

The Importance of Sleep



How many hours of sleep did you get last night? According to the National Sleep Foundation, which updated its sleep recommendations earlier this year, young adults (age 18-25 years) and adults (age 26-64 years) should receive 7 to 9 hours of sleep but not less than 6 hours or more than 10 hours (for adults) or 11 hours (for young adults). Older adults (65 years and older) should receive 7 to 8 hours of sleep but not less than 5 hours or more than 9 hours. (Recommendations for children can be found at <https://sleepfoundation.org/media-center/press-release/national-sleep-foundation-recommends-new-sleep-times>.)

With all of the responsibilities that we face as practitioners, academicians, and family members, getting the recommended amount of sleep can be hard. Earlier this year, the Centers for Disease Control and Prevention announced that insufficient sleep is a public health problem. Many studies have shown that getting enough sleep is important to our health. According to the National Heart, Lung, and Blood Institute, people with sleep deficiency have a greater risk of many health complications, including heart disease, kidney disease, high blood pressure, diabetes, stroke, and obesity.

In this issue of *Gastroenterology & Hepatology*, Drs Vikesh Khanijow, Pia Prakash, Helene A. Emsellem, Marie L. Borum, and David B. Doman provide a thorough examination of the relationship between sleep dysfunction and gastrointestinal diseases. The diseases highlighted in the article include gastroesophageal reflux disease, peptic ulcer disease, inflammatory bowel disease, irritable bowel syndrome, liver disease, and colorectal cancer. According to the authors, poor sleep has been shown to worsen gastrointestinal symptoms, and many gastrointestinal diseases have been shown to lead to poor sleep.

In our other feature article this month, Drs Rishi D. Naik, Yash A. Choksi, and Michael F. Vaezi discuss the bariatric procedures of laparoscopic adjustable gastric

band, laparoscopic sleeve gastrectomy, and Roux-en-Y gastric bypass. Although these procedures have been shown to achieve sustained weight loss and decreased mortality and morbidity, they can also cause unintended effects on the esophagus involving gastroesophageal reflux disease and esophageal motility.

Our endoscopy column also involves bariatric procedures. Dr Christopher C. Thompson discusses evolving techniques for bariatric endoscopy (intra-gastric balloon and endoscopic gastroplasty) as well as bariatric surgery.

In the GERD column, Dr John E. Pandolfino examines the treatment of gastroesophageal reflux disease using endoscopy and radiofrequency ablation. In the Hepatology column, Dr Marlyn J. Mayo discusses the creation and use of the new GLOBE score to predict outcomes of primary biliary cholangitis. The bimonthly HCC in Focus column features an interview with Dr Ghassan K. Abou-Alfa on the emerging use of genetic alterations to develop liver cancer drugs. Our Clinical Update column is based on part of a presentation from the recent American College of Gastroenterology meeting, in which Dr Gerald W. Dryden explored the management of inflammatory bowel disease using biologic therapies.

In our occasional brief case study section, Drs Alhareth M. Al Juboori, Zeeshan Afzal, and Nisar Ahmed highlight an interesting case of esophageal squamous cell papilloma that caused dysphagia.

I hope that this issue provides valuable insights for your clinical practice.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name being the most prominent.

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