

For U.S. Healthcare Professionals

# REVEAL EoE

# IN ADULT

# PATIENTS

Use this guide to identify **adaptive behaviors in adult patients with EoE** that can delay diagnosis and management.<sup>1-3</sup>



*Actor portrayal*

EoE=eosinophilic esophagitis.

**SEE E**<sup>TM</sup>  
SEE EOSINOPHILIC ESOPHAGITIS (EoE)

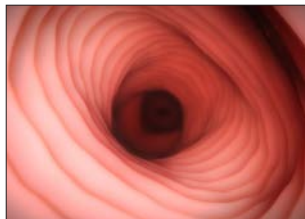


## WHY **ADAPTIVE BEHAVIORS** MATTER IN **EoE**

Adult patients may cope with symptoms such as dysphagia or food impaction using adaptive behaviors. These coping strategies can minimize both disease awareness and symptom reporting.<sup>1-8</sup>

Masked symptoms can delay diagnosis and may increase the risk of complications from unmanaged, persistent esophageal inflammation.<sup>1-8</sup>

### Examples of esophageal complications:



*Formation of horizontal rings<sup>9</sup>*



*Strictures: A narrowed esophagus<sup>5,9</sup>*

## A DELAYED DIAGNOSIS CAN HAVE **CONSEQUENCES**

ADULTS WITH EoE MAY FACE:

# UP TO 8-YEAR

mean diagnostic delay<sup>\*10</sup>

# 2x RISK

of developing esophageal fibrosis for every decade EoE goes undiagnosed<sup>†7</sup>

OF SYMPTOMATIC ADULT PATIENTS:

# 46%

with a 2-year diagnostic delay experienced fibrosis.<sup>†7</sup>

**Strictures may be more likely when diagnosis is delayed.<sup>7</sup>**

<sup>\*</sup>Based on a 2018 systematic review.<sup>10</sup>

<sup>†</sup>According to a 2013 retrospective analysis of 200 patients in the Swiss EoE Database.<sup>7</sup>

## RECOGNIZE THE SIGNS OF EoE IN ADULT PATIENTS<sup>‡</sup>

### EATING OR MEALTIME BEHAVIORS:

- Chewing food excessively<sup>5,9</sup>
- Eating slowly<sup>1,3</sup>
- Cutting food into small pieces<sup>1,11</sup>
- Lubricating food bites with condiments<sup>9,12</sup>
- Drinking with most bites of food<sup>1</sup>

### AVOIDANCE BEHAVIORS:

- Avoidance of foods that have hard or lumpy textures<sup>1</sup>
- Substituting solids with blended or pureed foods<sup>12,13</sup>
- Avoiding social settings involving food<sup>14</sup>

<sup>‡</sup>Please note: this is not a diagnostic tool. Symptoms and adaptive behaviors vary by patient and not all patients with these symptoms and adaptive behaviors have EoE.

## KNOW THE I.M.P.A.C.T. OF ADAPTIVE BEHAVIORS<sup>‡12</sup>

Patients with EoE may:

- I** IMBIBE FLUIDS WITH MEALS
- M** MODIFY FOODS (CUTTING INTO SMALL PIECES)
- P** PROLONG MEAL TIMES
- A** AVOID HARD-TEXTURE FOODS
- C** CHEW EXCESSIVELY
- T** TURN AWAY TABLETS/PILLS



## REVEAL THE **UNSPOKEN** **SIGNS** OF EoE

Use these questions to help uncover key symptoms in adult patients with EoE.<sup>§1,14</sup>

### DO ANY OF YOUR PATIENTS...

Feel like food is getting stuck when swallowing?

Feel afraid of not being able to swallow?

Ever feel anxiety related to swallowing?

Take longer to eat than others?

Avoid certain foods like chicken, steak, rice, or bread?

Need to cut food into small pieces?

Need to drink a lot with meals?

Need to chew excessively when eating?

Avoid social settings that involve food?

<sup>§</sup>Please note: this is not a diagnostic tool. Symptoms and adaptive behaviors vary by patient and not all patients with these symptoms and adaptive behaviors have EoE.

## IF THEY ANSWERED **YES** TO **ANY** OF THESE QUESTIONS...

Continue talking to your patient about other symptoms they may be experiencing.

### Act to identify EoE as soon as possible

Consider an endoscopy with biopsies to help assess esophageal inflammation and confirm any suspicions of EoE.<sup>1,4,5,9,15</sup>



*Actor portrayals*

# DIVE DEEPER INTO ADAPTIVE BEHAVIORS

**Scan the QR code** to see examples of how patients may experience adaptive behaviors, including excessive chewing, eating slowly, cutting food into small pieces, and other coping strategies.



**Learn more at SeeEoE.com**

**References:** 1. Muir AB, Brown-Whitehorn T, Godwin B, et al. *Clin Exp Gastroenterol*. 2019;12:391-399. 2. Steinbach EC, Hernandez M, Dellon ES. *J Allergy Clin Immunol Pract*. 2018;6(5):1483-1495. 3. Franciosi JP, Liacouras CA. *Immunol Allergy Clin North Am*. 2009;29(1):19-27. 4. Safroneeva E, Straumann A, Coslovsky M, et al. *Gastroenterology*. 2016;150(3):581-590.e4. 5. Lucendo AJ, Molina-Infante J, Arias A, et al. *United European Gastroenterol J*. 2017;5(3):335-358. 6. Rajan J, Newbury RO, Anilkumar A, et al. *J Allergy Clin Immunol*. 2016;137(1):147-156.e8. 7. Schoepfer AM, Safroneeva E, Bussmann C, et al. *Gastroenterology*. 2013;145(6):1230-1236.e1-2. 8. Dellon ES, Kim HP, Sperry SLW, et al. *Gastrointest Endosc*. 2014;79(4):577-585.e4. 9. Carr S, Chan ES, Watson W. *Allergy Asthma Clin Immunol*. 2018;14(suppl 2):58. 10. Shaheen NJ, Mukkada V, Eichinger CS, et al. *Dis Esophagus*. 2018;31(8):1-14. 11. Furuta GT, Katzka DA. *N Engl J Med*. 2015;373(17):1640-1648. 12. Hirano I, Furuta GT. *Gastroenterology*. 2020;158(4):840-851. 13. Menard-Katcher C, Henry M, Furuta GT, et al. *World J Gastroenterol*. 2014;20(31):11019-11022. 14. Gonsalves N. *Dig Dis*. 2014;32(1-2):89-92. 15. Dellon ES, Liacouras CA, Molina-Infante J, et al. *Gastroenterology*. 2018;155(4):1022-1033.e10.

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