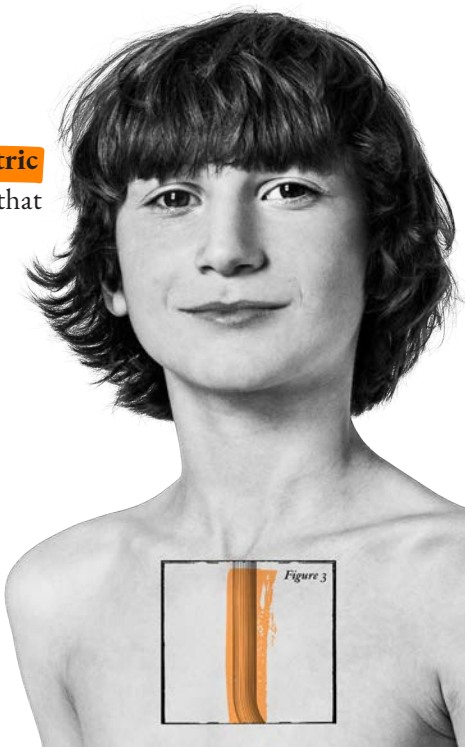


For U.S. Healthcare Professionals

# UNCOVER EoE IN CHILDREN

Use this guide to identify **adaptive behaviors in pediatric patients with EoE** that can delay diagnosis and management.<sup>1-4</sup>



*Actor portrayal*

EoE=eosinophilic esophagitis.

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



## ADAPTIVE BEHAVIORS CAN PUT PATIENTS AT RISK

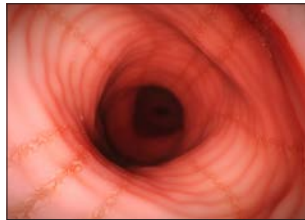
Pediatric patients may cope with symptoms such as dysphagia or food impaction using **adaptive behaviors**—coping strategies that can minimize both disease awareness and symptom reporting.<sup>1-9</sup>

Masking symptoms can delay diagnosis and increase the risk of complications from unmanaged, persistent esophageal inflammation.<sup>1-9</sup>

### Examples of esophageal complications:



*Edema: Swelling of the esophageal mucosa<sup>9-11</sup>*



*Furrows: Lines or ridges in the esophageal wall<sup>12</sup>*



*Exudates: Patches of whitish papules<sup>12</sup>*

## A DELAYED DIAGNOSIS CAN HAVE CONSEQUENCES

MEAN DIAGNOSTIC DELAYS IN EoE IN CHILDREN:

**UP TO 3.5-YEAR  
DELAY**

until definitive EoE diagnosis<sup>\*13</sup>

POSSIBLE COMPLICATION FROM DELAYED EoE DIAGNOSIS:

**2x RISK**

For every decade of living with EoE, the likelihood of esophageal fibrosis **doubles**.<sup>†6</sup>

**Strictures may be more likely when diagnosis is delayed.**<sup>6</sup>

<sup>\*</sup>Based on a 2018 systematic review.<sup>13</sup>

<sup>†</sup>According to a 2013 retrospective analysis of 200 patients in the Swiss EoE Database.<sup>6</sup>

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

### EATING OR MEALTIME BEHAVIORS:

- Chewing food excessively<sup>9,10,12</sup>
- Eating slowly<sup>3,10,12</sup>
- Cutting food into small pieces<sup>1,14</sup>
- Lubricating food bites with condiments<sup>10,12</sup>
- Drinking with most bites of food<sup>4,10,12</sup>

### AVOIDANCE BEHAVIORS:

- Avoidance of large meals<sup>12,15</sup>
- Avoidance of foods that have hard or lumpy textures<sup>4,12,15</sup>
- Poor acceptance of new foods<sup>10,16</sup>
- Substituting solids with blended or pureed foods<sup>10,16</sup>
- Avoiding social settings involving food<sup>10,17</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>‡10</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 of EoE in your pediatric patients.<sup>\$1,10</sup>

### DO ANY OF YOUR PATIENTS...

Need reminders to chew more?

Show preference for liquids over solid foods?

Eat slowly compared to others?

Act as a picky eater?

Have problems with the consistency of certain foods, like meat or bread?

Refuse or spit out food?

Hold food in their mouth before swallowing?

Graze on small volumes of liquid or food?

Often leave and come back to the table?

Have difficulty advancing diet from pureed baby food?

<sup>\$</sup>For pediatric patients, the questions that uncover adaptive behaviors should change to reflect the patient's eating behaviors, as those also change over time.<sup>10</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>1,8,9,12,18</sup>



*Actor portrayal*

# 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**

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