

Provider Beliefs, Practices, and Perceived Barriers to Dietary Elimination Therapy in Eosinophilic Esophagitis

Joy W. Chang¹, Kara Kliewer², David A. Katzka³, Kathryn A. Peterson⁴, Nirmala Gonsalves⁵, Sandeep K. Gupta⁶, Glenn T. Furuta⁷, Evan S. Dellon⁸



¹Division of Gastroenterology, University of Michigan, ²Division of Allergy and Immunology, Cincinnati Children's Hospital Medical Center, ³Division of Digestive and Liver Diseases, Columbia University, ⁴Division of Gastroenterology, University of Utah School of Medicine, ⁵Division of Gastroenterology, Riley Hospital for Children, Indiana University School of Medicine, ⁷Children's Hospital Colorado, University of Colorado School of Medicine, ⁸Division of Gastroenterology, University of North Carolina

BACKGROUND

- Dietary therapy is an effective nonpharmacologic treatment for eosinophilic esophagitis (EoE) with similar efficacy to topical corticosteroids.
- Patients may prefer dietary approaches to managing EoE over medications due to concerns about side effects and costs.
- Physicians consistently prefer to use medications over diet.
- Success with diet therapy can be augmented by partnering with a dietitian, but this may not be a universal resource.

AIM

- To describe provider practices around dietary approaches in EoE.
- To identify beliefs about, barriers, and needed resources to support diet therapy.

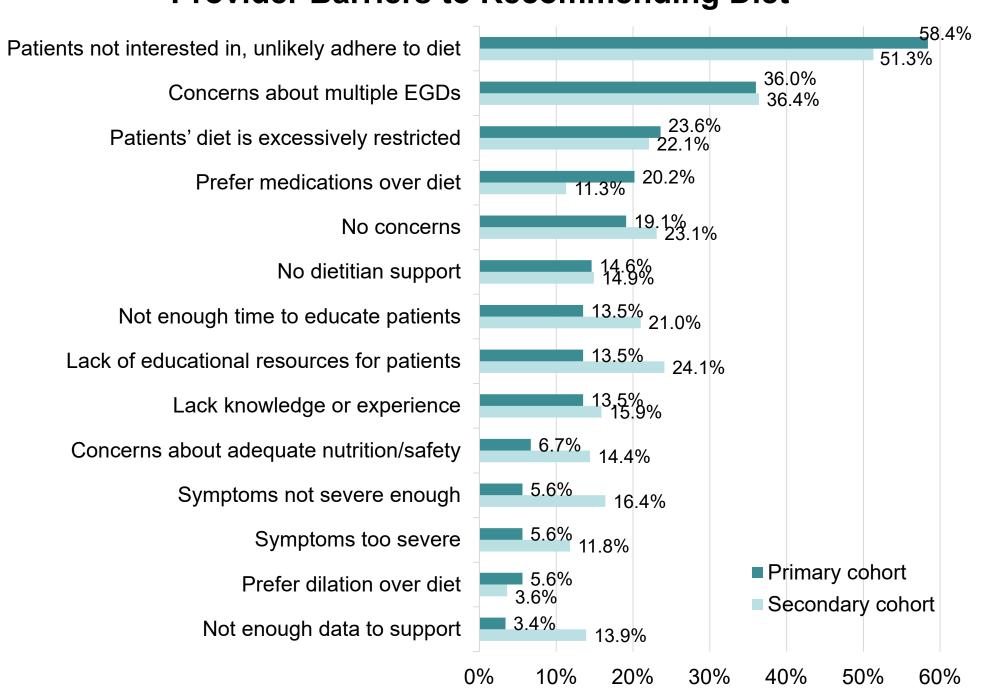
METHODS

- We conducted a cross-sectional web-based survey to practicing US adult and pediatric providers.
 - Primary cohort: AGA, NASPGHAN, APFED
 - Secondary cohort: Medscape members
- Survey instrument assessed the perceived effectiveness of EoE treatments, barriers to dietary therapy, and practice patterns.

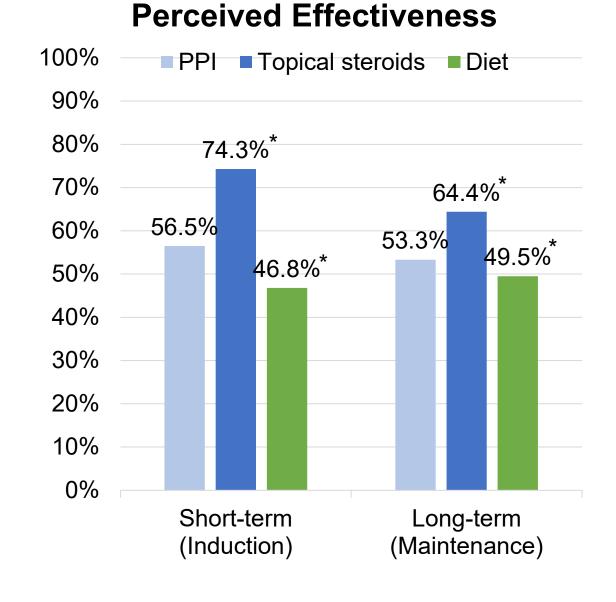
Provider Characteristics

			Primary cohort	ry cohort Validation cohort		P-value
Provider type	GI	94	70 (74.5%) Faculty 10 (10.6%) APP	150	153 (78.5%) Faculty 23 (11.8%) APP	
	Allergy	0	5 (5.3%) Trainees	45	19 (9.7%) Trainees	
Practice setting	Private	43 (53.8%)		113 (64.2%)		0.051
	Academic	26 (32.5%)		34 (19.3%)		0.062
	VA	0 (0%)		3 (1.7%)		0.553
	Military	0 (0%)		3 (1.7%)		0.553
	Hospital		11 (13.8%)		23 (13.1%)	1.000
Patient volume (# of EoE patients annually)	None		0 (0%)		1 (0.5%)	1.000
	1-5	5 (5.8%)		10 (5.1%)		0.945
	6-19	43 (49.4%)		36 (18.5%)		0.00
	20-50	25 (28.7%)		74 (38.0%)		0.057
	> 50	13 (14.9%)		74 (38.0%)		0.00
Access to RD		58 (66.7%)		131 (67.2%)		0.359

Provider Barriers to Recommending Diet



RESULTS



Practice Patterns by Setting

	Academic (n=26)	Non-academic (n=54)	P-value					
Access to RD	22 (84.6%)	30 (55.6%)	0.011					
Diet management								
Manage diet alone	6 (23.1%)	21 (41.2%)						
Refer to RD	18 (23.4%)	8 (15.7%)	0.033					
Refer to allergist	2 (7.7%)	12 (23.5%)						
Refer to RD + allergist	8 (30.8%)	10 (19.6%)						
Recommended initial diet approach								
6FED	8 (30.8%)	15 (29.4%)						
4FED	4 (15.4%)	7 (13.7%)						
2FED	7 (26.9%)	12 (23.5%)						
1FED	6 (23.1%)	2 (3.9%)	0.057					
1FED Allergy test directed	6 (23.1%) 0 (0%)	2 (3.9%) 10 (19.6%)	0.057					
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Allergy test directed	0 (0%)	10 (19.6%)	0.057					

RD, registered dietitian; 6FED, 6-food elimination diet; 4FED, 4-food elimination diet; 2FED, 2-food elimination diet; 1FED, milk only 1-food elimination diet

CONCLUSIONS

- Providers often lack dietitian support and prefer medications because of perceived lower efficacy and beliefs about patient acceptance and adherence.
- With growing evidence that patients with EoE do accept diet and value shared decision making, this highlights discordances between patient vs provider preferences, communication, and potential knowledge gaps.
- Providers need evidence-based knowledge on EoE diets, access to dietitians, and awareness of patient preferences.