HOW YOU CAN HELP
Join the Eosinophil.Connect Patient Registry

HOW APFED CAN HELP

ABOUT APFED
Founded in 2001, the American Partnership for Eosinophilic Disorders (APFED) assists and supports patients and families affected by eosinophilic disorders, including eosinophilic esophagitis, eosinophil-associated gastrointestinal disorders, hypereosinophilic syndrome, and Churg-Strauss Syndrome.

APFED is a 501(c)3 nonprofit organization that provides education, creates awareness, supports research, and promotes advocacy. Our work is funded by grants, membership dues, and donations.

EDUCATION AND AWARENESS
We offer free online educational materials, an annual patient education conference, education for healthcare providers, and a quarterly newsletter for our members. We work with the media to raise awareness of eosinophilic disorders, and we keep the public informed. APFED participates in national conference and committees. We led the effort to officially designate the third week of May as National Eosinophil Awareness Week.

SUPPORT
We are here for patients who have questions or need to talk to someone who "gets it." Our annual patient conferences offer families an opportunity to connect with one another.

RESEARCH
Our Hope on the Horizon Research Grant Program provides the seed money to investigators to pursue unique research ideas and collect preliminary data that may be used to apply for larger grants. We work in conjunction with federal agencies to ensure the research needs of patients with eosinophilic disorders are met.

ADVOCACY
We speak with state and federal legislators on behalf of our constituents, and have developed ICD-9 codes for eosinophilic gastrointestinal disorders, which are crucial for coverage of therapy and for research. APFED ensures our community has a common voice.

JOIN US
Become a member of APFED to stay up-to-date on news and initiatives related to eosinophil associated diseases. For information about membership and benefits such as the EOSolutions newsletter, or to make a tax-deductible gift to support our work, visit: www.apfed.org.

Eosinophilic Esophagitis (EoE)

CONNECTING THE EOSINOPHILIC COMMUNITY

Sponsored by Abbott

American Partnership for Eosinophilic Disorders
CONNECT

PO Box 29545
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www.apfed.org

To learn more and to register, visit: https://connect.patientcrossroads.org/?org=apfed
WHAT IS EOSINOPHILIC ESOPHAGITIS?

Eosinophilic esophagitis (EoE) is a chronic disease that occurs when there is an increased number of eosinophils causing inflammation in the esophagus (the tube connecting the mouth to the stomach). Eosinophils are a type of white blood cell that help fight parasite infections and are involved in allergic reactions. They are not normally found in the esophagus, although they may be found in small numbers in other areas of the gastrointestinal tract. Gastroesophageal reflux disease (GERD), drug reaction, and inflammatory bowel disease (Crohn’s disease) or ulcerative colitis can also cause eosinophils to be in the esophagus. The eosinophils cause injury to the tissue in the esophagus.

People with EoE often have other allergic conditions such as hay fever, asthma, anaphylactic food allergies, and/or eczema. EoE can be triggered by food allergy or intolerance, and in some cases is inherited.

WHAT ARE THE SYMPTOMS OF EoE?

Common symptoms of EoE include:
- Reflux that does not respond to medication (acid suppressors)
- Difficulty swallowing
- Food impactions (food gets stuck in the esophagus)
- Nausea and vomiting
- Failure to thrive (poor growth, malnutrition, or weight loss)
- Abdominal or chest pain
- Feeding refusal/intolerance or poor appetite

HOW IS EoE DIAGNOSED?

If reflux medicines do not relieve symptoms, an endoscopy with biopsies may be recommended under the supervision of a gastroenterologist (gastrointestinal specialist). During this procedure, the patient is sedated or put under anesthesia, and a small tube called an endoscope is inserted through the mouth. The esophagus, stomach, and the first part of the small intestine are examined. For the biopsy, small tissue samples are taken to be viewed under a microscope. An endoscopy with biopsy is necessary to make the diagnosis of EoE. This procedure is typically not uncomfortable and can be done on an outpatient basis.

A patient may have EoE even if the esophagus looks normal during the endoscopy. The biopsies will help in making an accurate diagnosis. The pathologist will look at the tissue under the microscope and if EoE is present, an increased number of eosinophils in the esophagus, tissue injury, inflammation, and thickening of the esophageal wall will be seen.

Once EoE is diagnosed, food allergy testing is usually recommended to guide treatment.

HOW IS EoE TREATED?

The two main treatments recommended for EoE are diet management and medication.

Diet management may include:
- Elimination diet – All foods that tested positive to allergy testing are removed from the diet.
- Common allergen elimination diet – Common allergy-causing foods (milk, eggs, wheat, soy, peanuts, tree nuts, fish, and shellfish) are removed from the diet, rather than using food allergy test results to determine which food(s) to remove.
- 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 required.
- Food trial – Specific foods are removed from the diet, and then added back, one at a time, to determine which foods cause a reaction.

Diet management involves repeat endoscopies with biopsies as foods are reintroduced to determine which foods are tolerated.

Medications may include:
- Topical steroids – Swallowed from an asthma inhaler or mixture, to control inflammation and suppress the eosinophils.
- Acid suppressors – May also help relieve reflux symptoms in some patients in combination with dietary therapy or medications.

In some situations, both medications and dietary therapy may be used together.

DO ADULTS GET EoE?

EoE affects the entire age spectrum, from infants to adults. Some adults have had symptoms since childhood and are diagnosed later in life, and others first develop symptoms later in life. Adults are more likely to have problems with food “sticking” in the throat (food impactions). Medications are more commonly used to treat adult patients.

LIVING WITH EoE

The initial diagnosis of EoE can be overwhelming. It is a chronic and lifelong disease, but with proper ongoing care and treatment, individuals with EoE can lead a normal life. EoE does not appear to limit life expectancy and data does not suggest EoE causes cancer of the esophagus.

The challenges of living with EoE vary depending on the severity of illness and other factors. The following tips will help:
- Become knowledgeable
- Find a supportive community; connect with others, ask for help, and learn from one another
- Take along safe foods when you leave home
- Communicate your needs to restaurant staff and caregivers
- Organize parties, gatherings, and activities that don’t involve food