EOSINOPHILIC ESOPHAGITIS: MANAGING CHALLENGING CASES

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Learning Objectives

Upon completion of this talk, learners should be able to

1) Recognize eosinophilic esophagitis (EoE) therapies and their efficacy rates
2) Recognize unique challenges with managing EoE at various life stages
3) Develop strategies to optimize care for individuals with EoE

Background

- EoE is prevalent in about 1 in 700 people
- Diagnostic delay
  - Median delay from 1-2 years up to 6 years before diagnosis
  - Increases risk for fibrostenosis
- Skin testing does not accurately identify EoE food triggers
- *Management challenges described in upcoming slides may apply to more than one age group

Symptoms

- **Infants**
  - Feeding refusal, soft/liquid food texture preferences, difficulty with feeding skill development, emesis, failure to thrive, irritability, abdominal pain
- **Children**
  - Anxiety with eating, soft/liquid food texture preferences, compensatory eating behaviors, abdominal and/or chest pain, emesis, heartburn, dysphagia, food impaction
- **Adults**
  - Abdominal and/or chest pain, heartburn, dysphagia, food impaction, compensatory eating behaviors

EoE Management

1. **Diet:** start with single food elimination rather the multi-food elimination
   *Milk only elimination diet is effective for about 40% of patients
2. **Proton pump inhibitor (PPI):** effective for 30-50% of patients
3. **Swallowed topical steroid:** effective for about 50% of patients
   *About 10-15% may develop oral or esophageal yeast infections
4. **Dupilumab:** effective for 60-80+% of people

Goal: control symptoms and histologic remission on biopsy
*These do not always correlate

Image source: https://nutritionsource.hsph.harvard.edu/milk/

Infants and Young Children

- Diet
  - Trial of milk avoidance
  - Some may benefit from amino-acid–based formula to supplement or replace diet
  - Elemental diet works in greater than 90% of patients. Primary age group to consider this.
- OIT
  - Consent process includes discussion on risk of EoE
  - At CHOP OIT program, patients with presentations concerning for EoE are evaluated by GI and PPIs are not started before EGD
  - Literature shows rates of EoE induced by OIT to be ~10%. With robust screening, our real-world outcomes ~1%
- Parents
  - Guilt – “Did we cause this?”
  - Dupilumab – long term use in a relatively newer medication. Consider if have EoE and significant eczema

Adolescents

- School education on EoE
- Growth concerns and steroids
  - Steroid treatment may improve height and weight due to better controlling EoE.
- Multiple atopic conditions -> dupilumab
  - Counsel on conjunctivitis in kids with atopic dermatitis
  - Needle phobia and pain – most common reason for discontinue in this population
- Parental guilt – “I feel like it is my fault that we missed this for so long” or “we thought these symptoms were just their personality”

Young Adults

- Navigating living independently and making their own meals
- Adherence with medications
- May not have access to a kitchen/meals come from college cafeteria
- Sharing diagnosis with roommates and partners
- Focus on symptoms and biopsy may not correlate. So, while they may feel good, they need to stay on therapy.

Adults

- Consider diet for highly motivated patients who prefer to avoid medications and willing to undergo multiple scopes
- Distal predominant eosinophils -> GERD may be contributing -> consider PPI
- PPI: Benefit vs risk discussion on fractures and osteoporosis
- Steroids: annual cortisol evaluation
- If significant ocular history, discussion with ophthalmology
- Delayed diagnosis -> uncontrolled inflammation -> fibrostenotic disease (harder to reverse; may require dilations)

EoE Management

- Shared decision-making
- Target concomitant conditions
  - GERD + EoE -> PPI or diet
  - Atopic condition + EoE –> dupilumab
- Collaboration with nutrition and gastroenterology is key!
- “This is a lifelong condition. You will need to be on a therapy plan, but that plan can change over time”
- Empower patients:
  - APFED.org
  - MyEoeLife.org

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