

Patient Education

According to a 2012 study from the Pew Research Center, more than 70% of American adults who use the Internet searched for health-related topics within the past year. The advent of the Internet has changed the doctor/patient relationship, and patients often arrive at office visits with questions and perceptions based on their online research. The quality of this information varies widely. Physicians must still take the lead in educating patients about their disease and the factors that may impact it. In our field, patient education often must encompass areas such as proper nutrition and stress management. In this issue of *Gastroenterology & Hepatology*, we explore another important area of patient education: vaccinations. Patients with inflammatory bowel disease (IBD) are at an increased risk for influenza and pneumococcal pneumonia. However, the vaccination rates for these conditions are low among patients with IBD. In a feature article, senior author Dr Francis A. Farraye and colleagues describe the steps they took to increase vaccination rates in their IBD clinic. The authors developed a written educational form that included information about the importance of vaccinations, and it asked patients about their vaccination status. If patients indicated that they were not vaccinated, they were offered a vaccination at the time of their visit. Distribution of this form increased the numbers of patients who received vaccines for influenza and pneumococcal pneumonia.

Patients with IBD often ask if their disease-related medical treatment can be stopped. New treatment strategies can achieve deeper levels of remission, which raises the possibility of a de-escalation of therapy. Unfortunately, such modification can lead to relapse and decrease the efficacy of subsequent treatment. In our Advances in IBD column, Dr David T. Rubin considers the implications of a study investigating incremental withdrawal of infliximab (Remicade, Janssen). He stresses the importance of disease monitoring, which can help determine whether treatment should be adjusted to prevent relapse and complications.

Applications of imaging are examined in our other feature articles. Senior author Dr Francesco Pallone and

colleagues discuss the data supporting the use of ultrasonography in Crohn's disease, and they describe how incorporating ultrasonography into clinical practice can enhance the management of these patients. Drs Dustin A. Carlson and John E. Pandolfino discuss high-resolution manometry, a technique that provides a detailed assessment of esophageal function, which can identify clinically distinct phenotypes of esophageal motility.

Our other columns examine a variety of topics. Dr Martin L. Freeman discusses use of prophylactic pancreatic stents for the prevention of pancreatitis after endoscopic retrograde cholangiopancreatography in our Advances in Endoscopy column. Before the widespread adoption of prophylactic pancreatic stents, this complication occurred in up to 20% of high-risk patients. Dr Freeman reviews the data supporting the use of prophylactic pancreatic stents, and he provides tips on how to select the best stent. In our Advances in Hepatology column, Dr Emmanuel Thomas discusses genomics in the early detection of cholangiocarcinoma, a malignancy with a low survival rate. Cholangiocarcinoma is becoming more common, and the strongest risk factor is a diagnosis of primary sclerosing cholangitis. Genomic findings could eventually lead to a test for early detection of cholangiocarcinoma. Our HCC in Focus column returns with a discussion of various imaging techniques for hepatocellular carcinoma by Dr Claude Sirlin. In our Advances in GERD column, Dr Daniel Sifrim discusses the use of salivary pepsin in the diagnosis of reflux.

May this issue provide you with helpful information that you can put to good use in your clinical practice.

Sincerely,



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

