

Management of Patients With Inflammatory Bowel Disease in the COVID-19 Era



This month's issue of *Gastroenterology & Hepatology* explores the timely topic of how to manage patients with inflammatory bowel disease (IBD) during the coronavirus disease 2019 (COVID-19) pandemic. In our Advances in IBD column, I discuss important issues such as whether IBD patients are at a higher risk of contracting COVID-19, whether patients with COVID-19 usually present with gastrointestinal symptoms such as diarrhea, whether IBD therapy should be adjusted, and the use of telemedicine vs in-person assessment. In addition, I offer my thoughts on the biggest challenge of IBD management during this time and the largest questions that we still have.

One of our review articles this month centers on alcohol-associated liver disease. Dr Faisal A. Siddiqi, Dr Krishna C. Sajja, and Dr Nyan L. Latt discuss the use and abuse of alcohol, how to screen for and diagnose alcohol use disorder using various surveys and questionnaires, scoring systems for measuring the severity of alcohol-associated hepatitis, therapeutic options for this condition (including pharmacologic and nutritional treatments as well as liver transplantation), and pharmacologic and psychosocial treatments to help prevent alcohol relapse. The authors also propose an algorithm for the assessment of liver transplantation in patients who have alcohol-associated liver disease.

Our other review article this month considers the role of gastroenterology hospitalists. Dr Michelle Hughes, Dr Edward Sun, Ms Sarah Enslin, and Dr Vivek

Kaul discuss the challenges of managing hospitalized patients, the gastroenterology hospitalist model and the possible associated advantages and challenges, and issues to consider when building a hospitalist program, along with related topics.

In our Advances in Hepatology column, Dr Michael Schilsky examines the spectrum of clinical presentations of Wilson disease and the difficulty of identifying this condition. He discusses hepatic, neurologic, and psychiatric presentations and points out some of the less common ones that may be missed. He also discusses how presentation of the disease varies by age, genetic mutation, and sex, along with related issues.

Finally, novel methods for Barrett esophagus screening are the focus of our Advances in GERD column. Along with related issues, Dr Michael S. Smith reviews traditional ways of screening for Barrett esophagus and then examines several new nonendoscopic methods of screening and their advantages, disadvantages, accuracy, role in clinical practice, and economic implications.

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