Dysphagia and Health-Related Quality of Life in Patients with Eosinophilic Esophagitis: A Prospective, Longitudinal Evaluation

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**Background**

Eosinophilic esophagitis (EoE) is a chronic inflammatory disorder with dysphagia as the main symptom. Treatment with topical corticosteroids improves the symptoms and increases the quality of life. But long-term studies are scarce and the duration of remission unclear.

The aim was to assess dysphagia and health-related quality of life using validated self-administered questionnaires at diagnosis, after 2 months treatment with mometasone furoate and at least one year after diagnosis.

**Material and Methods**

Patients with EoE (n=39) were consecutively included. The questionnaires used for evaluation, at diagnosis, after two month of treatment and at follow-up at least one year later, were the Watson Dysphagia Scale (WDS), the EORTC QLQ-EOS18 dysphagia scale and eating scale and the Short Form-36 (SF-36). The Wilcoxon matched pairs test was used to compare scores (p < .05 considered significant).

**Results**

Thirty-nine consecutive patients (30 men; mean age 46 years; range, 18-90 years) completed the trial. At inclusion, the mean scores of the WDS, the EORTC QLQ-EOS18 dysphagia scale and eating scale and the SF-36 global health score were 19.1, 14.5, 35.1 and 71.2. After treatment the scores improved to 9.4 (.0004), 4.9 (.02), 18.9 (.01) and 74.4 (ns). At the long-term follow-up (mean 2.5 years after inclusion), the corresponding scores were 12.9 (.01), 7.6 (.08), 20.4 (.02) and 76.0 (ns), were still improved compared to at inclusion. Comparison between the long-term follow-up and after treatment did not show any statistical significance difference.

At follow-up eight patients had an ongoing or recently (< 1 month) discontinued re-treatment. No significant differences in any symptom were observed between these two groups (Mann-Whitney U-test). Sixteen patients had a history of one or more admissions to hospital due to esophageal bolus impaction while no such event occurred during the study period.

**Conclusion**

Adult EoE is associated with a substantial burden of symptoms, which improve significantly after treatment. A partial remission is still noted more than two and a half years after diagnosis.

The Watson Dysphagia Scale and the Dysphagia- and Eating Scales of the EORTC QLQ OES-18 are sensitive instruments appropriate for surveillance.

### Inclusion vs After treatment vs Long-term follow-up

<table>
<thead>
<tr>
<th>Score</th>
<th>Inclusion</th>
<th>After treatment</th>
<th>Long-term follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watson Dysphagia Scale</td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
</tr>
<tr>
<td>EORTC QLQ-OES18 Dysphagia scale</td>
<td>19.1 ± 9.9</td>
<td>9.4 ± 10.3</td>
<td>12.9 ± 10.3</td>
</tr>
<tr>
<td>EORTC QLQ-OES18 Eating scale</td>
<td>14.5 ± 18.9</td>
<td>4.9 ± 9.5</td>
<td>7.6 ± 13.4</td>
</tr>
</tbody>
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**References**


