

Exploring Cardiovascular Comorbidities and Inflammatory Bowel Disease



Heart disease has been the number one cause of death in the United States for more than a century, according to the Centers for Disease Control and Prevention (*Circulation*. 2024;149[8]:e347-e913. doi:10.1161/CIR.0000000000001209). This month's issue of *Gastroenterology & Hepatology* features a review article on cardiovascular comorbidities and inflammatory bowel disease (IBD). As Dr Preetika Sinh and Dr Raymond K. Cross note, research has shown an increased risk of cardiovascular disease in patients who have IBD and there are no guidelines to risk stratify cardiovascular disease in patients with IBD at the current time. The authors classify various cardiovascular diseases and review epidemiologic data involving the risk factors and mechanisms of these diseases in IBD. The authors also discuss modalities for evaluating cardiovascular disease risk in IBD as well as examine data involving IBD medications and this risk.

In other IBD content, our Advances in IBD column focuses on perianal fistulas in patients who have Crohn's disease. Dr David A. Schwartz discusses the prevalence, main risk factor, and most common symptoms of these fistulas. He also reviews management strategies, including anti-tumor necrosis factor therapy, newer medical options, the use of surgical treatment and timing of seton removal, and whether stem cell therapy can play a role in this setting.

Our Advances in Hepatology column, which is authored by Dr Jennifer C. Lai, explores muscle health and nutrition in patients who have cirrhosis. She discusses the importance of identifying and assessing frailty (muscle function) and sarcopenia (muscle mass) in these patients and the use of exercise- and nutrition-based interventions to improve these conditions. Other topics of discussion include how malnutrition relates to frailty

and sarcopenia, fluid and dietary recommendations, and tips to help patients who have cirrhosis improve their nutritional status.

In other liver disease-related coverage, Professor William Alazawi provides an update on the treatment of patients with metabolic dysfunction-associated steatohepatitis (MASH) cirrhosis in our MASH in Focus column. Among other issues, his discussion covers how cirrhosis affects the disease burden of MASH, the challenges of developing drugs for patients who have both MASH and cirrhosis, and the current landscape of drugs in development.

Finally, this month's issue also includes two case studies. Dr Brian E. Lacy presents a patient who has irritable bowel syndrome with constipation and has persistent symptoms and many questions for his office visit in one of our Case Study Series sections. The case study provides an evidence-based answer for each of the patient's questions as well as helpful key teaching points. In our Case Study Series in IBD section, Dr June Tome and Dr Sunanda V. Kane highlight the use of hyperbaric oxygen therapy for a patient who has refractory perianal Crohn's disease. The authors also provide an overview of this disease setting, including the risk factors, physical examination findings, classification of perianal fistulas in Crohn's disease, and different treatment options.

I hope that this issue provides valuable insights for 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, FACG