Depression and Inflammatory Bowel Disease

ow often do you check if your inflammatory bowel disease (IBD) patients are depressed? LIn this issue of Gastroenterology & Hepatology, Dr Laurie Keefer and Dr Sunanda V. Kane explain why comprehensive care of patients with IBD should include the routine assessment and treatment of depression. As the authors note in their feature article, depression in patients with IBD has often been underrecognized and undertreated in the past. However, patients with IBD have an increased risk for mental health issues, including depression, because of the chronicity of the disease and shifts in coping and self-management skills over time. The relationship between IBD and depression is likely bidirectional. The authors make recommendations for assessing and treating depression in patients with IBD and even provide sample conversation starters to use with patients.

In another feature article, Dr Duminda Suraweera, Ms Elena G. Saab, Dr Gina Choi, and Dr Sammy Saab explore bariatric surgery and liver transplantation. Obesity is well known to be a significant public health and medical issue in the United States and is associated with the development of nonalcoholic steatohepatitis, one of the biggest reasons for liver transplantation. Obesity also can increase complications and mortality in liver transplant recipients. The authors focus on the 3 most common surgical options for the treatment of obesity—the gastric band, sleeve gastrectomy, and Rouxen-Y gastric bypass—and discuss their use in patients with cirrhosis, in liver transplant candidates, as well as during and after liver transplantation.

In our third feature article, Dr Ariel Jaffe and Dr Robert S. Brown, Jr provide an overview of the treatment of chronic hepatitis B virus (HBV) infection in pregnant women. According to the authors, mother-to-child transmission of this disease remains high despite the use of active-passive immunoprophylaxis in newborns. Because the presence of significant viremia in a pregnant woman increases the risk of transmission, treatments for reducing HBV DNA levels during pregnancy may ultimately decrease the global burden of this disease. The authors review the recent literature on antiviral efficacy and maternal and fetal safety for HBV therapy during pregnancy.

Mother-to-child transmission is also discussed in our Advances in Hepatology column, which focuses on hepatitis C virus (HCV) infection in children. As



Dr Karen F. Murray notes, most children infected with HCV have acquired it from their

infected mother. Treatment of adult HCV patients has improved significantly with the development of direct-acting antiviral agents. However, these drugs are not yet approved for use in children. Among other issues, Dr Murray discusses how these patients should be managed.

Our Advances in IBD column focuses on the management of patients who are hospitalized for ulcerative colitis. Dr Leonard Baidoo discusses the goals of hospitalization, which laboratory tests and examinations should be performed upon admission of these patients to the hospital, which rescue medications they should receive, when surgery is indicated, how concomitant *Clostridium difficile* infection should be treated, and how patients should be monitored upon discharge, among other issues.

In our Advances in Endoscopy column, Dr Andrew Y. Wang provides a comprehensive review of possible ways to prevent pancreatitis after endoscopic retrograde cholangiopancreatography. Among the various medications and methods examined are nonsteroidal anti-inflammatory drugs, corticosteroids, regulatory hormones, pancreatic duct stents, guidewire cannulation, and catheter cannulation with contrast opacification.

In our Advances in GERD column, Dr Rena Yadlapati evaluates high resolution manometry vs conventional line tracing for the management of esophageal motility disorders. She discusses how these procedures are performed, their advantages and limitations, learning curve, contraindications, and use in pediatric patients, among other issues.

Finally, this issue also contains a brief case study section, authored by Dr Dhivya Prabhakar, Dr Deepak Venkat, and Dr Gregory S. Cooper, on a patient with chronic abdominal pain who was diagnosed with celiac axis compression syndrome.

I hope you find these articles interesting and clinically useful.

Sincerely,

Gary R. Lichtenstein, MD, AGAF, FACP, FACG