LETTER FROM THE EDITOR

Statins have proven to be useful in the management of hyperlipidemia and cardiovascular disease, but the caveats that go along with them have become the fodder of consumer suspicion and angst. The momentum of Internet-based lay missives about the risks of statin use picked up again recently when the US Food and Drug Administration (FDA) issued a statement to consumers that, although monitoring of liver enzymes is no longer needed, statin use carries a reversible risk of development of cognitive impairment and hyperglycemia and that myopathy may develop in users of lovastatin. Of course, what is important but too often overlooked in consumer dialogue about statins is that, as noted by Dr Amy G. Egan, deputy director for safety in the FDA's Division of Metabolism and Endocrinology Products, "Their benefit is indisputable, but they need to be taken with care and knowledge of their side effects." What statins—or any medication for any disease—can and cannot do and how to identify and intercept adverse effects are in the realm of good physician-patient communication. The better the communication and patient education is, the less physicians will need to compete with self-styled health advocates who may or may not interpret official medical news properly and may hinder more than help their audience.

Besides the caveats about statins, and besides their usefulness in cardiovascular disease, statins may have a role in preventing hepatocellular carcinoma (HCC), a cancer that is frequently diagnosed in advanced stages and is responsible for up to 1 million deaths per year. In this month's issue of *Gastroenterology & Hepatology*, a team from the Schiff Center for Liver Diseases at the University of Miami Miller School of Medicine in Florida provides an intriguing discussion on the public health problem of HCC, the natural history of HCC, and how research is revealing the value of statins in intercepting carcinogenesis and reducing the risk of HCC development in patients with hepatic disease.

We are also pleased to present a review, written by Dr W. Asher Wolf and Dr Evan S. Dellon of the University of North Carolina School of Medicine in Chapel Hill, on the controversies and implications of proton pump inhibitor use in patients with eosinophilic esophagitis. We also present a literature review on the correlation between obesity and irritable bowel syndrome by Dr Octavia Pickett-Blakely of the Perelman School of Medicine of the University of Pennsylvania in Philadelphia.

In our columns, Dr Paul Y. Kwo of Indiana University School of Medicine in Indianapolis provides a commentary on the future of hepatitis C virus therapeutics in our Advances in Hepatology column; Dr Benjamin D. Gold of Children's Center for Digestive Health Care, LLC in Atlanta, Georgia and Dr Adam B. Elfant of Cooper Medical School of Rowan University in Camden, New Jersey provide insights on the detection and eradication of *Helicobacter pylori* infection in our Advances in GERD column; Dr Jeffrey S. Hyams of Connecticut Children's Medical Center and the University of Connecticut School of Medicine in Hartford discusses treatment of inflammatory bowel disease in children and adolescents in our Advances in IBD column; and Dr Joseph Romagnuolo of Palmetto Health, Columbia Gastroenterology Associates in South Carolina discusses recent research on the management of sphincter of Oddi dysfunction in our Advances in Endoscopy column.

Finally, Dr Maria T. Abreu of the University of Miami Miller School of Medicine in Florida provides a commentary in our Study in Focus section, which examines a recent report on subcutaneous golimumab in moderate-to-severe ulcerative colitis.

May the expertise and clinical pearls provided in this issue of *Gastroenterology & Hepatology* enhance your clinical practice.

Sincerely,

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