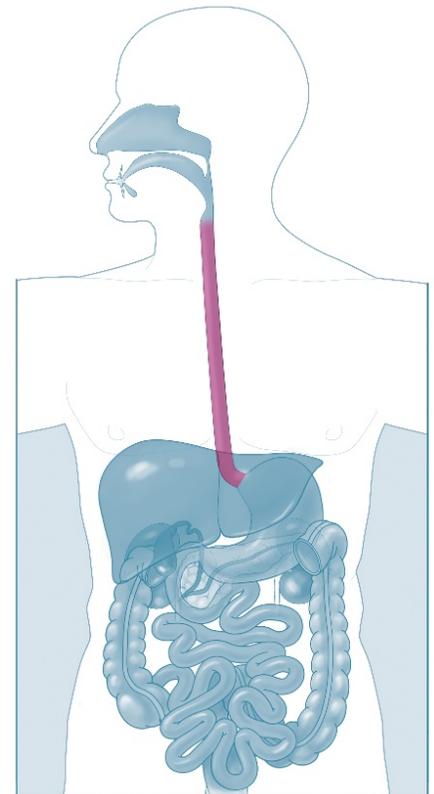


EOSINOPHILIC ESOPHAGITIS

What is Eosinophilic Esophagitis (EoE)?

- ▶ Eosinophilic esophagitis (EoE) is an illness found in the **esophagus (the tube that links your mouth and stomach)**.
- ▶ EoE is the result of **an allergy to certain foods** (which are not the same for all people).
- ▶ It occurs when a type of white blood cell, the eosinophil, builds up in the esophagus, **causing irritation and scarring** of the esophagus.
- ▶ EoE may cause trouble swallowing, heartburn and food getting stuck in the throat.
- ▶ Infants, children and adults can all have EoE.
- ▶ EoE is a lifelong health issue.
- ▶ A gastroenterologist can do tests to see if you have EoE.
- ▶ Caring for EoE means figuring out what foods cause a harmful reaction or using certain medications to control the disease.



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EOSINOPHILIC ESOPHAGITIS (EoE)

Symptoms

Symptoms of EoE are not the same from one person to the next. Below are some common symptoms and in what age group they are most likely to happen.

Who Is Affected

Common Symptoms

	Infant	Child	Adult
Reflux that does not respond to meds	✓	✓	✓
Trouble swallowing	✗	✓	✓
Food gets stuck in the throat	✗	✓	✓
Upset stomach or throwing up	✓	✓	✓
Poor growth, poor appetite or weight loss	✓	✓	Rarely
Belly or chest pain	✗	✓	Uncommon
Not willing or able to eat	✓	✓	✗
Trouble sleeping due to chest or belly pain or reflux	✓	✓	✗



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Getting Tested

Finding out you have EoE can only be done by an endoscopy and taking small tissue samples of the esophagus (the tube that links your mouth and stomach).

Endoscopy

- An endoscopy is done to get **a small piece of the tissue (biopsy)** from your digestive tract to look at under a microscope to see if there is damage.
- You will be given medicine to help block pain and make you relaxed and sleepy.
- During the endoscopy, your gastroenterologist will use a long, thin (about the width of your little finger), flexible tube with a tiny camera and on the end.
- The tube is passed through the mouth and esophagus into the small intestine as your gastroenterologist does a careful exam.
- Ask your doctor for more information about endoscopy.

After the endoscopy, a doctor will test the tissue samples. **If a large number of eosinophils, the type of white blood cells that can cause EoE, are found in the tissue, it is likely that you have EoE.**



Next Steps

- ▶ *If your tissue sample says you have EoE:*
 - Your gastroenterologist will talk with you about the best next steps for you.
Possible options may be:
 - Your GI doctor will give you information on diet and medicine options.
 - Your GI doctor may put you in touch with **a registered dietitian (RD)** to help you learn more about food tests and elimination diets that could help.

- ▶ *If your tests do not show EoE, some choices your doctor may give you are:*
 - Tracking your symptoms (try the MyGIHealth® App).
 - Tracking your diet.
 - Considering other tests and medications.

EoE – What to Know:

- ▶ Eosinophilic esophagitis (EoE) is a food allergy, with a response in the esophagus (tube linking your mouth and stomach).
- ▶ The food causing the allergy is different for each patient.
- ▶ EoE can have symptoms in the stomach, chest or throat. In adults, trouble swallowing is the most common symptom.
- ▶ The treatment for EoE is a special diet or, in some cases, medications.



EOSINOPHILIC ESOPHAGITIS (EoE)

Newly Diagnosed

For some, hearing that they have eosinophilic esophagitis (EoE) is a relief, a reason for their symptoms and a light at the end of the tunnel. For others, it can be scary and daunting. **Many will have a mix of feelings.** All of this is completely normal.

No matter what you may be feeling upon hearing you have EoE, know that **you are not alone.** If you are getting overwhelmed by your new diagnosis, don't wait to reach out to a mental-health expert to talk through the changes.

Working with your health-care team (GI doctor, nutritionist, allergist), you can make a health and nutrition plan just for you, to help put you in control of your symptoms and your life.

Additional Resources

There are a number of **support groups for caregivers and patients with EoE.** Reach out to your GI doctor, registered dietitian, local hospital or community center for more details.

American Partnership for Eosinophilic Disorders (Apfed) is a trusted resource for adult, child and teen patients, caregivers, health-care providers and researchers.

www.apfed.org



Questions to Ask Your Doctor

- How often do I need an endoscopy?
- How do I figure out what's causing my EoE?
- How long will this last?
- Can my children get this?



Facts About EoE:

- EoE is a relatively new health issue.
- EoE is a **lifelong disease**. There is no cure, but it can be controlled.
- EoE is classified as a **food allergy**, though each patient reacts to different foods.
- While the exact cause of EoE is not known at this point, the general belief is that it's typically caused by an immune response to specific foods.
- EoE does not appear to limit your life and there is currently no strong data suggesting EoE causes cancer of the esophagus.
- Many patients with EoE have food or environmental allergies.
- People with EoE commonly have other allergic diseases, such as rhinitis, asthma or eczema.
- Some patients with EoE will also have other areas of the digestive tract affected with increased eosinophils, including the stomach, small intestine and large intestine (colon). This is rare but more likely in children.
- EoE affects people of all ages and ethnic backgrounds.
- While both males and females may be affected, a higher rate is seen in males.
- **Eosinophilic esophagitis is estimated to occur in 1 out of 1,700 people.**
- Certain families may have an inherited tendency to develop EoE.

EoE – What to Know:

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- ▶ EoE can have symptoms in the stomach, chest or throat. In adults, trouble swallowing is the most common symptom.
- ▶ The treatment for EoE is a special diet or, in some cases, medications.



EOSINOPHILIC ESOPHAGITIS (EoE)

Treatment

The three main choices to care for your eosinophilic esophagitis (EoE) are **changes to your diet**, using certain **medications** and **esophageal dilation**.

Along with your GI doctor, you also need to see an **expert registered dietitian (RD)** for this condition. Your GI doctor and RD will talk with you about which choices are best for your case of EoE.

EoE Diet

There are a few diet options that could help you care for your EoE. Do not start any of these diets unless your doctor or RD tells you to do so:

- **Targeted elimination diets** — Foods that test positive on allergy testing are removed from the diet.
- **Food elimination diet** — This type of diet has shown success in some patients. Instead of getting rid of foods based on allergy testing results, patients get rid of common allergy-causing foods (milk, eggs, wheat, soy, peanuts/tree nuts, and fish/shellfish).
- **Elemental diet** — All sources of protein are removed from the diet and the patient drinks only an amino acid formula. Sometimes, a feeding tube may be needed.
- **Food trial** — Specific foods are removed from the diet and then added back one at a time to figure out which foods cause a reaction.

Diet management involves repeat endoscopies with tissue sample as foods are reintroduced to find out which foods are tolerated.



EoE Medications

As of now, the FDA has not approved any drugs for the treatment of EoE. However, some doctors have found these to help **ease the pain** of EoE in certain patients:

- **Topical steroids** — These are swallowed from an asthma inhaler or a mixture to control EoE.
- **Acid suppressors** — These may help ease reflux symptoms in some patients in combination with dietary therapy or drugs.
- **Proton Pump Inhibitors** — These are most often used for reflux, but can be helpful in EoE.

Esophageal Dilation

In some patients, there may be scarring and narrowing of the esophagus (the tube that links your mouth and your stomach) that diet therapy or medications may not treat. As a result, **some patients may need to have this area of their esophagus “stretched.”**

- Esophageal dilation (stretching) can be done at the time of an endoscopy.
- Often, a balloon is inserted through the flexible tube and then blown up in the area of narrowing to stretch this area open.
- This can be helpful in relieving the sense of food sticking with swallowing.
- Doing this procedure has a small risk that bleeding may occur or a hole could develop in the esophagus (perforation). Rarely, these complications need to be treated with surgery.



Still Having Symptoms?

Even with a firm answer, it can feel frustrating, or even scary, to keep having symptoms. The first question to think about is:

- If you are following specific food restrictions or plans, are you consuming the allergen by mistake?

If you are on either a food management plan or drugs, and your symptoms have been there for at least six months, you should speak with your GI doctor about trying both at once to help your EoE symptoms or about other options you may have.



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Things to Be Aware Of



- In some patients, EoE is made worse by the progress of esophageal narrowing (strictures), which may cause food to lodge in the esophagus (the tube that links your mouth and stomach), which is called **impaction**.
 - This can also make eating very hard and painful for children and adults.
- Sometimes, an emergency upper endoscopy must be done to remove the food that is lodged and obstructing the esophagus.

Try using the MyGIHealth® app to keep track of your symptoms.

EoE – What to Know:

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