

Eating Disorders and Their Gastrointestinal and Oral Manifestations



It is estimated that approximately 9% of the US population will experience an eating disorder at some point during their lifetime. The yearly economic cost of eating disorders is more than \$64 billion, according to a report by the Strategic Training Initiative for the Prevention of Eating Disorders, the Academy for Eating Disorders, and Deloitte Access Economics. This month's issue of *Gastroenterology & Hepatology* features a review article focusing on these important disorders and their many possible gastrointestinal and oral manifestations. In this article, Dr Jessica A. Lin, Dr Elizabeth R. Woods, and Dr Elana M. Bern focus on anorexia nervosa, bulimia nervosa, and the new avoidant/restrictive food intake disorder, all of which produce significant morbidity. The authors examine associated oral and dental manifestations such as dental erosion and angular cheilitis, as well as various gastrointestinal manifestations involving the esophagus, stomach, small and large intestines, pancreas, and liver.

Nonalcoholic fatty liver disease (NAFLD), which includes nonalcoholic steatohepatitis (NASH), is often mistakenly thought to be exclusive to obese or overweight individuals. Our NASH in Focus column explores the occurrence of NAFLD and NASH in individuals who are lean. Dr Nadege T. Gunn discusses whether lean NASH is on the spectrum of NAFLD or is a novel entity, the risk factors for lean NASH and NAFLD, how patients with these conditions should be treated, and the effects of weight reduction on histology, along with related issues.

Our Advances in IBD column focuses on the treatment approach of using small molecule inhibition of leukocyte trafficking in patients with inflammatory bowel disease. Interviewed is Dr Hugh Rosen, who is an inventor of ozanimod, the drug that is furthest along in

research using this treatment approach for inflammatory bowel disease. Among other issues, he discusses the role of leukocyte trafficking in the pathogenesis of inflammatory bowel disease, the advantages of using a small molecule, how ozanimod works, and recent clinical trial data.

Potassium-competitive acid blockers (P-CABs) are highlighted in our Advances in GERD column. As Dr Colin W. Howden points out, P-CABs have not been approved yet in the United States. Among other issues, he discusses details from clinical trial research, predominantly from Japan, that has been conducted on P-CABs in the setting of erosive esophagitis and compares these agents with proton pump inhibitors in terms of mechanism of action and safety profile.

Finally, our Advances in Endoscopy column explores the development and impact of endoscopic ultrasound (EUS)-guided portosystemic pressure gradient assessment and endo-hepatology on the diagnosis and management of liver disease. Dr Kenneth J. Chang starts by discussing the definition and consequences of portal hypertension, as well as traditional assessment of portal venous pressure. He then outlines how EUS-guided technology came to be used in the measurement of portal venous pressure, how this procedure is performed, and how it is impacting clinical practice, along with related issues.

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

Sincerely,

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