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### **Bowel preparation: development of a patient reported outcome tool**

Despite their daily use in our practice, there is as yet no standardised way of assessing the patient's experience of bowel preparation. When patient tolerability of bowel preparation has such a critical role in the safety and utility of colonoscopy, this is a vital area. There is a complex process for the development of such patient reported outcome measures, and a multi-author group of experts have helped develop such an instrument following the 'gold standard' methodology. The tool they have devised, which we are delighted to publish in *Frontline Gastroenterology*, has great potential for use in everyday clinical practice and will provide evidence to inform any planned change of preparation regime. We look forward to other authors using the tool in their practice and writing up their experience in future editions.

### **Evidence for the benefits of an assertive outreach team in alcohol misuse**

The issue of alcohol misuse is of ever increasing importance to the Department of Health and public health commissioners. In recent years mental health teams have pioneered the use of Assertive Outreach services to target individuals and address the problems of these patients with chronic complex illness. There is

often dual diagnosis and a mix of health and social care needs in these individuals. The Salford group have developed such a multi-disciplinary service to address the needs of alcohol misusers who have a very similar pattern of problems. They demonstrate a two-thirds reduction of readmissions, and speculate that the associated cost savings easily cover the initial set-up costs of such a service, which is also described in the article.

### **A different form of outreach service for hepatitis C**

Another key area for outreach is in patients with hepatitis C. Stuart McPherson and colleagues have developed an innovative approach to increase access to treatment for current or former injecting drug users with hepatitis C. As with alcohol misuse, these patients may have other co-morbidities and social factors that impede engagement with health services. By establishing a system of outreach clinics in drug treatment centres they demonstrate an increase in attendance, access to antiviral therapy and therefore sustained response to such therapy. Allied to the guideline summary publication in the last edition of *Frontline Gastroenterology*, these articles offer an integrated approach to both identifying and treating patients with chronic hepatitis: this is especially important in the UK which falls behind other

countries in the proportion of patients with hepatitis C who receive treatment.

### **Is there a place for capsule endoscopy in uncomplicated dyspepsia**

No one would argue against the necessity of video endoscopy in patients with alarm features in the context of dyspepsia. Marelli *et al* report a study investigating the value of capsule endoscopy versus a gold standard of video endoscopy in patients with dyspepsia and no alarm features. The capsule was uniformly preferred to conventional endoscopy but missed some minor pathology: the opportunity to use this methodology in endoscopy-intolerant patients is discussed in this article from the Royal Free.

### **The basis of ethics practice and teaching in gastroenterology**

Gastroenterologists face many day-to-day ethical conundrums, and handling these represents an increasingly important practice requirement in terms of revalidation. A recognised framework to help reflect and learn ethical principles is described by Webster in this edition of *Frontline*. Whilst for some readers the principles may seem intuitive, the structure described should help all readers to guide their instruction of colleagues in this domain where each case presents unique dilemmas.