Exploring Diets Beyond the Low-FODMAP Diet to Treat Patients With IBS

For the management of patients with irritable bowel syndrome (IBS), most dietary guidelines recommend first trying so-called traditional IBS dietary advice and then a diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (FODMAPs), but is there also a therapeutic role for using other diets? This question is explored in the Advances in IBS column in this month's issue of *Gastroenterology & Hepatology*. Dr Magnus Simrén reviews a number of diets, including the gluten-free diet, low-carbohydrate diet, starch- and sucrose-reduced diet, and Mediterranean-style diet. He discusses which of these diets appear to hold the most promise for treating IBS, their advantages and disadvantages, and recent research. Other topics of discussion include how to evaluate patients prior to dietary intervention, which factors might predict poor response to the low-FODMAP diet and when another diet or therapy should be tried, and what the future holds for IBS dietary therapy.

One of our review articles this month highlights leaky gut syndrome, which has recently become popular in the lay literature even though it has not been accepted as a formal medical diagnosis thus far. As Dr Brian E. Lacy, Ms Journey L. Wise, and Dr David J. Cangemi note, doctors who evaluate patients suspected of having this condition may encounter myths and misconceptions involving its etiology, diagnosis, and treatment. The authors take a look at 10 common myths about leaky gut syndrome and correct these statements using data from the scientific literature.

Our other review article focuses on noncontinuous therapy for patients who have gastroesophageal reflux disease (GERD). Dr Steve D'Souza, Dr Sharon Udemba, and Dr Ronnie Fass point out that proton pump inhibitors (PPIs) have been widely adopted for the treatment of GERD; however, symptomatic relapse is common after their discontinuation, leading many patients to require long-term daily administration for adequate symptom control. The authors discuss what constitutes noncontinuous therapy, what makes a class of drugs a good candidate for such an approach, and why it may be appealing to patients. Additionally, the authors examine studies involving on-demand use and intermittent use of PPIs as well as on-demand use and intermittent use of potassium-competitive acid blockers, which comprise a new class of acid suppressants.

Our Advances in IBD column places a spotlight on the trafficking of lymphocytes. Dr Brian Feagan discusses the role that lymphocyte trafficking plays in the pathogenesis of inflammatory bowel disease (IBD) and recaps the evolution of IBD drugs using this therapeutic strategy. Other topics of discussion include research on this approach in particular IBD patient subgroups, misconceptions, and research needs.

Perioperative risk in cirrhotic patients is explored in our Advances in Hepatology column. Dr Kay M. Johnson discusses why the risk of perioperative morbidity and mortality is increased in patients with cirrhosis, how this mortality differs according to the urgency and type of surgery, and various perioperative risk calculators. She also discusses how existing risk assessment is limited, when surgery should be delayed, and preoperative evaluation of patients who have cirrhosis.

Our Advances in Endoscopy column highlights different resection techniques for large polyps. Professor Arthur Schmidt first discusses the key characteristics of large polyps that help in determining which ones should be removed and which resection technique should be utilized. He then reviews the steps for endoscopic mucosal resection, endoscopic submucosal dissection, and endoscopic full-thickness resection, and compares their effectiveness, advantages and disadvantages, adverse events, and required training, along with related topics.

Finally, our quarterly content partnership with the Crohn's & Colitis Foundation continues with a spotlight on best practices for urgent care. Readers can scan the QR code on page 286 to access a helpful toolkit.

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