

LETTER FROM THE EDITOR



Statistics on disease prevalence are readily available for most gastrointestinal conditions, but data on the burden of the disease are sometimes lacking. Unfortunately, knowing how many patients have a particular disease tells us only part of the story; we also need to know how this disease impacts patients' quality of life and what healthcare resources are required to treat it.

Helping to meet this need, an article in this month's issue of *Gastroenterology & Hepatology* provides a review of the burdens associated with diverticular disease. For their article on page 21, Vikram B. Reddy and Walter E. Longo searched the available literature and found 3 studies showing that patients with diverticular disease and/or diverticulitis had lower quality-of-life scores when assessed using generic tools such as the 36-item, short-form health survey questionnaire. Unfortunately, researchers currently lack a validated, disease-specific questionnaire for diverticular disease, which limits their ability to more precisely assess the association between diverticular disease and patients' quality of life.

Better data are available regarding disease-related mortality. Not surprisingly, deaths due to diverticular disease were found to occur most frequently in patients with severe disease complications, particularly those who required emergency surgery for complicated diverticular disease. An unexpected finding is that population mortality rates have shown little change over recent years. While improvements in treatment would be expected to lower diverticular disease-related mortality rates, these advances appear to have been counterbalanced by 2 opposing trends—an increase in the prevalence of the disease and an improvement in its diagnosis.

Complementing their analysis of diverticular disease's impact on patients, Reddy and Longo also examined how this condition impacts healthcare systems. According to a study cited in their review, more than 250,000 patients were hospitalized with diverticular disease in 2002—with a median length of stay of 3 or 4 days—and there were almost 1,500,000 outpatient visits related to this condition. In 2004, the total number of patients requiring hospitalization for diverticular disease had increased to 815,000, and 3.2 million

patients required outpatient care. Furthermore, the mean cost per patient discharge related to diverticular disease was \$9,594 in 2008, making the economic burden of this condition a significant consideration.

Given the prevalence of diverticular disease and its substantial impact on patients and healthcare systems, what can be done to mitigate some of these sequelae? One suggestion posed by Reddy and Longo is provision of care by an integrated, multidisciplinary, digestive health service, as 1 retrospective study found that this approach reduced the overall cost of care and the length of the hospital stay compared to care by nonintegrated inpatient services. Further studies are needed to evaluate this proposal, but it seems reasonable that collaboration between gastroenterologists and other clinicians would help to optimize care of patients with diverticular disease.

In addition to this review of diverticular disease, the current issue of *Gastroenterology & Hepatology* includes a feature article on subsequent office visits of Crohn's disease patients, which is a companion piece to an article that appeared in the March 2011 issue. This month's columns discuss regurgitation in gastroesophageal reflux disease patients, the use of hydroflush colonoscopy for management of severe lower gastrointestinal bleeding, an overview of therapies for nonalcoholic steatohepatitis, and the state of inflammatory bowel disease in Asia. In addition, this month's case reports present an infliximab-treated ulcerative colitis patient with varicella zoster virus infection and a patient with paraneoplastic syndrome-associated intestinal pseudo-obstruction.

As always, I hope you find these articles informative and relevant.

Sincerely,

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