Exploring Glucagon-Like Peptide-1 Receptor Agonist Use in Inflammatory Bowel Disease Patients

The use of glucagon-like peptide-1 (GLP-1) receptor agonists is soaring in popularity to the point that these drugs are becoming household names. This month's issue of *Gastroenterology & Hepatology* examines the use of these agents specifically in patients who have inflammatory bowel disease (IBD). In our Advances in IBD column, Dr Christine Boumitri critiques the research available thus far on the use of GLP-1 receptor agonists for weight loss in IBD patients and whether these medications may have other potential beneficial effects or whether they may impact IBD outcomes. She also discusses potential side effects and possible limitations of GLP-1 receptor agonist use in the setting of patients with existing IBD, among other issues.

In other IBD-related coverage, one of our feature articles focuses on the pathogenesis, diagnosis, and treatment of chronic pouchitis. Dr Robert Hill, Dr Simon Travis, and Dr Zaid Ardalan examine the role of pouch microbiota, the pouch mucosal immune system, and the prediction of which patients with pouches will progress to develop chronic pouchitis. The authors also review the clinical features of pouchitis, the challenges that are present when attempting to confirm the diagnosis of this condition, and the evolving role of using noninvasive studies in its investigation. Additionally, the authors outline different treatment approaches to the management of pouchitis in IBD patients, with special attention to therapy that targets the individual patient's microbial milieu that may contribute to the development of pouchitis (such as probiotic, prebiotic, and microbial transplantation strategies) and to specifics of therapy that target the immune component (such as biologic agents and small molecules).

Our other feature article this month focuses on meal-related nausea and vomiting. As Dr David J. Cangemi, Dr R. Christopher Chase, and Dr Brian E. Lacy note, nausea and vomiting are common, bothersome symptoms that can have multifactorial etiologies, and food ingestion can often trigger or exacerbate these symptoms. The authors review the epidemiology and pathophysiology of nausea and vomiting as well as disease impact on the individual patient, and present a proposed diagnostic algorithm for appropriate patient evaluation. Additionally, the authors examine specific disorders such as gastroparesis, functional dyspepsia, dumping syndrome, and superior mesenteric artery syndrome, along with their associated treatments.

This issue also features an HCC in Focus column that explores hepatocellular carcinoma (HCC) surveillance in patients who have achieved hepatitis C virus (HCV) cure. Dr Paul Y. Kwo discusses the risk of HCC developing after HCV cure and the biggest risk factors for this occurrence. Additionally, he discusses HCC surveillance in terms of current recommendations, cost-effectiveness, and adherence, among other issues.

Antireflux endoscopy is the focus of our Advances in Endoscopy column. Dr Nikhil A. Kumta discusses why many endoscopic antireflux interventions have failed in the past, the concepts behind new approaches such as antireflux mucosectomy and antireflux mucosal ablation, and which endoscopic antireflux therapies may be considered, along with related topics.

Finally, our Case Study Series section highlights the importance of communication between providers and patients in the management of irritable bowel syndrome with constipation (IBS-C). Ms Christina Hanson presents the case of an IBS-C patient and discusses different treatment aspects such as explaining the accuracy of a positive diagnostic strategy, assessing the impact of therapy at follow-up visits, and changing therapy to a different agent while focusing on a different mechanism of action if there is inadequate initial response.

As always, I hope these articles provide useful information and valuable clinical insights, and I wish you and your patients a happy and healthy new year.

Sincerely,

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