

Eating Disorders and Disordered Eating Habits in Patients With Irritable Bowel Syndrome



How can clinicians identify if the patient they are treating has an eating disorder? This is one of the questions posed in our *Advances in IBS* column in this month's issue of *Gastroenterology & Hepatology*. Dr Kimberly N. Harer addresses this question, focusing on patients with irritable bowel syndrome (IBS). She also discusses related issues, such as the difference between an eating disorder and disordered eating, the relationship between these conditions and IBS, what is currently known about avoidant/restrictive food intake disorder, how to manage IBS patients who have an eating disorder, and when elimination diets should not be prescribed.

Food also plays a role in our feature article on nutrition in cirrhotic patients. Dr Fernando Calmet, Dr Paul Martin, and Dr Michelle Pearlman note that malnutrition is common in this setting and that all patients with cirrhosis (regardless of its etiology or severity) should undergo screening for the presence of malnutrition. In addition, the authors examine the pathophysiology of malnutrition in patients with chronic liver disease, the effects of malnutrition on clinical outcomes, the evaluation and assessment of nutrition in these patients, and the treatment of malnutrition and sarcopenia.

In another feature article this month, Dr Amir Kashani and Dr David A. Schwartz explore the targeting of the interleukin (IL)-12/IL-23 pathway for the treatment of patients with inflammatory bowel disease (IBD). The authors examine the roles that IL-12 and IL-23 play in the pathogenesis of IBD and discuss the trial data currently available on various anti-IL-12 and/or anti-IL-23 antibodies. In addition, the authors discuss safety concerns, immunogenicity, and the use of these drugs in patients who previously failed biologic therapy.

Our third feature article this month highlights the role of systemic treatment in patients with hepatocellular carcinoma (HCC). Dr Fernand Bteich and Dr Adrian M. Di Bisceglie examine staging and treatment strategies, the evaluation of therapeutic response, and the use of sorafenib, the prototype targeted agent that was approved for HCC over 10 years ago. In addition, the authors discuss the 5 agents that have been approved within the past few years for first- or second-line HCC treatment: lenvatinib, regorafenib, nivolumab, pembrolizumab, and cabozantinib.

Our *Advances in Hepatology* column this month focuses on the use of azathioprine for the long-term management of patients with autoimmune hepatitis. Dr Marion G. Peters discusses the effectiveness of different therapeutic approaches to this disease and whether long-term therapy is always needed, the side effects associated with long-term use of azathioprine (in particular the risk of squamous cell carcinoma), and how to manage these patients long term, along with related issues.

Finally, in our *Advances in IBD* column, Dr Edward V. Loftus Jr explores whether biologic therapy has an impact on surgical outcomes. He examines whether the rate of IBD surgery has changed over time, study data on biologic therapy and postoperative complications, the ideal timing of surgery in patients on biologic therapy, and whether surgical outcomes are influenced by factors such as the serum biologic trough level, among other issues.

I hope that you enjoy these articles and find them interesting and clinically useful.

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