulty in diagnosing celiac disease is the fact that doctors usually miss the diagnosis because they don't realize how variable the disease can be. There are numerous gluten intolerance symptoms. People with celiac disease aren't able to properly absorb essential nutrients because the villi, the absorptive fingers in the small intestine, have been damaged or destroyed.

Other symptoms and problems caused by this autoimmune disease include diarrhea, fatigue, abdominal pain, bloating, gas, distention, weight loss, constipation, irritable bowel syndrome, vomiting, short stature, iron deficiency with or without Anemia, failure to thrive in infancy, poor performance in school, delayed puberty, infertility, recurrent miscarriage, elevated liver enzymes, Down syndrome, Sjogren's syndrome, canker sores, arthritis, depression, osteoporosis, vitamin deficiencies, tooth discoloration and dental enamel defects, skin disorders, Autism, nerve and balance problems, irritability in children, seizures, and migraines.

Additionally, there seems to be a slightly increased risk of lymphomas and gastrointestinal cancers. Many symptoms of celiac disease look like many other diseases, sicknesses, etc so it is very deceiving. Doctors don't think of celiac disease, as it isn't stressed in medical school or doctors are taught that the symptoms of the disease are always dramatic, which isn't true. Doctors are, however, becoming more aware of the disease. However, it takes an average of four or more years before the correct diagnosis of celiac disease is made in the very small percentage who are correctly diagnosed at all.

Celiac disease is easy to test for. Simple blood tests detect the disease over ninety percent of the time. The diagnosis is then confirmed by an upper endoscopy; a small, flexible tube is slipped into the mouth of the sedated patient, down his esophagus and stomach and into the first part of the small intestine, called the duodenum, where biopsies are taken and then examined for changes seen in celiac disease.

Even simpler than testing for diagnosis is the treatment of the disease—a gluten-free diet. It is challenging and requires a lifestyle change, but with more and more gluten-free substitutes and gluten-free recipes available, adopting a gluten-free diet and gluten free cooking is easier than ever. There's research into developing a pill that would help people with celiac disease, as well.

A few years ago I had many painful symptoms and bouncing from doctor to doctor with no diagnosis. I finally happen to fall into the hands of a doctor who very much knew about celiac disease and tested me for it. It took a lot of time and determination, and most people aren't able to devote themselves to this degree. It's really not right that millions of people are suffering from this disease with no diagnosis. A disease that can treated so easily yet the diagnosis for which is so elusive, when simply educating doctors in its symptoms would bring these people such relief.

While efforts are surely being made to get the U.S. government to fund research and to raise awareness for this disease, there are some things you can do yourself besides just writing your representatives, which I highly suggest you do. If you were to send out this article to a hundred people or speak to the same number of people about this subject, chances are, you would come across a sufferer of celiac disease and you would change that person's life. Better

yet, post it on a blog or forward it to friends and have them forward it themselves. In this way, you may be able to contact many more than a hundred people. The increased awareness will lead to increase relief.

Should Doctors Ignore Body Mass Index to Better Diagnose Celiac Disease?

Celiac.com 03/19/2012 - A clinical gastroenterology research team recently weighed in on the practice of using weight as a factor to screen for celiac disease. They are calling for doctors to ignore body-mass when assessing patients for possible celiac disease screening.

The team was made up of Fabio Meneghin, Dario Dilillo, Cecilia Mantegazza, Francesca Penagini, Erica Galli, Giulia Ramponi, and Gian Vincenzo Zuccotti. They are affiliated with the Department of Pediatrics of the Università di Milano Luigi Sacco Hospital in Milan, Italy.

The team argues that, more and more, people with clinical celiac disease are presenting widely varied symptoms, while classic gastrointestinal symptoms like diarrhea or failure to thrive are becoming less frequent at diagnosis.

In fact, data shows that symptoms once considered to be atypical are now appearing at least as often as classical symptoms related to nutritional malabsorption.

Recent studies and case reports show that the expected clinical-condition of malnutrition, typical in a disease where there is a disorder of absorption, is less frequent than in the past. Meanwhile, overweight and even obesity are increasingly common in people with as yet undiagnosed celiac disease.

The team points out that obesity has become the most prevalent nutritional disorder among children and adolescent of United States, and also in many European countries. They note that a rates of overweight and obesity have doubled in a single generation.

They use these facts to encourage doctors to screen for celiac disease without regard for the patient's body weight, and thus speeding diagnosis and avoiding possible clinical consequences for patients.

For now, their call has been rejected by the editors of Gastroenterology Research and Practice. However, look for this kind of call to be echoed in the future, as data are compiled, and the realities of celiac disease are better understood.

Source: Gastroenterology Research and Practice

Alternative Grain & Seed Guide

April 10, 2012 - From Phil Lempert Supermarket Guru.

So what's a wheat-free, gluten-free, allergy friendly shopper supposed to choose when shopping for grains in the supermarket? Well, luckily gluten free and wheat free are gaining shelf space in the supermarket, including breads, crackers and cookies, which are all notoriously 'wheaty' and gluten containing foods. So if these products do not contain wheat as their main ingredient, what do they contain?
Some examples of alternative grains and seeds used in gluten free baking include quinoa, sorghum, amaranth, teff, buckwheat, millet, and rice. Keep in mind if shopping for baked goods, many gluten free products use simple carbohydrates like white rice, tapioca flour, and corn rather than the many options in complex whole grain carbohydrates which are much more nutritious, full of fiber and help keep blood sugar stable. Here are some of SupermarketGuru's favorite alternative grains.
Amaranth dates back hundreds of years (similar

to quinoa) to the Aztecs in Mexico. It contains a high quality protein and is high in fiber. Amaranth has a nutty flavor and is being used with other alternative flours in breads, pasta, pancakes and more. It boasts a superb nutritional profile and is a great source of calcium, iron, manganese and folate.

Buckwheat is another fabulous ancient seed, and is not in fact related to wheat at all! It has a mild flavor, but roasted or toasted, the flavor intensifies. Buckwheat can be ground into a flour like consistency and substituted for wheat flour. Buckwheat contains various flavonoids that provide powerful antioxidant protection against free radicals in the body. It is also a great source of fiber, manganese, magnesium, zinc and iron.

Ground flaxseeds can also be used to increase the nutrient profile of gluten free baked goods. Flaxseeds are rich in omega 3 and 6 fatty acids, phytochemicals, fiber and more

Millet is also considered an ancient grain, possibly the first cereal grain to be used for domestic purposes. Across the globe millet is still used today in various ways, in India flat thin cakes called roti are often made from millet flour, the Hunzas who live in the Himalayans use millet as a cereal, in soups and for making the whole grain bread chapatti. Millet is highly nutritious and in fact, it is considered to be one of the least allergenic and easily digestible grains available. It is nearly 15 percent protein, contains high amounts of fiber, B vitamins and vitamin E; and is particularly high in the minerals iron, magnesium, phosphorous, and potassium.

Quinoa an "ancient grain" (it's actually a seed) was originally cultivated thousands of years ago in the South American Andes and known as "the gold of the Incas" and the "mother of all grains." Quinoa is a very good source of magnesium, iron, and boasts a whole host of other nutrients and bioactive compounds as well as fiber. Quinoa can be ground into flour and used for baked goods or used in its whole form in place of couscous, rice or other grains in recipes.

Rice flour is a popular substitution in gluten free cooking. Brown rice flour is more nutrient dense than white rice flour, which is more commonly used to mimic white bread, cookies and cakes.

Sorghum is America's third leading cereal crop, and in many parts of the world sorghum has traditionally been used in porridge, unleavened bread, cookies, cakes, and couscous – now it's making its way into the gluten free aisle. Sorghum is rich in antioxidants, and is a good source of iron, fiber and protein.

You may not have heard of teff, but it's an ancient North African cereal grass and is a nutritional knockout. It is said to be the smallest grain in the world - about 100 grains are the size of one kernel of wheat. Teff contains high levels of calcium, phosphorous, iron, and thiamin and is also a great source of protein. Teff has a mild, nutty, and a slight molasses-like sweetness.

By no means does this list include all of the gluten free substitutions – but does contain some of the most popular. Corn flour, almond flour, potato and tapioca flour are also popular gluten free substitutions.

Many of the wheat alternatives mentioned above are actually whole grains which contain all the essential parts and naturally occurring nutrients of the entire grain seed. They provide fiber, vitamin E, and minerals such as iron, zinc and magnesium. The outer skin of the seed contains B vitamins, antioxidants and fiber-rich bran; the germ holds the protein, minerals and healthy fats; and the endosperm (the main part of the grain between the bran and the germ) contains protein, carbohydrates and smaller quantities of vitamins and minerals. The bran and germ contain 25 percent of the protein in whole grains and the majority of the nutrients. When highly processed, these valuable nutrients and proteins are lost - not to mention healthful fiber.

One Reason Why Celiac Disease is Under-Diagnosed

Brenda Watson, C.N.C.

Celiac disease is a condition in which the small intestinal lining becomes damaged as a result of a reaction against a common dietary ingredient, gliadin, a protein in gluten found in wheat, barley

and rye. About one percent of the U.S. population is affected by celiac disease, yet most have not been diagnosed. Celiac disease diagnosis is confirmed by biopsy of the small intestine.

Scientists are trying to determine why so many cases of celiac go undiagnosed. A recent study by Colombia University Medical Center has found one reason—improper intestinal biopsy. Celiac disease affects patches of the small intestine, not the entire intestine.

Medical recommendations for intestinal biopsy suggest that at least four specimens be taken to ensure that enough areas of the intestine are sampled to detect damage. Researchers used a nationally representative database of over 100,000 individuals who had undergone intestinal biopsy for symptoms like diarrhea, abdominal pain, esophageal reflux, and anemia and found that only 35 percent had the recommended four specimens taken. Most had only two.

In those individuals in whom four specimens were taken, the diagnosis rate for celiac disease more than doubled. "The process of increasing the number of specimens from two to four takes approximately one extra minute during endoscopy," said Dr. Lebwohl, lead author of the study.

Celiac disease is the most severe form of gluten intolerance, another condition that doesn't involve intestinal damage—yet! If you are undergoing a biopsy to detect celiac disease, be sure to ask the doctor if they're taking at least four specimens. If the biopsy comes back negative, however, don't think you can jump right back into eating gluten. You may have the milder form of gluten sensitivity. A stool test from enterolab.com could help you determine if this is what ails you.

Is a Vaccine for Celiac Disease Just Around the Corner?

Celiac.com 03/30/2012 - A company called Microtest Laboratories is manufacturing doses of what they claim may be the first effective vaccine treatment for celiac disease. At this point, the only treatment for celiac disease is to avoid gluten in the diet.

Other companies are working on vaccines for celiac disease, and several working trials are underway. However, this new drug's creator, ImmusanT, based in Cambridge says that, unlike other vaccines, which prevent an infection, their drug, Nexvax2 works by changing the immune system so it no longer attacks gluten.

Production on Nexvax2, began last week, Steven G. Richter, Microtest's president and science director, told a local reporter. So far, ImmusanT has raised $20 million in investor capital to bring the vaccine to market.

Regarding the path from concept to manufacturing for Nexvax2, Richter says that the process has been anything but straightforward. "It's arty process," he told a local reporter, "you have to develop protocols for all the manufacturing and plans to do all of the work aseptically. You have to get all those protocols and plans approved through the regulatory process. Then you have to do the work."

Microtest is initially manufacturing 9,000 vials for ImmusanT: two 3,000-dose batches of vaccine and a 3,000-dose batch of inert placebo to be used in the clinical trial. Richter says that the control group contains everything except the active vaccine.

ImmusanT is looking to start the first clinical trials in the second quarter of this year by testing the doses on people with celiac disease. The full article, in Massliveonline.com quotes Leslie J. Williams, president and CEO of ImmusanT, as saying that "The test will be if it [the vaccine] induces a tolerance for gluten in the diet."

~RECIPES~

Double Chocolate Bars

Bev Boesen

Cream together:
3/4 c sugar
1 stick oleo

Add:
2 eggs
1t vanilla
3/4 cup GF flour
2 T cocoa

Spread in 9x13 pan.
Bake at 350 for 15 min. Remove from oven and sprinkle w/ 2 cups mini marshmallows. Return to oven for 2-3 minutes to melt slightly. Cool.

Melt:
1 cup chocolate chips
1 cup peanut butter
Add 1 1/2 c GF rice krispies
Mix together like frosting And spread over bars.
Refrigerate until frosting is firm.

Cut into bars.

Chicken –N-Biscuits

Stacy Sundine

2 baked chicken hind quarters be-boned

2 stalks of celery cut up
a large handful of baby carrots cut up
2 tablespoons minced onion—
I used the dehydrated onions you get in the spice aisle. Sauté until soft in about 2 tablespoons butter. Set aside.

Bring to a boil a large container of chicken broth--like the Swanson one that comes in the box. and add some GF chicken bouillon/ base, some salt and pepper and a little garlic salt to taste I thickened with corn starch and cold water until it's a little thicker than gravy would be.

The biscuits on top were the recipe on gluten free Bisquick-- I added 2 tablespoons rosemary and about 1 teaspoon garlic salt.

Pour your gravy on the bottom of a casserole dish, spread chicken around evenly, spread onions and carrots, and celery around evenly, and I added some frozen green beans. Spoon biscuit dough all over the top. Bake at 400 degrees until bubbly and biscuits are cooked completely thru! I think it took about 20-30 minutes.

Double Chocolate Pecan Cookies

Kathie Barry

1 stick of butter, melted
1/2 cup honey
1/2 cup almond flour, packed
2 tablespoons coconut flour, packed
1/2 cup cocoa powder
1/2 teaspoon baking soda
1/4 teaspoon salt
3/4 cup chopped pecans (or nuts of choice)
1/2 cup semi-sweet chocolate chips

Whisk together flours, cocoa powder, baking soda and salt to remove all clumps. Stir in honey and butter.
Fold in nuts and chocolate. Preheat oven to 325 and let the batter rest and thicken, about 10 minutes.
Scoop and bake for 10 minutes. Let cookies cool down on cookie sheet for a few minutes, then remove to cooling rack

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Tuxedo Brownie Cups

1 Package (18-21oz/ 450g) Fudge Brownie Mix; Plus ingredients to make "Cake-like Brownies"
Gluten Free
2 Squares (1oz/ 30g) White Chocolate for Baking
2 Tablespoons (30mL) Milk
1/4 Cup (50mL) Powdered Sugar

1 Cup (250mL) Thawed, Frozen Whipped Topping
1 Pint small Strawberries, sliced

Directions

*Please note that although the cook time is 15min, brownie cups must be refrigerated for at least 60min before serving.
1. Brownies:
-Preheat Oven to 325*F. Spray cups of Mini-Muffin Tin with nonstick cooking spary.
-Prepare brownie mix according to package directions for cake-like brownies.
-Fill wells of pan two-thirs full and bake for 14 minutes or until edges are set (do not overbake)
-Remove pan from oven; immediately press top of brownies to male indentations. Cool in pan for 15 minutes then remove from pan.
2. Filling:
-Combine white chocolate and milk in large microwave safe mixing bowl and microwave on high for 1 minute. Stir until smooth
-In another bowl combine cream cheese and sugar; mix well.
-Gradually stir in white chocolate mixture until smooth
-Fold in whipped topping

3. Assembly:
-Pipe Cream Cheese mixture into brownie cups and top with Strawberries….I like raspberries best!!!
-Refrigerate for 1-3 hours
Makes 4 Dozen Brownie Cups

Peanut Butter Bars

Bottom Layer-
2 Cups brown sugar
1 Cup white corn syrup
1/3 pkg instant vanilla pudding
2 cups peanut butter
4 cups gluten free Rice Krispies

Middle Layer-
1 stick melted butter
¼ cup milk
4 cups powdered sugar
2/3 pkg instant vanilla pudding

Topping –
¾ cup peanut butter
¾ cup milk chocolate, chocolate chips

Melt brown sugar, peanut butter, corn syrup, and 1/3 pkg pudding over med. Heat. Remove from heat and add Rice Krispies. Spread in bottom of a greased jelly roll pan.

Beat together melted butter, milk, powdered sugar, 2/3 pkg pudding. Spread onto the first layer. Set in refrigerator to cool.

Melt ¾ cup peanut butter, ¾ cup milk chocolate, chocolate chips, spread on second layer.

Pizza Puffs

¾ Cup Flour (gluten Free
¾ tsp baking powder
½ tsp garlic powder
Italian seasoning (I just put it in till it looked good maybe a tsp or so)
Chopped onions (again I just threw some in maybe ¼ to ½ cup)
¾ cup Milk
1 egg slightly beaten
1 to 1½ cup shredded mozzarella cheese
Chopped pepperoni I used about 2 oz chopped (if you can finds those pepperoni bits that would be good)
½ or more of a 16 oz roll of sausage cooked and crumbled.
Pizza sauce

Mix the flour, garlic powder and baking powder, whisk in milk and egg. Stir in cheese, sausage, pepperoni. Let stand for 10 minutes

Pre heat oven to 375 ° grease 24 mini muffin tins divide in to mini muffin cups, bake until puffed and golden about 20-25 minutes.

Serve with warmed pizza sauce.

EXPO

AUG. 18, 2012

Waterloo/Cedar Falls
Celiac Support Group
108 Celeste St.
Hudson, IA 50643