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Highlights from this issue

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Themed articles: therapeutic monitoring

The major focus in care of patients with digestive illness lies in managing chronic conditions. A set of four articles nested in this edition of *Frontline Gastroenterology* deal with this important practical aspect of care. The importance of therapeutic monitoring in our specialty lies beyond just chemical measurement of drug and metabolite levels and in to aspects of surveillance of both the upper and lower gastrointestinal tract following endoscopic therapy. We are delighted to have leading authorities authoring articles on the use of anti-TNF antibody measurement as well as thiopurine metabolites to judge the efficacy and safety of therapy of chronic inflammatory bowel disease (IBD); these excellently complement articles on the monitoring of dysplasia in Barrett's oesophagus as well as in IBD. We are confident that these pragmatic review articles, featuring algorithms used in the practice of these experts will represent a valuable resource to readers.

Transition of the adolescent IBD: when and how

The child with inflammatory bowel disease has a significant disease burden to manage, at a vulnerable time in life. The centrepiece of paediatric care is therefore being looked after in a close and supportive network with local specialist services. The shift in to a new setting as the patient reaches adolescence is therefore a potentially critical one, both from the perspective of the patient and family as well as the adult service receiving the patient. Given the importance of this relationship, the absence of published evidence has resulted in a great deal of empiricism in practice around the world. As well as highlighting the areas for potential researchers to focus on, the article (and the supporting editorial) offer some practical hints that emerge from a systematic review of the available literature.

Hepatology conundrums: serial liver blood testing and the spectrum of autoimmune hepatitis

Lim *et al* report an interesting retrospective analysis of long-term morbidity in patients with abnormal liver testing.¹ The simple but elegant analysis identifies test factors that may predict long-term cardiac morbidity, as well as highlighting the importance of serial measurement over spot testing as a marker of a trend that indicates 12-month mortality. Do read the article for details of what these parameters are, and it may be that there will be reflection on how to incorporate this in to local guidelines between primary and secondary care in terms of planning surveillance.

The hepatology content of this edition of the journal is completed by a superb review from the group in Birmingham, UK. The manuscript on autoimmune liver diseases focuses on the clinical situation when the distinction between the three classical forms is opaque. Such overlap can also be longitudinal, occurring at the time of diagnosis or appearing in the course of disease. The authors suggest patient-specific treatment pathways, and the manuscript is enhanced with case histories and MCQs as part of our popular curriculum based review series.

Managing irritable bowel syndrome (IBS): the interface between primary and secondary care

The personal burden to patients of suffering with IBS is exacerbated by the costs to health services in managing the condition. Potentially unnecessary hospital appointments and intrusive investigations are the primary sources of this problem. The National Institute of Clinical Excellence awards recently recognised this problem and awarded a prize to the unit in Somerset who have established an original pathway to improve care. As well as benefiting patients in terms of improving diagnosis and management, the Somerset

Gastroenterology Flexible Healthcare Team have documented that the saved resources can be effectively deployed to employ a community dietetic service. We are delighted that Williams *et al* have published, in this edition of *Frontline Gastroenterology*, on how their approach-centred on appropriate use of faecal calprotectin, primary care diet and lifestyle management and tailored referral to secondary care – has helped achieve this target.² Another paper in this edition also describes how stool testing may offer an opportunity to identify treatable abnormalities in community dwelling patients with symptoms compatible with IBS. Whilst the panel of tests described in the paper is not necessarily the definitive version, it does point to a community point-of-care test that warrants formal testing to establish its value in reducing healthcare costs.

Frontline Gastroenterology and PubMed

Finally, we are delighted to announce that publishing in *Frontline Gastroenterology* is now additionally rewarded by being searchable in PubMed Central (the US National Library of Medicine's repository of open access biomedical journal literature). All FG articles will be made available in PubMed Central one year after publication in an issue. We hope this will encourage ever more authors to submit material to the journal where the impact of their work can influence their peers – the definitive metric for acceptance in the journal.

References

- 1 Saffouri E, Lim ES, Kim SW, *et al*. Short-term changes in liver tests predict long-term mortality. *Frontline Gastroenterology* 2016;7:234–39.
- 2 Williams M, Barclay Y, Bennenworth R, *et al*. Using best practice to create a pathway to improve management of irritable bowel syndrome: aiming for timely diagnosis, effective treatment and equitable care. *Frontline Gastroenterology* 2016;7:323–30.