

Opportunities for Virtual Care in Eosinophilic Esophagitis: Real-world Dietary Therapy Practice

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INTRODUCTION

- Dietary therapy is an effective first-line treatment for eosinophilic esophagitis (EoE).
- Diet therapy aimed at identifying food triggers can be rewarding but challenging.
- Success can be augmented by working with a dietitian, but this is not a universal resource for all clinicians.
- Virtual or telehealth approaches to nutrition care may offer opportunities to implement diet therapy for EoE.

AIMS

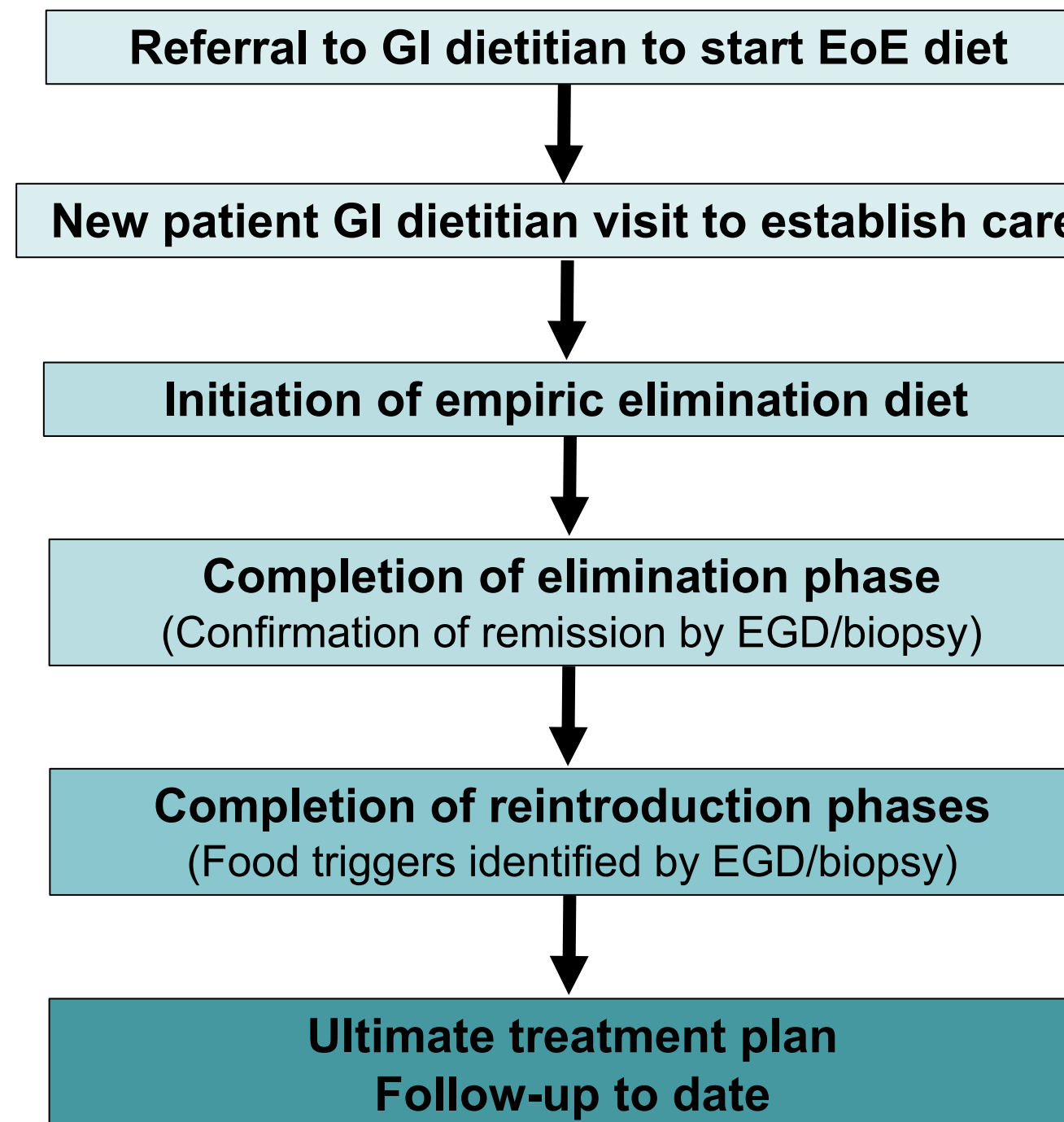
- To describe and compare real-world in-person versus telemedicine EoE nutrition practices at a tertiary care center.

METHODS

- We conducted a retrospective study of adult patients (age 18+) with EoE referred to GI dietitian for initiation of dietary therapy. Cases of EoE were identified from the University of Michigan EMR by ICD-10 diagnosis, confirmed by chart review according to consensus guidelines.
- As our center conducted GI dietitian visits in-person prior to the COVID-19 pandemic and exclusively telehealth visits since then,
 - Standard in-person nutrition care defined by new patient evaluation between January – December 2019.
 - Virtual nutrition care defined by new patient evaluation between January – December 2021.
- Outcomes: Access, follow-up and completion of dietitian-led diet therapy, and disease control.
- Association were analyzed using Chi-squared and Student's t-test.

RESULTS

University of Michigan EoE Dietary Therapy Strategy



Patient characteristics

	Standard in-person (n = 99)	Virtual (n = 105)	P-value
Male	47 (47.5%)	58 (55%)	0.268
Age at referral (y)	Mean 38.5, SD 13.3	Mean 35.3, SD 13.1	0.080
Caucasian	94 (95%)	97 (92.4%)	0.820
Distance to UM (mi)	Mean 34.69 (4.03)	Mean 40.46 (5.42)	0.398
RD referral follow-up (% established care)	55 (55.6%)	51 (48.6%)	0.341

Follow-up and responses on EoE dietary therapy

		Standard in-person (n = 55)	Virtual (n = 51)	P-value
Planned diet	4FED	34 (61.8%)	25 (49.0%)	0.612
	6FED	11 (20.0%)	13 (25.5%)	
	2FED	5 (9.1%)	7 (13.7%)	
	1FED	0 (0.0%)	0 (0.0%)	
	Other	5 (9.1%)	6 (11.8%)	
Diet initiation		44 (80%)	40 (78.4%)	0.842
Response to elimination diet		28 (50.9%)	19 (37.3%)	0.324
Ultimate treatment	Diet	14 (25.5%)	12 (23.5%)	0.648
	None or LTFU	19 (34.6%)	13 (25.5%)	
	PPI	6 (10.9%)	10 (19.6%)	
	TCS	8 (14.6%)	11 (21.6%)	
	Diet + med	6 (10.9%)	4 (7.8%)	
	Dilation alone	0 (0.0%)	0 (0.0%)	
	Other	2 (3.6%)	1 (2.0%)	

4FED, 4-food elimination diet; 6FED, 6-food elimination diet, 2FED, 2-food elimination diet; 1FED, milk only 1-food elimination diet; LTFU, lost to follow-up; PPI, proton pump inhibitor; TCS, topical corticosteroid.

DISCUSSION

- There is a high and growing demand for nutrition care in EoE.
- No differences in access, response rate, or follow-up were noted between patients receiving in-person or virtual nutrition care.
- Virtual approaches to implementing EoE dietary therapy may complement in-person care and offer opportunities for those lacking dietitian access.
- Despite multidisciplinary dietitian-led care, up to one-third of patients are lost to follow-up or remain untreated, highlighting a need to identify, understand, and overcome barriers to treatment uptake and disease control.