TIGERS Lunch Session: How Do I Choose What Treatment to Use? Diet vs. Steroids, Pros and Cons

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**Diet Approaches**

Elemental Diet  
6 Food Elimination Diet  
Test Based Directed Elimination Diet

**Pros:**

1. **Diet Based Therapy**
   - No need for medication use (i.e. physician prescription and cost of medication)  
   - Absence of risk of steroid side effects  
   - Ideal for infants with limited dietary choices  
   - Considered “natural” therapy for patients and families improving compliance  
   - If no nutritional deficiencies or weight loss, long term therapy has no known detrimental consequences

2. **Empiric vs. Test Based Food Elimination**
   - Empiric does not require materials for immediate and delayed food testing (prick and patch testing)  
   - Test Based Food Elimination requires family participate in testing which can motivate compliance

**Cons:**

1. **Diet Based Therapy**
   - Insurance coverage necessary and formula cost is prohibitive if not covered, significant out of pocket expenses  
   - Allergen free foods are costly for patients  
   - In older children and adults, social situations around food can cause social stigma and depression  
   - Need for constant food label reading  
   - Access to food for younger children in school may contribute to non-adherence  
   - Dietary consultation is required to monitor for nutritional deficiencies  
   - Elemental diet taste is not palatable for older children and adults  
   - Elimination diet limits food choices which may not be acceptable to adolescents and adults  
   - Placement of nasogastric tube or gastrostomy tube necessary for administration

2. **Empiric vs. Test Based Food Elimination**
   - Test Based Food Elimination requires ability to perform prick and patch testing.  
   - Empiric elimination may unnecessarily restrict diet and patient or family may not comply with the diet

**When To Use Dietary Therapy:**

- Infants, Children and Motivated Adults  
- Adequate Financial Resources  
- Lifestyle permits control of food intake  
- Patient understanding promotes vigilance in avoidance of food allergens  
- Dietary consultation is accessible  
- Food choices after allergen elimination are palatable to patient  
- Social limitations are not a large concern  
- Side effects of steroid medication prohibit its use (persistent thrush, exacerbation of diabetes, etc.)  
- Medication options are not acceptable to patient  
- Absence of insurance to cover medication costs  
- Steroid medication alone does not control eosinophilic inflammation
Steroid medication is refused by patient (typical in children)
Atopic disease is significant as noted through allergy testing

**Steroid Approaches**

**Topical Swallowed Corticosteroids**

**Initial doses:**

Fluticasone (puffed and swallowed through a metered-dose inhaler)
   - Adults: 440-880 μg twice daily
   - Children: 88-440 μg twice to 4 times daily (to a maximal adult dose)

Budesonide (as a viscous suspension)
   - Children (<10 y): 1 mg daily
   - Older children and adults: 2 mg daily

**Systemic corticosteroids**
   - For severe cases (eg, small-caliber esophagus, weight loss, and hospitalization)
     - Prednisone: 1-2 mg/kg

**Pros:**

- Ease of administration
- Twice daily use rather than required constant vigilance
- Lack of social stigma or need to avoid social situations
- If covered under insurance plan, cost may be minimal
- Dietary consultation is not required
- No need for testing for allergens required

**Cons:**

- Concern for long term effects of steroid use, especially in children
- Evidence of poor wound healing, excessive weight gain, recurrent thrush and/or glucosuria
- Exacerbation of other medical disorders (i.e. diabetes, high blood pressure)
- Psychological side effects may affect school or work performance

**When to Use Steroid Therapy:**

- Narrow caliber esophagus or strictures with partial obstruction symptoms
- In strong willed children with poor dietary compliance and unmotivated adolescents and adults
- When there is lack of significant atopic disease
- When immediate and delayed hypersensitivity food allergy testing is negative
- If seasonal exacerbation of disease is suspected based on environmental allergy testing
- If dietary therapy has failed secondary to non-compliance or evidence of continued mucosal eosinophilia
- Dietary therapy is not compatible with lifestyle
- Avoidance of food during social situations is psychologically distressing to patient
- Poor understanding of need for strict food avoidance
- When weight loss or poor weight gain on limited diet even with elemental formula supplementation
- Limited financial resources and insurance will cover the cost of medication
- Inability or refusal to read food labels
- Refusal of nasogastric tube or gastrostomy tube