Commercial support has been provided by Nutricia North America

A 3-Course Meal: Advancing FPIES from the Parent, Practical, & Clinical Perspectives

Fallon Schultz, MSW, LCSW, CAM International FPIES Association (IFPIES) CEO & Founder



September 10, 2024

The opinions reflected in this presentation are those of the speaker and are independent of Nutricia North America

Learning Objectives

- 1. Explain the role patient advocacy plays in the development, awareness, & advancement of FPIES
- 2. Identify three areas of need for the day-to-day nutritional management of FPIES.
- 3. List 3 common obstacles & creative solutions impacting the quality of life of patients living with FPIES.



What is FPIES?

FPIES =

Food Protein-Induced Enterocolitis Syndrome

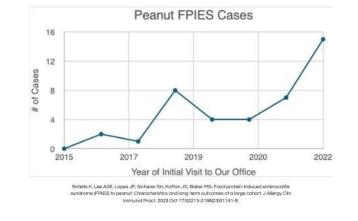
A non-IgE cellmediated food allergy that can be severe and lead to shock.

International FPIES Association (IFPIES)

- Established 2011
- Personal journey
- Patient & provider focused
- IFPIES has modeled the shift to patient-centricity

FPIES Phenotypes





FPIES AGE SPECTRUM

FPIES is no longer only a disease of infancy. Recent studies demonstrate prolonged courses into teenage years with conversion to IgE mediated FA 8 adult onset of FPIES



Estimated USA Pediatric & Adult prevalence

2,300,000



The Role of Advocacy in Shaping FPIES

An ecosystem of partnerships towards a biomarker, diagnostic, & treatment

Accomplishments

IFPIES has spearheaded multiple initiatives shaping the clinical, research and advocacy landscape of non-IgE mediated food allergies.

- Creation of ICD-10 Code, K52.21
- Publication of the International Consensus Guidelines for the Diagnosis & Treatment of FPIES
- Congressionally supported National FPIES Awareness Day, May 4th
- Inclusion of FPIES in the Consortium of Food Allergy Research (COFAR)
- First-ever awarded NIH Grant, \$2.5M
- FPIES University

THE FPIES "MACRO-BIOME"

An ecosystem of partnership towards a biomarker, diagnostic and treatment



CARING FOR THE FPIES CHILD

Quality of Life matters

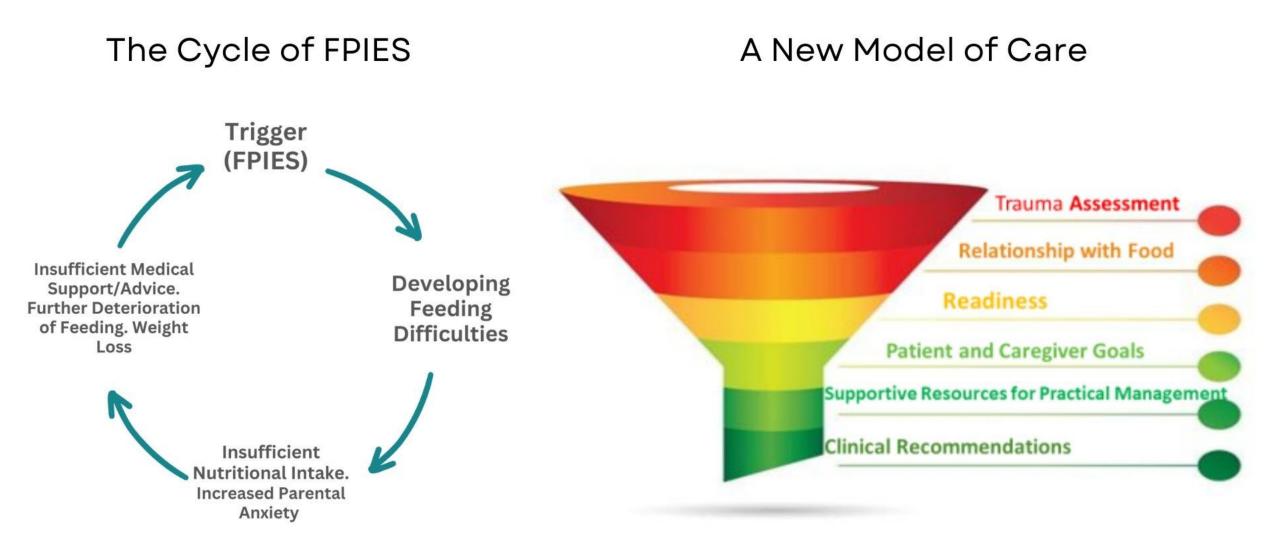
CURRENT TREATMENT MODEL

- Evidence-Based, yet data lags the lived-experience
- Clinically-focused-yet pathophysiology remains unknown
- Emphasizes and encourages utilizing RD, yet access is very limited at best
- Acuity vs. Chronicity of FPIES-primarily a social disease
- Clinical-Practical-Parental- A model in reverse

MASLOW'S HIERARCHY OF NEEDS



UNDERSTANDING COMMON OBSTACLES IN FPIES NUTRITIONAL MANAGEMENT



FPIES Nutritional Management 2024

- Trauma-informed care
- Day-to-day practical management tools
- Shared-decision making



TRAUMA INFORMED CARE

Assess parental stress and coping obstacles



COMBATING TRAUMA- 20% OF THE FUNNEL

- Has food become something you fear?
- Do you feel safe and comfortable introducing new foods?
- Do you prefer to introduce foods at home or in a clinical setting under supervision?
- How much of your day is consumed by meal preparation?
- Do you feel you have enough safe foods in your diet?
- Are you hungry?
- Who is supporting you through this experience?
- What social environments do you feel safest in?
- Do you feel isolated from support and others?
- Who do you trust?

Solutions

- Integrate an allied health team early in the process
- Identify supportive networks; IFPIES, support groups, connect with other patients and families
- Mindfulness-based stress reduction
- Give a sense of control back to the patient & family
- Telehealth support more frequently

PRACTICAL MANAGEMENT TOOLS

Disjointed relationship with food



SOCIAL DISEASE- NEARLY 70% OF MANAGEMENT

- Get curious
- Focus on safety, love and belonging, esteem building
- Assess all quality of life domains; school, caregiving, social, special occassions
- Three meals, two snacks per day
- Chronicity of FPIES lies in the practical management
- Understand resources are very limited
- Access to support is scarce
- Clinical goals are not always the same as parent/patient goals

Solutions

Shift the focus from avoidance to substitutions

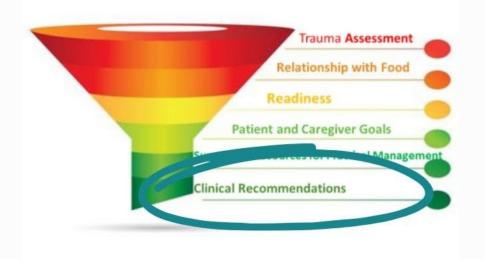
- Focus on foods with versatility; potato, coconut, almond (liquid, a semi-solid, a flour, solid)
- Create a safe space for safe foods- shelves, fridge, play kitchen
- Get creative! Foodless cakes, freebie foods, shapes & colors
- Grow a garden of safe foods
- Cook together sensorial experiences
- Engage your school "SHOP" for safes
- Create experiences themed parties, pinatas, trick or trade?

SHARED DECISION MAKING

Encourage patient autonomy in navigating clinical obstacles & choices

ACUTE CLINICAL CARE: 20% OF

<u>MANAGEMENT</u>



Empowerment	Improved Communication	Tailored Care	Comprehensive Support
 Promotes active participation in care and have a voice in treatment plans Leads to a sense of control and ownership over health 	 Facilitates open/ honest communication between healthcare providers and patients. Leads to better understanding, trust, and improved outcomes 	– Permits tailored treatment plans that align with patient preferences, values, and lifestyle	- Encourages healthcare providers to address overall well-being- including psychosocial health

Solutions

- What are your goals? Maintain or advance diet?
- EDUCATE: What will happen? When? Where?
- Challenges: At home, in clinic, avoid
- Assign someone to call for help
- Engage Child Life
- Create a sense of empowerment Superhero Capes
- Sign a "no-no"- IV placement
- Provide clinical resources: ER letter, Caregiver Action Plan, Dining Out Card, IFPIES FAST Pass
- Industry: Honor a birthday



References

Food protein-induced enterocolitis syndrome from the parent perspective.
 Schultz F, Westcott-Chavez A.
 Curr Opin Allergy Clin Immunol. 2014 Jun;14(3):263-7.

Natural history of food protein-induced enterocolitis syndrome.
 Katz Y, Goldberg MR.
 Curr Opin Allergy Clin Immunol. 2014 Jun;14(3):229-39.

3.Challenges and unmet needs in FPIES from the parents and adult patients' perspective: An international survey. Vazquez-Ortiz M, Khaleva E, Mukherjee S, Infante S, Meyer J, LeFew A, Yuan Q, Martinon-Torres F, Knibb RC. J Allergy Clin Immunol Pract. 2023 Apr;11(4):1306-1309.e2.

The Psychosocial Impact of Food Protein-Induced Enterocolitis Syndrome.
 Maciag MC, Herbert LJ, Sicherer SH, Young MC, Schultz F, Westcott-Chavez AA, Phipatanakul W, Bingemann TA, Bartnikas LM.
 J Allergy Clin Immunol Pract. 2020 Nov-Dec;8(10):3508-3514.e5.

5. International consensus guidelines for the diagnosis and management of food protein-induced enterocolitis syndrome: Executive summary-Workgroup Report of the Adverse Reactions to Foods Committee, American Academy of Allergy, Asthma & Immunology.Nowak-Węgrzyn A, et al, J Allergy Clin Immunol. 2017 Apr;139(4):1111-1126.e4

6. The evolution of food protein-induced enterocolitis syndrome: From a diagnosis that did not exist to a condition in need of answers. Bartnikas LM, Nowak-Wegrzyn A, Schultz F, Phipatanakul W, Bingemann TA. Ann Allergy Asthma Immunol. 2021 May;126(5):489-497

7. When Supplemental Formula Is Essential: Overcoming Barriers to Hypoallergenic Formula Access for Patients With Food Allergies. Schultz F, Warren CM, Chehade M, Cianferoni A, Gerdts J, Groetch M, Gupta RS, Strobel MJ, Upton JEM, Venter C, Waserman S, Nowak-Wegrzyn A. J Allergy Clin Immunol Pract. 2023 Sep;11(9):2686-2692

8. A validated index to measure health-related quality of life in patients with food protein-induced enterocolitis syndrome.
Greenhawt M, Schultz F, DunnGalvin A.
J Allergy Clin Immunol. 2016 Apr;137(4):1251-1253.e5.