

Educational Needs in the Gastroenterologist Approach to Managing Patients with EoE: Results of a US National Survey

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Introduction

- Studies have shown eosinophilic esophagitis (EoE) is misdiagnosed and mismanaged.
- Healthcare providers exhibit variable adherence to guideline recommendations for PPI trials and esophageal biopsy.
- A wide variety of endpoints in studies and clinical trials for EoE may lead to different perceptions of best treatment methodology.
- Patient non-adherence to prescribed medication and dietary regimens is common, as well as low follow-up biopsy rates to assess treatment response.

We hypothesized that surveying gastroenterologists (GIs) who manage EoE would identify attitudes and gaps in knowledge that could be addressed in continuing educational activities with the goal of improving evidence-based management of EoE.

Methodology

To understand GI perspectives and needs in the management of EoE, a survey instrument using a progressive patient case with associated questions about management was developed. The survey was piloted with US-practicing clinicians with experience managing patients with EoE.

The survey was programmed on a Web-based platform and distributed in January 2021 via direct email targeted to currently-practicing adult and pediatric GIs.

Analyses used a combination of quantitative methods with qualitative open-ended coding.

Study sample demographics

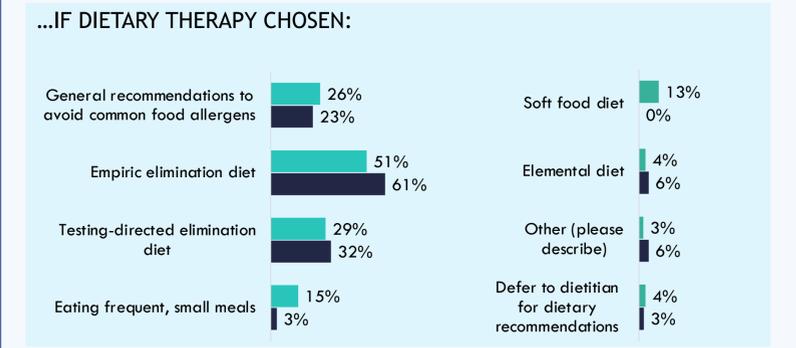
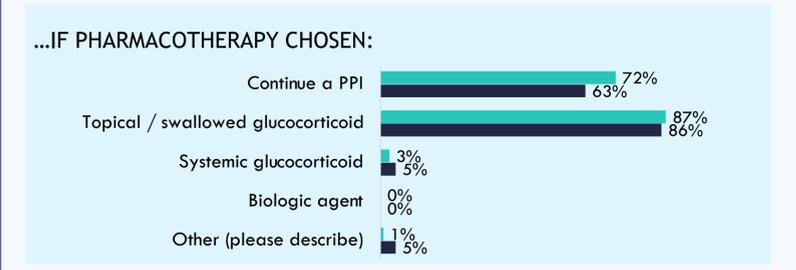
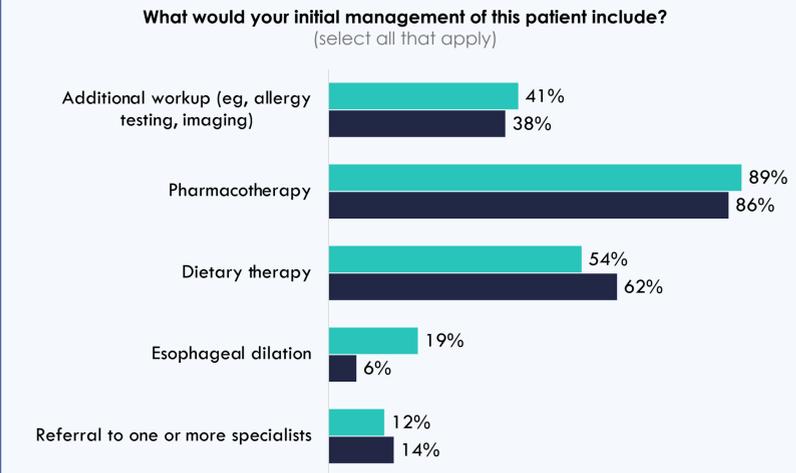
	Adult GI (n = 125)	Pediatric GI (n = 50)
Patients seen per week, mean (SD)	89 (63.1)	50 (40.2)
% pediatric patients	5%	94%
Patients with EoE seen per month, mean (SD)	9 (14.1)	12 (16.3)
% academic	26%	74%
Years in practice, mean (SD)	20 (10.7)	15 (8.7)

Initial dietary and pharmacologic management

When presented with a case of a patient recently diagnosed with EoE, most GIs would start pharmacotherapy and over half would recommend dietary therapy, with many recommending both. While most GIs would recommend a PPI and/or topical glucocorticoids, there was less consensus on dietary therapy.

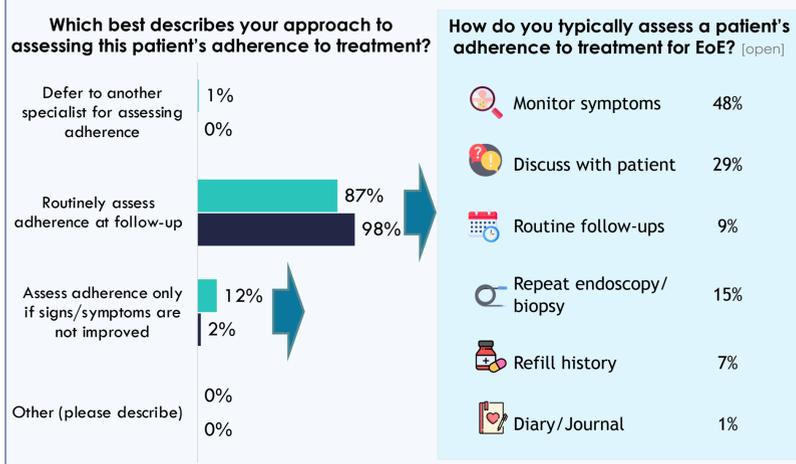
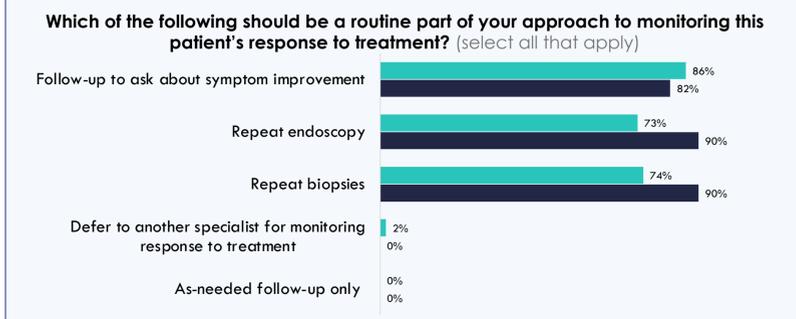
Case presentation

- 18-year-old with a history of allergic rhinitis and atopic dermatitis since childhood
- Presents 6 months of worsening heartburn (unresolved by an OTC PPI), progressive dysphagia, and food impaction
- Denies any vomiting, fever, weight loss, or other symptoms suggestive of systemic disease
- EGD reveals esophageal edema, linear furrows, and whitish exudates. Biopsies show marked infiltration of eosinophils (up to 75/HPPF).
- He is diagnosed with EoE.



Monitoring patient response and adherence

Most GIs would use a combination of clinical follow-up objective findings to monitor treatment response, though a minority would rely on symptoms alone. Further, they would routinely assess adherence at follow-up, predominately by monitoring patient symptoms or discussing adherence with the patient.



Subsequent patient management

If an initial PPI and topical steroids fail to sufficiently improve symptoms, endoscopic findings and histologic features, clinicians are mixed in their approach to next steps in management.

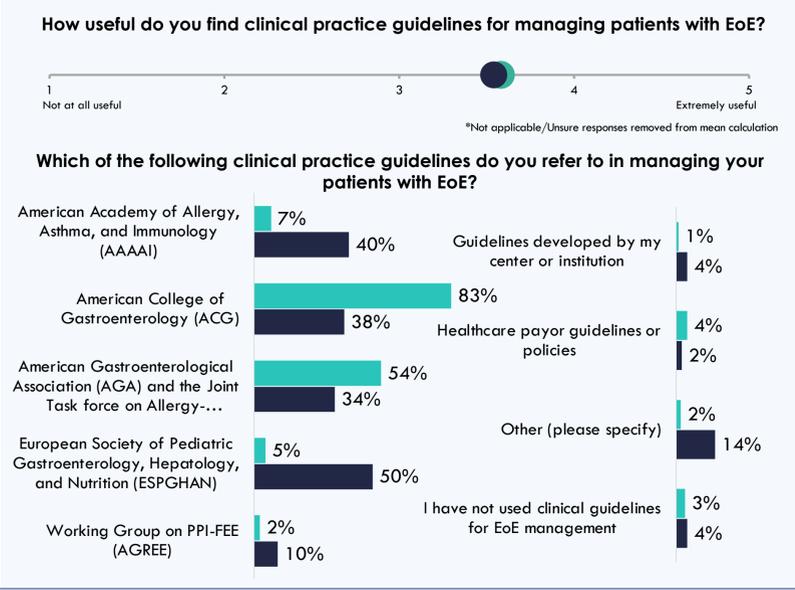
Case presentation (continued)

- Two months later, minimal improvement in symptoms despite adherence to recommend diet and medications.
- Continued food impaction and dysphagia.
- Repeat EGD with biopsy is performed, revealing moderate improvement in endoscopic features and 50 eosinophils/HPPF (decreased from 75/HPPF).



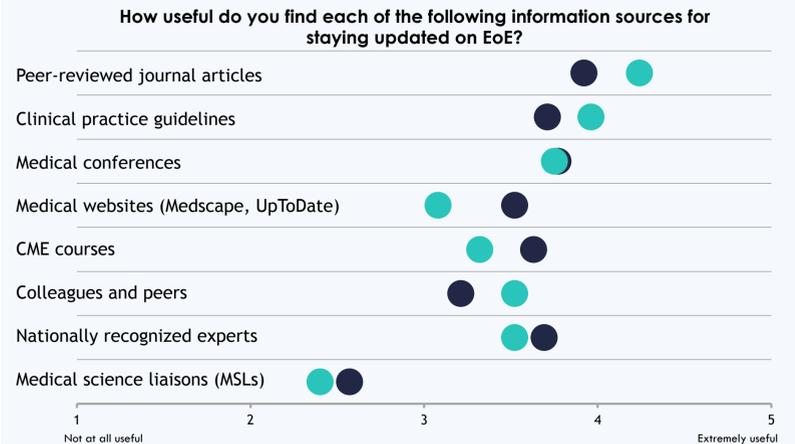
Use of clinical guidelines for EoE management

GIs find clinical practice guidelines somewhat useful for EoE management and primarily refer to those from the ACG or the AGA Joint Taskforce.



Staying updated on EoE

GIs view clinical practice guidelines as the most useful means for staying updated on EoE, along with journal articles and medical conferences.



Conclusions

- Future educational initiatives should include guidance on recommended dietary and pharmacologic treatment options for patients with EoE, including next steps after initial recommendations are unsuccessful.
- Continued education is needed on how to monitor patients and evaluate adherence, as symptoms alone are not adequate to assess adherence or response to therapy.

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