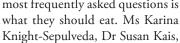
The Obesity Epidemic

besity has been a major concern for both doctors and patients for many years. According to the Centers for Disease Control and Prevention, the prevalence of obesity (defined as a body mass index of at least 30 kg/m²) in adults in the United States rose from 13.3% to 31.1% from 1960 to 2002. A study from The Journal of the American Medical Association from last year found that 34.9% (78.6 million) of adults in the United States are considered to be obese. Although it appears that obesity rates have recently stopped increasing in adults, obesity is still a significant problem, as it is associated with serious comorbidities, such as type 2 diabetes mellitus, cardiovascular disease, hypertension, gastroesophageal reflux disease, and various types of cancer, as well as an increase in early mortality.

Interestingly, a July 24, 2015 article in The New York Times by Margot Sanger-Katz suggests that daily calorie consumption by the average US adult and child has decreased over the past decade. This reduction in calories-according to food diaries followed by researchers, logs from food bar codes, and measures of food production-is reflected in both higher- and lower-income individuals and in blacks and whites. This change in eating habits does not solve the obesity epidemic, but it does provide hope for future trends.

In this issue of Gastroenterology & Hepatology, Dr Irene T. Ma and Dr James A. Madura II examine one way of dealing with the obesity epidemic-with bariatric surgery. The authors discuss the short- and long-term gastrointestinal complications for the 4 most common bariatric surgical procedures: laparoscopic adjustable gastric banding, vertical sleeve gastrectomy, Roux-en-Y gastric bypass, and biliopancreatic diversion with duodenal switch. The authors note that the complications and mortality of bariatric procedures have decreased such that the risk-benefit ratio favors a broader application in the medically complicated obese population.

Our other feature article this month discusses the importance of nutrition and diet in patients with inflammatory bowel disease (IBD). Patients with IBD are increasingly becoming interested in nonpharmacologic approaches to disease management. One of their



Dr Rebeca Santaolalla, and Dr Maria T. Abreu explore diets commonly recommended to IBD patients-such as the low-fermentable oligosaccharide, disaccharide, monosaccharide, and polyol diet; the specific carbohydrate diet; the anti-inflammatory diet; and the Paleolithic diet—and review the data currently available on them.

Our IBD coverage continues with a discussion of very-early-onset IBD (VEOIBD) in our Advances in IBD column. Dr Scott B. Snapper explains how understanding this condition is leading to novel therapeutic approaches that can be used in both children and adults with IBD. In our Advances in Hepatology column, Dr Stuart C. Gordon provides an overview of polycystic liver disease, with a focus on treatment options and recent literature findings.

Our other two standard monthly columns provide valuable images in the exploration of their topics. In our Advances in GERD column, Dr Robert M. Genta discusses lymphocytic esophagitis and supplies images of endoscopic and histopathologic findings of this condition. In our Advances in Endoscopy column, Dr Richard A. Kozarek examines a novel endoscopic approach to reopening a completely obstructed esophagus and provides a series of images depicting the steps of the procedure.

In addition, our HCC in Focus column returns this month with an interview with Dr Richard S. Finn on the treatment of intermediate-stage hepatocellular carcinoma. Various treatment options are discussed, including chemoembolization performed with ethiodized oil (Lipiodol, Guerbet) or doxorubicin-loaded beads, and sorafenib (Nexavar, Bayer/Onyx) therapy.

I hope you find this issue interesting and informative.

Sincerely,

an

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

