The Low-FODMAP Diet

January is the start of the new year—as well as New Year's resolutions. Many of these resolutions center on improving one's health, such as starting a diet. Although the goal of most diets is to lose or maintain weight, others focus on improving bothersome symptoms. One example is a diet low in fermentable oligo-, di-, and monosaccharides and polyols (FODMAPs), which can help manage abdominal symptoms in adult patients with irritable bowel syndrome (IBS). This diet, which was developed by a team of researchers at Monash University led by Dr Peter R. Gibson, consists of a 2-phased intervention, in which slowly absorbed or indigestible short-chain carbohydrates (ie, FODMAPs) undergo strict reduction, and then specific FODMAPs are reintroduced according to tolerance.

This issue of *Gastroenterology & Hepatology* includes a feature article on the low-FODMAP diet by Dr Gibson and his colleagues Ms Peta Hill and Dr Jane G. Muir, who examine recent developments and controversies associated with the diet. Among various issues, they discuss the diet's efficacy in IBS, its delivery in clinical practice, its use in children, comparisons with alternative therapies, and risks such as inappropriate use, altered gastrointestinal microbiota, and disordered eating.

This month's other feature article focuses on new treatments for hepatitis C virus (HCV) infection. As Dr Jennifer L. Horsley-Silva and Dr Hugo E. Vargas note, the development of direct-acting antiviral (DAA) agents has generated great improvements for the management of this disease. DAA agents are orally administered and better tolerated than HCV treatments that use interferon, and they can achieve sustained virologic response in over 90% of patients. In addition to discussing the different classes of the current HCV drugs, the authors provide a clear-cut outline—in both table form and multiple, specific headings within the text—of all of the various therapeutic regimens currently available in the United States for the treatment of HCV genotypes 1 through 6 infection, according to treatment status and presence of cirrhosis.

In our Advances in IBD column, Dr Ingvar Bjarnason provides a thorough review of the use of fecal calprotectin in patients with inflammatory bowel disease. Among other issues, he discusses how fecal calprotectin can be measured, its sensitivity and specificity for diagnosing inflammatory bowel disease, and whether it can predict clinical relapse, mucosal healing, response to treatment, and recurrence of Crohn's disease.

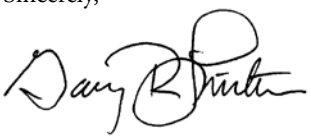
Our Advances in GERD column, authored by Dr Ronnie Fass, centers on 2 nonmedical treatment options for gastroesophageal reflux disease, transoral incisionless fundoplication and magnetic sphincter augmentation. He provides an overview of these procedures, including how they work, their advantages and disadvantages, and their adverse events. He also emphasizes the importance of conducting research to determine the durability and long-term efficacy of the procedures.

In our Advances in Endoscopy column, Dr Kenneth F. Binmoeller examines nonradiation, endoscopic ultrasound–based endoscopic retrograde cholangiopancreatography (ERCP). He discusses the advantages, disadvantages, and adverse events of this type of ERCP, considers its use in stricture management, and mentions his recent study on the procedure, among other issues.

This month's Advances in Hepatology column highlights several interesting abstracts that were presented at the 2016 Annual Meeting of the American Association for the Study of Liver Diseases, which was held this past November in Boston, Massachusetts. The abstracts examine promising new and emerging treatment options for hepatitis B virus infection.

I hope you find these articles interesting and clinically useful.

Sincerely,



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