Exploring Dietary Elimination Efficacy in EoE

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Disclosure:

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2011 Updated Consensus Report: Eosinophilic Esophagitis (EoE) Definition

Conceptual definition of EoE

Chronic, clinicopathologic disorder not associated with inflammation elsewhere in gut

Immune/antigen-mediated esophageal disease

Clinically: symptoms related to esophageal dysfunction Rule out GERD

Histologically: eosinophilpredominant inflammation

¹Liacouras CA, Furuta GT, Hirano I, et al. Eosinophilic esophagitis: Updated consensus recommendations for children and adults. *J Allergy Clin Immunol.* 2011;128(1):3-20.

EoE: "Immune-mediated"

- Immune-mediated implies:
 - Activation of immune response by exposure to particular antigens
- Food antigen-induced EoE accounts for >90% of pediatric and adult EoE cases²
 - EoE resolves in >95% of cases when diet is replaced by elemental formula³⁻⁸
 - EoE recurs with offending foods are reintroduced⁹⁻¹¹
 - <10% of the population develop tolerance to their food allergy¹²
- Environmental antigen exposure may contribute to symptoms in a minority (or seasonal variation)¹³



EoE Medical Management Principles

 EoE is a chronic disease requires chronic, consistent, effective therapy

• GOALS:

- Symptom improvement
- Maintain histologic remission
- Mucosal healing
- Prevention of complications
 - Lamina propria fibrosis
 - Small caliber esophagus
 - Esophageal stricture

Complications: Chronic dysphagia Food impaction





EoE: Range of Symptoms

- Feeding disorders
 - Gagging, choking
- Vomiting
- Dysphagia
 - Food goes down slowly
 - Food gets stuck transiently, or
 - Food becomes impacted
- Pain
 - Chest
 - Epigastric
 - Periumbilical





Symptoms

- Symptoms correlate poorly with histology
 - Some patients with active inflammation have no symptoms
 - Some patients with no inflammation still complain of pain
- The absence of symptoms does not imply the absence of inflammation

¹⁴Pentiuk S et al. *J Pediatr Gastroenterol Nutr.* Feb;48(2):152-6.



Symptoms and Associated Behaviors

YOU HAVE TO ASK THE RIGHT QUESTIONS. . .

- Ask older children about compensatory behaviors during eating/swallowing
 - Eat slowly?
 - Chew excessively?
 - Drink excessively?
 - Avoid certain food textures?





Dietary Treatment Principles

- Antigen elimination avoids the inflammatory response to that antigen
- Long-term avoidance is likely necessary
- The nature of the antigen(s) and impact of antigen elimination on nutritional quality of diet varies



Dietary Treatment Principles-cont.

- The ultimate goal is to use the diet that . . .
 - least restrictive
 - meets child's nutritional needs for growth
 - allows child to adapt and socially integrate diet with their lifestyle
 - achieves symptom improvement and maintains histologic remission

There is no "one-size-fits all" approach



Rationale for Dietary Therapy in EoE

- Is an effective therapy for children and adults with EoE²⁻⁸
- Can determine causative offending foods
- Avoids the need for chronic topical corticosteroid use and possible development of long-term side effects
 - Candidiasis
 - Theoretical risk of bone mineral loss



How to decide if dietary therapy is a fit?

- Discussion with HCP who diagnosed EoE (e.g., gastroenterologist)
- RDN provide preliminary education on diet therapy options
- Decision should be made based on patient/family preference and available resources



Dietary Management Principles THE PROBLEM

- Identification of the offending antigen(s) is difficult using current testing
- So, we generally start with the elimination of a group of antigens to reduce esophageal eosinophilia
 - If effective, then reintroduce antigen(s) to identify what works



Dietary Management Principles -cont.

- When antigens are eliminated in groups, the effect of a given antigen cannot be determined
- Symptomatic improvement is desirable, but not sufficient:
 - Histologic recovery = mucosal healing; is not required to prevent complications
- Therefore, biopsy confirmation of the impact of any diet change is necessary

¹³Pentiuk et al. *J Pediatr Gastroenterol Nutr.* 2009 Feb;48(2):152-60.



Dietary Management Principles- cont.

- Biopsies obtained on a given diet are a reflection of a response to what is being eaten, not necessarily the avoided foods
 - Normal biopsies indicate that the current antigens are all good and that the offenders must be in the avoided group
 - Abnormal biopsies only indicate that there are offending foods among those being eaten
- Avoided foods may or may not be offenders



Initial Dietary Therapy Options

- Elemental diet
- 6-food elimination diet (Empiric; SFED)
- Allergy test directed elimination diet



Table 2. Comparison of pre- and post- diet therapy peak eosinophil counts/HPF and remission status among diet therapies (n = 98).

	Diet Therapy		
	Elemental	SFED	Directed
	(n = 49)	(n = 26)	(n = 23)
Pre-diet Therapy:			
Peak eosinophil count/HPF			
Median	51.0	76.5 [*]	38.0*
Interquartile range	28.0 – 90.0	48.0 – 101.0	23.0 – 87.0
Post-diet Therapy:			
Peak eosinophil count/HPF			
Median	1.0 [†]	2.5	7.0†
Interquartile range	0 - 3.5	0 – 10.3	0 – 25.0
Remission Types :			
Remission, n (%)	47 (96) [‡]	21 (81)	15 (65) [‡]
Complete remission, n (%)	29 (59) §	10 (39)	7 (30) §
Partial remission, n (%)	13 (27)	6 (23)	2 (9)
Partial resolution, n (%)	5 (10)	5 (19)	6 (26)
Non-remission, n (%)	2 (4)‡	5 (19)	8 (35) [‡]

Elemental Diet

- ... avoidance of all dietary antigens
- Elemental formula provides nutritionally complete diet; protein is in the form of amino acids rather than whole, intact protein. Allergic reactions can develop against intact or partially broken down protein, but not against amino acids.
- Neocate Nutra™ amino acid-based semi-solid medical food
- Allowable substances: sugar, artificially-flavored candies





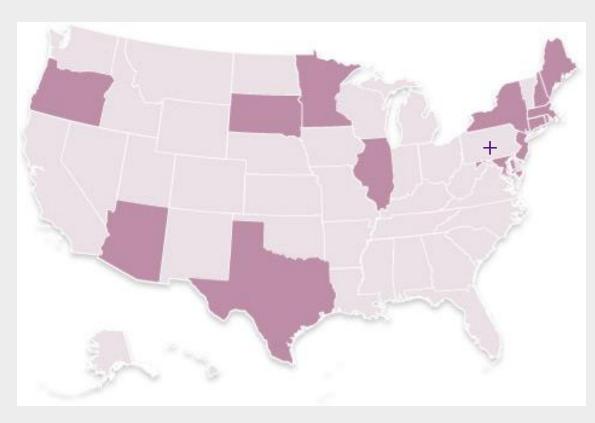


Elemental Diet

ADVANTAGES	DISADVANTAGES
 ~95+% effective (histologic remission) 	Formula intake fatigue
Nutritionally complete	Requires taste acclimation
 Typical 2-3 month trial may achieve histologic remission in 3-4 weeks 	Expensive/limited insurance coverage
 Quick resolution of symptoms 	Constipation
Extended time to maximize diet	 May require administration using a tube

U.S. Elemental Formula Coverage

Arizona Connecticut Illinois Maine Maryland **Massachusetts Minnesota New Hampshire New Jersey New York** Oregon Pennsylvania⁺ **Rhode Island South Dakota** Texas



Insurers in <u>15</u> states provide some form of reimbursement to families for medical foods and exempt infant formulas like Neocate[™].

http://www.neocate.com/reimbursement/insurance-coverage-map/

Neocate Nutra™



Neocate* Nutra A semi-solid medical food

6 months & older



1-800-Neocate (1-800-636-2283) www.Neocate.com

What is Neocate® Nutra?

The first and only hyposillergenic, amino acid-based semi-solid medical food. It contains essential vitamins and minerals to promote balanced nutrition in children and infants over 6 months of age with cow milk allergy, multiple food protein intolerance, eosinophilic esophagitis (EoE), short bowel syndrome (SBS) and other gastrointestinal conditions.

When mixed with water, Neocate Nutra forms a smooth, consistent texture ideal for spoon feeding. It is meant for oral use only and is not intended to be bottle or tube fed.

Neocate Nutra should not be used as a sole source of nutrition but as a supplement to other foods as directed by your doctor or dietitian.

For a collection of tasty Neocate Nutra recipes, visit www.neocate.com/ help-for-parents/guides/download-guides and download the Neocate Nutra Recipe Guide.

To Order Neocate Nutra:

- Visit www.neocate.com and click 'Buy Neocate from the Source'
- Call 1-800-Neocate (1-800-636-2283)
- . Contact your insurance company to check coverage and suppliers in your area.

Swallowed Viscous Budesonide

Please select the appropriate recipe for your patient:

1 mg for patients < 10 years old

Use budesonide 0.5 mg/2 mL respules. (Do not use the 1 mg/2 mL respules as there is not enough liquid to coat the esophagus.)

Fill a medicine cup to the ~2.5 cc (2.5 mL) line with Neocate® Nutra powder.

Add in 2 respules (1 mg total) of budesonide and mix it into a slurry.

2 mg for patients > 10 years old

Use budesonide 0.5 mg/2 mL respules. (Do not use the 1 mg/2 mL respules as there is not enough liquid to coat the esophagus.)

Fill a medicine cup to the 5 cc (5 mL) line with Neocate® Nutra powder.

Add in 4 respules (2 mg total) of budesonide and mix it into a slurry.

- . Take by mouth once or twice daily as directed by your physician.
- . Do not eat or drink for 30 minutes after taking the medicine.
- Rinse and spit or brush your teeth after taking the medicine. Make sure not to swallow any water as
 this can rinse off the medication from the esophagus.
- Contact your doctor immediately if you develop a severe sore throat as this may be a sign of a
 yeast infection.

Reference: Helt E.J. Lee J. Fried A, Ngo P, McDoneld D, Rubinstein E. Neccess® Nutra is an effective as aucrelose as a delivery vehicle for one viscous budescride to treat exemply and Nutrition Annual meeting. Chicago, L. October 2013.

These recipes were developed at Boston Children's Hospital.



Allowable Candies and Drinks for Elemental Diets

- Candies and drinks should contain only sugar and ARTIFICIAL flavors and colors.
- Check the label on every product, every time it is purchased. Manufacturers can change product formulations any time without notice. Also, online product information can differ from ingredient list on food label.
- Adhere to ingredient list on food label.





Scenarios for Element Formula Use

Sole source of nutrition:

- 1. Infant fails initial introduction to solid foods
- 2. Many consecutive food trial failures
- 3. Fail SFED with glucocorticoid steroids
- Relapse off glucocorticoid steroids-patients with EGID



Tube feeding routes of administration















Zac's tube feeding video-self intubation



https://www.youtube.com/watch?v=4xwRrezN9Qw

Tools for

www.nutricialearning center.com





Scenarios for Elemental Formula Use

Supplemental formula use:

- 1. On very restricted elimination diet
- Younger children: Feeding difficulties/delayed feeding skills
- 3. Early satiety, food volume intolerance-used to support growth
- 4. Food trial "burnout" or excess anxiety



SFED-Empiric Elimination Dietary Therapy

Eliminate foods that causes most food allergies – designated by

the 2004 FALCPA

- Milk
- Eggs
- Wheat
- Soy
- Fish/Shellfish
- Tree Nuts/Peanuts













- Advantage: can maximize diet more quickly compared to the elemental diet
- Resolution in ~75% of individuals



SFED Success in 2.5 yo

6-Food "Reintroduction" Results

Recurrent esophagitis:

Antigen	Percent (%)	
Milk	7 5	
Wheat	26	
Egg	17	
Soy	10	
Peanut	6	

- 70% to one antigen
- 16% to 2 or more antigens

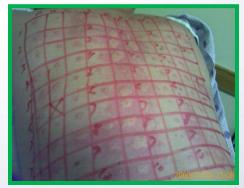


¹⁷Kagawalla et al. *J Pediatr Gastroenterol Nutr.* 2011Aug;53(2):145-9

Allergy Test Directed Elimination Diet

- Eliminate foods directed by allergy testing
- Eliminate foods that produce a reaction (symptoms)
- Food trials started only after EGD/biopsies are clear of all eosinophils (histologic remission)
- Resolution in ~65% of patients

Skin Prick Test (SPT)



⁶Henderson CJ et al. *J Allergy Clin Immunol*. 2012 Jun;129(6):1570-8.



Food Reintroduction Trials

- Periodic reintroduction of foods followed by clinical assessment and biopsies
- Possible Outcomes:
 - Symptom recurrence (stop food trialed)
 - Apparent "tolerance" requires EDG with biopsies due to high likelihood of asymptomatic recurrence after early exposure
 - Child doesn't like or eat "enough" of food, so trial is stopped



Food Trial "Rules": An Example

- Must achieve histologic remission prior to food reintroduction
- Single-ingredient food "Apple, not apple pie"

DURATION

- Trial period (minimum 3 months)
- Up to 4 new foods per trial
 - Exception: Major antigens (top 6) trialed alone
 - Typically after many successful previous food trials

FREQUENCY

Each food must be consumed 5-7 days/week

VOLUME

- One age-appropriate serving size daily
- Example: Fruits= ½ cup daily for a school-aged child
- Special considerations for spices, flavorings, additives, etc.

"Waffle Fry Hall of Fame"





Have dietary management goals been met?

- Achieve least restrictive diet possible
- Nutritionally complete to foster growth
- Adaptation and social integration of diet with lifestyle
- Maintain histologic remission

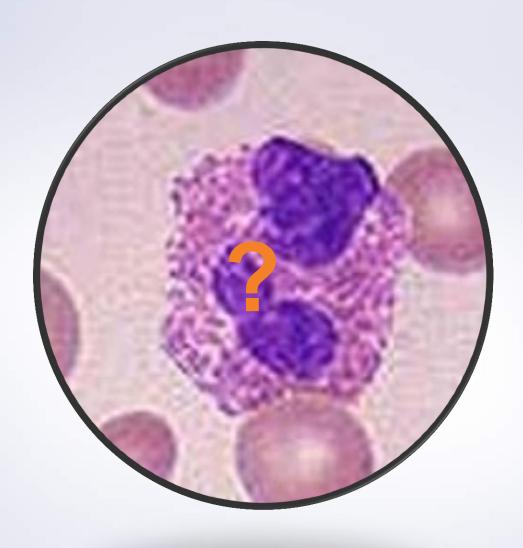


Food Hypersensitivity Listserv

- Contact Alexia Beauregard, MS, RD
- Children's Healthcare of Atlanta

Alexia.Beauregard@choa.org





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