LETTER FROM THE EDITOR

Inflammatory bowel disease (IBD) can cause a number of symptoms, but pain is sometimes one of the most troubling—not only is it common, but it can also be difficult to manage. In a survey of 2,000 members of the National Association for Colitis & Crohn's Disease (NACC), 66% of respondents reported abdominal pain, and 61% of these individuals ranked the severity of their pain as 5 or higher on a 10-point scale (http://www.prnewswire.co.uk/cgi/news/release?id=124611). Similarly, a recent study by Singh and colleagues reported high rates of both abdominal pain and joint pain in IBD patients (*Clin Gastroenterol Hepatol.* 2011;9:769-775). This study found that abdominal pain affected 47% of Crohn's disease patients and 32% of ulcerative colitis patients; aching joints affected 42% and 29%, respectively; and painful joints affected 24% and 16%, respectively.

In addition to the inherent distress that pain causes, pain can also have secondary repercussions. In the NACC survey, one third of respondents reported that their pain seriously interfered with their daily life, and 19% said they had problems sleeping at least weekly because of their pain. Additionally, it has been suggested that impairment in sleep may actually make IBD worse; some researchers have suggested that sleep could play a role in regulating inflammation in the gastrointestinal tract (*Expert Rev Clin Immunol.* 2011;7:29-36).

Given these facts, managing pain is a key component of IBD treatment. As is discussed by Dr. Michael Docherty and colleagues on page 592 of this month's issue of *Gastroenterology & Hepatology*, a number of strategies can be used to manage pain in IBD. Because controlling disease activity often lessens patients' pain, the first step in managing IBD-related pain is to quell inflammation with biologic agents, immunomodulators, or other appropriate medications. Even with aggressive therapy, however, some IBD patients continue to experience pain. For these patients, specific pain management strategies may be necessary.

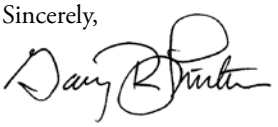
In their article, Docherty and colleagues discuss currently available pain management therapies—both pharmaceutical and nonpharmaceutical—as well as future therapies that are being explored. Medications that are commonly used to treat visceral pain include antispasmodics, various types of antidepressants, atypical opioids, and anticonvulsants. While some of these medications have gastrointestinal side effects that may limit their use in IBD patients, many of these medications can be considered for IBD-related pain in certain individuals.

Also, as Docherty and his coauthors mention at the conclusion of their article, clinicians can sometimes lessen patients' pain simply by acknowledging it. Expressing concern, explaining to patients why their condition is causing them pain, and discussing how you plan to address their pain can help to make it seem less frightening and insurmountable, which is sometimes the first step in the successful resolution of this problem.

In addition to this article on pain in IBD, this month's issue of *Gastroenterology & Hepatology* also includes a study on risk factors for readmission following liver transplantation, which offers some interesting findings. This month's columns address the efficacy of probiotics for the treatment of IBD, the management of pruritus associated with cholestatic liver disease, the treatment of achalasia in Europe, and an examination of preliminary data on the use of the nanopowder hemostatic agent TC-325 to control gastrointestinal bleeding. In addition, this issue includes a case study of a patient with metastatic adenosquamous carcinoma that presented as a pancreatic mass.

Finally, I would like to take a moment to honor the memory of Dr. Emmet B. Keeffe. A long-time member of this journal's Editorial Advisory Board and a prominent hepatologist, Dr. Keeffe died on August 8, 2011 at the age of 69 years. His presence and his many contributions in the area of hepatology and viral hepatitis will be greatly missed. I wish condolences to his wife Megan and his family.

Sincerely,



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