

Managing Older Patients Who Have Inflammatory Bowel Disease



Inflammatory bowel disease (IBD) was often considered a disease of the young in the past. However, with a recent epidemiologic shift, older adults now comprise the fastest-growing subgroup of patients who have IBD. In fact, it is estimated that adults aged 60 years and older will soon represent approximately one-third of the IBD population. The management of older patients with IBD is highlighted in a review article in this month's issue of *Gastroenterology & Hepatology*. Dr Ellen Axenfeld, Dr Seymour Katz, and Dr Adam S. Faye outline the disease course and clinical presentation of this patient population. Other important topics covered include treatment considerations such as the 5Ms of geriatric care, the use of different medical therapies and surgical interventions in this age group, and the incorporation of biological age measures to improve risk stratification.

Our Advances in Hepatology column, which is authored by Dr Robert G. Gish, focuses on delta hepatitis in the United States. As he notes, active delta hepatitis infection is extremely fatal and has a high 10-year risk of liver failure, death, liver transplant, or liver cancer. He discusses the prevalence of delta hepatitis in the United States and worldwide, why delta hepatitis is undertested and underreported, how awareness and testing can be improved, the use of reflex testing, and whether elimination is a feasible goal in the near future, along with other important issues.

Innovation is the focus of our Advances in Endoscopy column. Dr Benjamin F. Merrifield provides some practical advice on what physicians can do if they have an idea for a new product, who can help them, and how an idea can be turned into reality. Other key discussion points include finding money for early development, factors limiting endoscopic innovation, and the role of professional societies in supporting innovation.

Our Advances in GERD column features an interview with Dr John E. Pandolfino on the coexistence of esophageal motility disorders and gastroesophageal reflux disease. His discussion includes how prevalent esophageal motility disorders are in patients who have gastroesophageal reflux disease, differences in the pathogenesis of the two disease states, management of patients who have both of these diseases, and recent developments in diagnostic testing.

Finally, this month's issue also includes two case studies. Dr Gregory S. Sayuk presents a patient who has irritable bowel syndrome with constipation (IBS-C) in one of our Case Study Series sections. He provides an overview of IBS-C and its burden as well as the various medical treatment options currently available. In addition, he highlights strategies to enhance the outcomes of patients with this condition, including discussion points that clinicians can cover with their patients. In our Case Study Series in IBD section, Dr Sudheer Kumar Vuyyuru, Dr Vipul Jairath, Dr Jurij Hanzel, Dr Christopher Ma, and Dr Brian G. Feagan highlight medical therapy for a patient with acute severe ulcerative colitis. The authors also provide a comprehensive review of the associated literature, including risk stratification, predictors of response to corticosteroids, and medical salvage therapy with different drugs.

May this issue provide you with helpful information that you can put to good use in your clinical practice.

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, FAGC