

This plan provides guidance about ongoing treatment and management of eosinophilic oesophagitis (EoE), an inflammatory condition of the food tube (oesophagus) that connects the mouth to the stomach. EoE can cause trouble swallowing, chest pain with eating, acid reflux and food impaction/food bolus obstruction (FBO), when food gets stuck and does not go down.

Patient name: _____ Date of birth: _____

Plan prepared by clinical immunology/allergy specialist or gastroenterologist:

Name: _____ Date: _____

REGULAR TREATMENT

Proton Pump Inhibitor/Antacid medication: _____ Dose _____ mg, _____ times/day and/or

Dietary modification: 2 FED or 4 FED

Swallowed corticosteroids:

Fluticasone puffer _____ mg, _____ times/day or

Budesonide paste. Mix a _____ mg ampoule into a paste/slurry and take _____ times/day.

The paste may be made up with _____

Budesonide 1 mg dissolving tablet _____

IMPORTANT: Do not eat or drink anything for 30 minutes after swallowed corticosteroids. After 30 minutes, rinse mouth to reduce the risk of thrush (fungal overgrowth). Take the night-time dose just before bedtime to maximise the time taken for the medicine to move from the oesophagus to the stomach.

Other medication: _____ Dose _____ mg, _____ times/day.

ADDITIONAL TREATMENT FOR FOOD IMPACTION/FBO

The following treatment options may assist in the management of food impaction/FBO:

0.4 mg nitroglycerin in 10ml water orally.

Oral salbutamol: 100ug/kg up to a maximum dose 5mg.

Carbonated (fizzy) fluid such as sodium bicarbonate in water or soft drink.

Removal of the food by endoscopy. Ideally oesophageal biopsies will be taken at the same time to check the number of eosinophils for discussion with your doctor at a follow-up appointment.

If the food impaction/FBO passes naturally without an endoscopy, the hospital should still report the food impaction/FBO to your doctor for follow-up.

RESCUE PLAN FOR WORSENING SYMPTOMS

If symptoms worsen, contact your specialist for specific advice. If unavailable or if advised, consider:

Double dose of swallowed corticosteroids for _____ days/weeks.

Other: _____ mg/day for _____ days.

ONGOING MANAGEMENT

EoE is a chronic disease that requires ongoing monitoring and management. This plan is designed to be reviewed at each specialist appointment. After completion of rescue therapy for worsening symptoms or following a food impaction/FBO a review of maintenance therapy should be undertaken with your treating specialist.

Recommended dose of Protein Pump Inhibitor/Antacid medication (such as omeprazole, esomeprazole or lansoprazole)

Children 10-20 kg (10mg twice daily); children > 20kg (20mg twice daily); adults (20mg twice daily for first 2 months, then 20mg daily).

Dietary modification: 2 FED and 4 FED Dietary Guides are available at www.allergy.org.au/patients/food-other-adverse-reactions

Recommended initial doses of swallowed corticosteroids

• **Fluticasone:** Children aged one to four years (50 ug twice daily); children aged five to ten years (125 ug twice daily); aged ten years and over including adults (250 ug twice daily). Attempt to halve dose after first two to three months (maintenance).

• **Budesonide:** Children (0.5 mg twice daily); adults (1mg twice daily). Attempt to halve dose after first two to three months (maintenance). Use a night time dose if convenient as a way to halve the dose.

Pastes/Slurries for swallowed corticosteroids: Options include 5-6 sachets of sucralose artificial sweetener (Splenda), thick fruit puree, very thick honey, nut paste or similar product. Avoid confirmed or suspected trigger foods and food allergens.