

ABOUT FABED

Why FABED was formed

FABED was founded in 2005 by 2 families with a total of 5 Eosinophilic children. The support and understanding we received from each other helped the isolation and frustration associated with a rare chronic illness. We felt it was essential for other families living with these disorders to be able to access support and information to aid early diagnosis and the correct medical support.

Charity Status

We are a UK based non profit charity who strive to raise funds to further the awareness, education and support for families and professionals. We are also working towards future research funding for treatments and a cure.

Information & Support

For more information and support please visit

www.fabed.co.uk

Or Contact us

info@fabed.co.uk

The Information contained in this leaflet is not intended to replace any diagnosis or information given by medical professionals. FABED accept no liability for the information contained in print or at www.fabed.co.uk

HELP FABED

We are always happy to hear of ideas for fund raising or alternatively you may wish to join in one of our organised fund raising events.

For further details please

E-mail:

info@fabed.co.uk

If you would like to offer financial support we welcome donations direct online @

www.justgiving.com/fabed

Thank you for your support, it will help to change the lives of many families through awareness, support, education and research.



Families Affected By Eosinophilic Disorders



Families Affected By Eosinophilic Disorders

Where the essentials of life such as eating and breathing cause chronic illness for the sufferer, affecting the entire family.

Awareness

Education

Support

Registered Charity No: 1143267

WWW.FABED.CO.UK

ALL ABOUT EOSINOPHILIC DISORDERS

What is an Eosinophil?

Normally 1 to 3% of white blood cells are Eosinophils, which far from being an enemy play an important part in your immune system. Produced in the bone marrow they circulate only a few times around the body before migrating into organs, most commonly the gut. Here they are used to fight bacteria and kill parasites by using their toxic red granules, therefore protecting your body.

A problem occurs when there are too many Eosinophils, tissue becomes agitated and inflamed. This causes the Eosinophils to degranulate and release their red toxins.

There are various possible reasons for this over production including cow's milk allergy, parasite infections, inflammatory bowel diseases (IBD's) such as Crohns or Colitis, Leukaemia and other conditions.

However this can also be caused by slow acting reactions to ingested and airborne substances such as certain foods and pollens resulting in an Eosinophilic disorder.

Diagnosis

For a full diagnosis small biopsies are required as Eosinophils can only be seen under a microscope. These would be taken during an endoscopy or colonoscopy where a gastroenterologist looks at the GI tract for signs of tissue damage.

If there are high levels of Eosinophils found with no known cause along with other symptoms, one or more of the following diagnosis maybe given:

- Eosinophilic Oesophagitis (EOE) this affects the oesophagus area (throat to chest)
- Eosinophilic Gastroenterocolitis (EGID or EG) this affects various parts including the middle area known as the small bowel
- Eosinophilic Colitis (EC) this affects the large intestine otherwise known as the colon

Common Symptoms

Eosinophilic disorders can affect anyone regardless of age, gender or race.

A person with Eosinophilic gut disease may suffer one or any number of the symptoms below:

- Nausea and Vomiting
- Diarrhoea – faeces can burn the skin
- Constipation – severe bloating
- Failure to thrive – poor weight gain or weight loss
- Blood or mucus in stool
- Eczema – rashes
- Reflux that does not respond to normal treatment
- Difficulty swallowing
- Abdominal or chest pain
- Poor appetite – food refusal
- Sleep problems – young children constant crying/back arching
- Dark circles around the eyes and or puffy eyelids
- Joint pains and or Hypermobility
- Abnormal sweating especially at night
- Behavioural problems — mood swings
- Headaches
- Fatigue
- Recurrent infections and viruses
- Allergic rhinitis – constant runny or blocked nose
- Bed wetting

Obviously these symptoms can occur in many other disorders and are not unique to Eosinophilic gut disease.

Severity and treatment varies between each individual, depending on which areas are affected

Treatments

Treatments will vary from patient to patient, as yet there is no known cure for this condition and all medications prescribed are used to reduce the symptoms

- **Antihistamines:** They are used to dampen the bodies' immune/allergic response.
- **Anti-inflammatory:** They are used to reduce inflammation throughout the gut.
- **Steroids:** They are used in various forms, swallowed, nasal and inhaled depending on diagnosis.
- **Immune-suppressants:** These can be used in conjunction with steroids to reduce the production of Eosinophils.

Alongside most of these treatments restricted diets are used to avoid suspected foods that cause reactions within the gut. This must be discussed and monitored by a consultant and qualified dietician.

It can be an exhausting process but imperative in the success of the treatment as, if an offending food type continues to agitate the gut, it can be impossible to gain control of the condition. Some people may even find that their condition can be controlled by diet alone.

- **Elemental diets:** These can be used in infants or in older children/adults where multiple food protein intolerance is diagnosed. In these cases one of the Elemental feed/drinks may be prescribed such as Neocate or Elemental 028.

These feeds are fully amino acid based, hydrolysed formulas, this means that your body no longer needs to break down the Proteins and Amino Acids thus avoiding a reaction but sustaining your nutritional intake. Whilst this feed is made into a drink in some extreme circumstances patients may require a tube to be inserted into the stomach. This allows the Elemental feed to be fed direct into the stomach, thus bypassing the inflamed GI tract.