

# EOSINOPHILIC ESOPHAGITIS

## Dietary Management Flow Chart

Following diagnosis: Discuss patient goals & pros/cons of all options<sup>1</sup>



YES

NO

**DIETARY MANAGEMENT** - Consult Registered Dietitian (RD)<sup>2</sup>  
Consider as a first-line option for all patients - may allow for prolonged, drug-free remission<sup>3</sup>

**DILATION**  
Consider as adjunct for refractory strictures<sup>4\*</sup>

**PHARMACOLOGIC MANAGEMENT<sup>5†</sup>**  
Swallowed topical steroid      PPI

**ELIMINATION DIET**  
Empiric (1-8 foods)      Test-directed - Consult Allergist<sup>2</sup>

**COMBINATION**  
Elimination diet + supplement AAF

**ELEMENTAL DIET (AAF)**

Consider **Neocate® Nutra** as delivery vehicle for OVB<sup>6</sup>



**NEOCATE® PROVIDES THE MOST OPTIONS FOR YOUR PATIENTS**

Individual needs as directed by healthcare professional  
<sup>1</sup>Neocate Nutra is a hypoallergenic semi-solid food - not suitable as sole source of nutrition.

Refer to RD  
Consider supplement with formula &/or micronutrients

Monitor for:

- relapse/failure
- potential steroid side effects (adrenal insufficiency<sup>8</sup> and esophageal candidiasis<sup>9</sup>)

Periodically reassess readiness/preference for dietary management as long-term solution

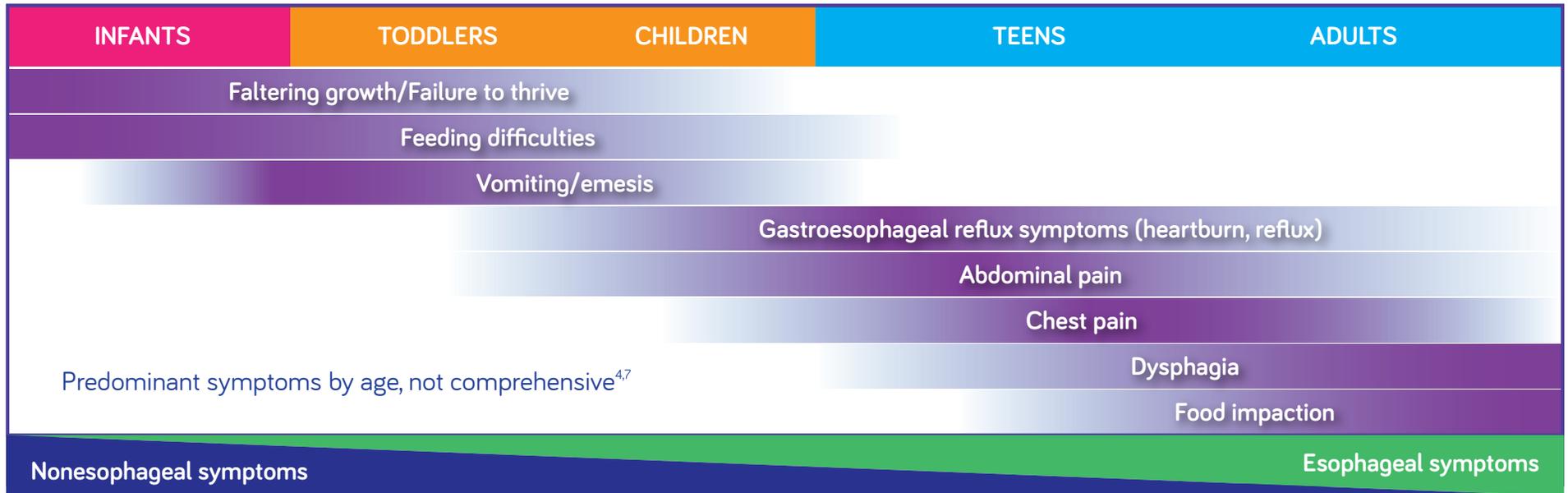
YES  
NO

Refer to RD  
Supplement with AAF &/or micronutrients<sup>2</sup>

Monitor diet efficacy and quality, growth, quality of life, feeding difficulties, and micronutrient status<sup>2</sup>  
Reintroduce 1 food/food group at a time as medically feasible/tolerated,<sup>2</sup> or per local protocol - Consult Allergist<sup>7</sup>

Neocate® is a family of hypoallergenic, amino acid-based medical foods for use under medical supervision and is indicated for cow milk allergy, multiple food allergies and related GI and allergic conditions. AAF = amino acid-based formula; OVB = oral viscous budesonide; PPI = proton pump inhibitor  
<sup>1</sup>Dilation can help manage symptoms, but not underlying esophageal eosinophilia<sup>4</sup>  
<sup>†</sup>Not FDA approved for use in EoE.  
1. Doerfler, et al. Dis Esophagus. 2014. 2. Groetch, et al. J Allergy Clin Immunol Pract. 2017;5:312-24.e29. 3. Arias, et al. Gastroenterology. 2014;146:1639-48. 4. Dellon, et al. Am J Gastroenterol. 2013;108:679-92. 5. Dellon, et al. Gastroenterology. 2018;155:1022-33.e10. 6. Rubinstein, et al. J Pediatr Gastroenterol Nutr. 2014;59:317-20. 7. Durban, et al. Pract Gastroenterol. 2018;42:40-51. 8. Philpott, et al. Aliment Pharmacol Ther. 2018;47:1071-8. 9. Spergel, et al. Allergy. 2020. 10. Furuta, et al. Gastroenterology. 2007;133:1342-63. 11. Dellon, et al. Clin Gastroenterol Hepatol. 2014;12:589-96 e1. 12. Mukkada, et al. Pediatrics. 2010;126:e672-e7. 13. Lucendo. Curr Gastroenterol Rep. 2015;17:464.

# Is your patient showing possible signs and symptoms of EoE?<sup>9,10</sup>



## Do they share factors common among patients diagnosed with EoE?



**MALE:**  
Two of every three patients diagnosed with EoE are male<sup>11</sup>



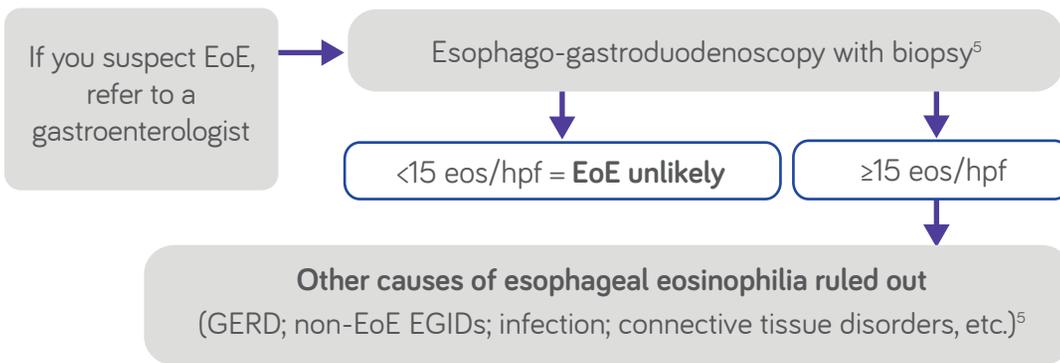
**UNUSUAL EATING BEHAVIORS:**  
Slow eating, lots of fluid with meals,<sup>9</sup> and preference for pureed textures are seen in children<sup>12</sup>



**ATOPIC:**  
Asthma, allergic rhinitis, IgE-mediated food allergy, and atopic dermatitis are more common in EoE than the general population<sup>9</sup>



**AUTOIMMUNE CONDITIONS:**  
Celiac disease, inflammatory bowel disease, multiple sclerosis, rheumatoid arthritis and others have been associated with EoE<sup>5</sup>



## EoE (EOSINOPHILIC ESOPHAGITIS)

A chronic, immune/antigen-mediated, esophageal disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation<sup>5</sup>

Dietary management can help identify the root cause of EoE<sup>1,3,13</sup> and Neocate can help



EGID = eosinophilic gastrointestinal disorder;  
eos/hpf = eosinophils per high power field  
GERD = gastroesophageal reflux disease