

Examining Pharmaco-equity in Older Inflammatory Bowel Disease Patients



How can pharmaco-equity be achieved in older patients with inflammatory bowel disease (IBD)? This question is explored in the Advances in IBD column in this month's issue of *Gastroenterology & Hepatology*. Dr Bharati D. Kochar examines the concept of pharmaco-equity, which refers to the idea of making sure that all people can access the same treatments, ideally of the highest quality, that are required for management of their health. She discusses the challenges and barriers that older IBD patients encounter regarding pharmaco-equity, such as the lack of clinical trial data and real-world data supporting the safety and efficacy of new medications for treatment of patients in this age group. Other topics of discussion include patient and provider hesitancy to use new medications, societal effects of lack of pharmaco-equity in older patients, steps that may help achieve pharmaco-equity, and research underway in this area.

In one of our feature articles this month, Drs Eamonn M. M. Quigley, Oscar Noble, and Usman Ansari present a cohort of young adult females with similar gastrointestinal (GI) symptoms, most commonly intractable nausea and vomiting, who also exhibited or reported a history of hypermobility spectrum disorder, hypermobile variant Ehlers-Danlos syndrome, postural orthostatic tachycardia syndrome, and/or mast cell activation syndrome. The authors examine the features and outcomes of the patients' GI manifestations and how these manifestations may be connected to their systemic syndromes. Additionally, the authors consider whether there may be a shared pathophysiology and call for further research in this area.

Our other feature article this month focuses on *Helicobacter pylori* antimicrobial resistance and the role that next-generation sequencing can play in the management of patients infected with *H pylori*. As Drs Christine B. Andrews, Michael I. Herzlinger, and Steven F. Moss point out, *H pylori* infection is a global health concern and affects more than half of the world's population. The authors describe the current US patterns of antimicrobial resistance in adults and children, compare culture-based

susceptibility testing and next-generation sequencing, and present guidance on the use of these modalities in *H pylori* management.

Pruritus in patients who have chronic liver disease is the focus of our Advances in Hepatology column. Dr Alan Bonder discusses the incidence of pruritus in patients who have chronic liver disease, the impact of pruritus on quality of life, and tools for assessment of this symptom. Other topics of discussion include possible mechanisms of pruritus, current and future medical treatments, and nonpharmacologic therapies that can be used.

In other liver-related content, our MASH in Focus column places a spotlight on genetics and polygenic risk scores in this disease setting. Along with related topics, Dr Naga Chalasani discusses risk alleles and protective variants for metabolic dysfunction-associated steatohepatitis (MASH), whether genetics plays a larger role than the environment in MASH, and the development of polygenic risk scores.

Finally, our Advances in Endoscopy column highlights endoscopic management of rectal neoplasia. Professor Michael J. Bourke discusses morphologic characteristics of large nonpedunculated colorectal polyps that help predict the likelihood of submucosal malignant invasive cancer in the rectum and how to decide between endoscopic and surgical methods for resecting rectal lesions. Also discussed are topics focusing on the multidisciplinary care of patients with rectal cancer, recurrence of resected rectal lesions, and novel strategies for rectal neoplasia management.

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

Sincerely,

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