LETTER FROM THE EDITOR

Can amelioration of inflammatory bowel disease (IBD) be as simple as getting a good night's sleep? Considering that sleep deprivation can weaken the immune system and also trigger the inflammatory cascade by instigating increased levels of interleukin 1-β, interleukin-6, tumor necrosis factor-α, and C-reactive protein, focus on sleep hygiene in the patient with IBD might be a good idea. Patients with IBD have been shown to have trouble falling asleep (prolonged sleep latency) and staying asleep (sleep fragmentation) and, thus, have a higher rate of sleeping pill use, daytime tiredness, and lack of energy compared with healthy people. These factors can strongly impact disease activity. Conversely, it has been shown that people who engage in shift work such that circadian rhythms are disrupted are at higher risk than other workers for development of IBD and other gastrointestinal ills.

The topic of sleep deprivation and gastrointestinal disease is a growing area of research and is where neurology and gastroenterology meet. Researchers are examining the behavior of the gut in the context of the sleep-wake cycle and how circadian "clocks" within the gut and bowel are synchronized with a central clock in the brain. In this issue of *Gastroenterology & Hepatology,* we present an important paper by Dr Tauseef Ali, of the OU Physicians Inflammatory Bowel Disease Center at the University of Oklahoma Health Sciences Center in Oklahoma City, and Dr Jami A. Kinnucan and Dr David T. Rubin, of the Inflammatory Bowel Disease Center at the University of Chicago, on the relevance of sleep in IBD. Studies that have evaluated sleep in patients with IBD and possible treatment options are discussed, and an algorithm for evaluating sleep disturbances in the IBD population is also presented.

Our second review article, authored by a team from the Boston Medical Center in Massachusetts and led by Dr Francis A. Farraye, clinical director of the Section of Gastroenterology at the center, is a comprehensive 2-part feature that examines environmental influences on the onset and clinical course of Crohn's disease (CD). Part 1, which is presented in this issue, covers external environmental risks related to childhood hygiene, air pollution, breastfeeding, smoking, diet, stress, exercise, seasonal variation, and appendectomy on CD.

Also in this issue, we debut a new, dynamic column titled Critical Views in Gastroenterology & Hepatology, which presents thoughtful editorial by experts in the field on vexing issues. The controversies surrounding levels of evidence, litigation, and the debunked link between isotretinoin use and CD are addressed by Dr Brian G. Feagan and Dr Reena Khanna of the University of Western Ontario in London, Ontario, Canada in our first installment of this new editorial column.

In our Advances in IBD column, Dr Sunanda V. Kane of the Mayo Clinic in Rochester, Minnesota dispels unnecessary angst and provides salient and forward-thinking suggestions on whether and when to counsel female patients with IBD about family planning and how to efficiently manage patients with IBD who plan to become or are pregnant. Dr John Pandolfino of the Northwestern University Feinberg School of Medicine in Chicago addresses discontinuation of proton pump inhibitors in the Advances in GERD column, Dr Alan Barkun of McGill University in Montreal, Quebec, Canada discusses the use of topical hemostatic agents in the Advances in Endoscopy column, and Dr David A. Brenner of the University of California, San Diego covers the subject of reversibility of liver fibrosis in the Advances in Hepatology column. In addition, we present a Practice Management column in which Dr Klaus Mergener of the MultiCare Health System in Tacoma, Washington discusses the impact of the Affordable Care Act on endoscopy practice.

May this dynamically information-rich issue help you keep on top of your game in your clinical practice.

Sincerely,

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