# Virtual Reality and Disorders of Gut-Brain Interaction

Is virtual reality the next frontier in the treatment of patients with disorders of gut-brain interaction (DGBIs)? A review article in this month's issue of *Gastroenterology & Hepatology* explores this intriguing question. As Dr Brian E. Lacy, Dr David J. Cangemi, and Dr Brennan R. Spiegel note, abdominal pain is very common in most DGBIs and can be extremely difficult to manage; consequently, there remains a need for novel therapies to treat chronic pain and other symptoms of DGBIs. The authors examine the development of virtual reality, the computer-generated depiction of a 3-dimensional environment that immerses patients in a multisensory experience. They review the research currently available focusing on the utility of using virtual reality for treating experimental pain and somatic pain. They also examine the use of virtual reality for treating functional dyspepsia and irritable bowel syndrome (IBS), 2 of the most common DGBIs, and the potential role of using this tool for the treatment of these disorders.

Our coverage of DGBIs continues with an Advances in IBS column on integrated care of these disorders. Dr Chamara Basnayake discusses possible reasons for poor outcomes in gastroenterologist-only care of DGBIs and how integrated care differs from the standard of care for these disorders. In addition, he shares insights from the MANTRA study and its longer-term follow-up, which he and his colleagues conducted to compare outcomes of multidisciplinary integrated care vs standard gastroenterologist-only care for patients with DGBIs.

Our other review article this month focuses on bowel urgency, the sudden and immediate need for a bowel movement. Dr Julia Pakpoor and Professor Simon Travis point out that urgency is a widely reported and debilitating symptom of patients with ulcerative colitis. The authors provide a comprehensive overview of urgency, including its epidemiology, impact on quality of life, mechanisms, and management. The authors also provide recommendations for the inclusion of urgency in clinical care and research, and note the importance of explicitly asking about this symptom and using a multidisciplinary team for its management.

Additional content featuring ulcerative colitis is included in our Advances in IBD column. Dr David T. Rubin explores transmural healing in ulcerative colitis as well as Crohn's disease. He discusses the evolving definition of transmural healing, when and how it can be assessed, and its impact on clinical outcomes of interest. In addition, he shares whether patients with inflammatory bowel disease should be treated to transmural healing and notes questions that still need to be answered, along with related topics.

This month's issue also features 2 columns involving hepatology. Our Advances in Hepatology column, authored by Dr Cynthia Levy, centers on involvement of the liver in the rare genetic disease erythropoietic protoporphyria (EPP). Her discussion includes how liver involvement can be monitored in patients with EPP, how mild involvement as well as advanced liver disease or liver failure should be managed in these patients, and the drugs in development in this area. Our other column focuses on the disease burden of nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH). In the NASH in Focus column, Dr Zobair M. Younossi discusses the prevalence of NAFLD and NASH in adults and children, the associated economic burden, disability-adjusted life years, and health care challenges, among related issues.

Finally, our Advances in Endoscopy column highlights remote endoscopy training. Dr Jerome D. Waye shares his own experiences training endoscopists in Uganda remotely, including the design prerequisites and technical aspects for such training, the importance of an endoscopy camp, and the advantages and disadvantages of this training approach. He also discusses expansion of remote endoscopy training in other areas and recommendations for physicians who may be interested in this training approach.

I hope that you enjoy all of these articles and find them interesting and useful in your clinical practice.

Sincerely,

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