Diverticular disease: update on pathophysiology, classification and management

Diverticular disease is common, affecting 70% of the western population by the age of 80. In this issue Williams and colleagues provide a comprehensive overview discussing pathophysiology, classification and management. The incidence is rapidly increasing in younger age groups. Complications include acute diverticulitis, abscess, bleeding and perforation—most complications occur during the primary episode. Chronic symptoms are common and present a significant healthcare burden. The pathophysiology is complex with diet a significant contributory factor—nicely summarised in figure 1. Disease can be asymptomatic or symptomatic and then uncomplicated or complicated with complicated diverticulitis further categorised by the Hinchey and modified Hinchey classifications (figure 2) which guide treatment. The authors discuss preventative and treatment strategies (figure 3) including diet, lifestyle, probiotics and antibiotics (not always indicated) with endoscopic clipping and surgical intervention indicated in a proportion of cases. The review is authoritative, practical and up to date and as such essential reading. (See page 50).

Improving survival in alcohol-related hepatitis: what is new?

Alcohol-related hepatitis is the most florid presentation of alcohol-related liver disease and carries a high short-term and long-term mortality rate. In this issue Shearer and colleagues discuss recent advances. Diagnosis should be based on consensus criteria with a liver biopsy considered in atypical cases. Infection should be treated aggressively. Scoring systems should be used to assess prognosis. The treatment options are limited. Sustained abstinence from alcohol is crucial. The authors discuss who to treat, when and how to treat with steroids (in patients who are likely to benefit based on scoring systems), other treatment options including supportive therapy and the role for liver transplantation which in selected cases improves survival. (See page 42).

JAK inhibitors for inflammatory bowel disease: recent advances

Janus kinase inhibitors (JAKis) are small molecule drugs that work by attenuating multiple cytokine signaling pathways to mediate dysregulated immune responses involved in the pathogenesis of inflammatory bowel disease. Tofacitinib, filgotinib and upadacitinib are licensed for the treatment of moderate-to-severe ulcerative colitis; upadacitinib is licensed for the treatment of Crohn’s disease and they are being used increasingly for refractory patients. These medications show huge promise although there are safety issues emerging stratified by age and the molecules likely cross the placenta and into breast milk and so these factors need to be taken into account when the medications are considered. In this issue Honap and colleagues provide a helpful and practical update. This includes key pivotal trial outcomes, identification of appropriate patients in whom to commence a JAKi and discussion of the safety considerations and ways to mitigate these risks in the patients treated. Essential reading and editor’s choice this month. (See page 59).

UK-wide survey of gastroenterology and hepatology trainees in 2022: endoscopy, workforce planning and the shape of things to come

Shape of training has shortened gastroenterology training from 5 to 4 years with there being ongoing concerns that this will negatively impact training and the attainment of competencies expected at consultant level. In this issue Saunsbury and colleagues report the results of a survey of British Society of Gastroenterology trainees’ views on endoscopy, workforce planning and the shape of things to come. Forty per cent of trainees responded (266/660). Of concern only 10% of trainees felt they could achieve a CCT within the 4-year programme. Seventy per cent reported spending 25% or more of their training time in general internal medicine with most feeling this negatively impacted on their training. Only just over 20% plan to pursue a consultant post with GIM commitments. Fewer trainees than previously were achieving certification in colonoscopy. Although more than 90% of trainees wanted exposure to a bleeding rota, this was the case for less than 20%. Almost 50% were planning to undertake a post CCT fellowship. Almost 20% of trainees were less than full time (LFT) although 44% reported that they would like to work LFT as consultants. These are important data which need to be listened to and acted on in order that trainees feel adequately equipped to take on consultant roles at the end of their training and that workforce planning is realistic about the number of consultant posts needed. (See page 59).

British Society of Gastroenterology guidelines on the management of functional dyspepsia

Functional dyspepsia is common, the cause of significant morbidity and can be challenging to manage. In this issue Narendren and colleagues review the 2022 British Society of Gastroenterology Guidelines. These are based on the Rome IV criteria for diagnosis. The guidelines review the evidence and management—this starts with lifestyle modification. First-line pharmacological management is with proton pump inhibitors. Prokinetics may be useful. Second-line management is more complex and includes treatment of comorbidities like anxiety and depression. The guidance reviews pharmacological and non-pharmacological management, the latter being indicated and effective in many cases. There are a number of treatments under evaluation and more research is needed. The guideline review includes an algorithm for evaluation and management. Important topic for clinicians. (See page 70).

The language of consent: do we take or does the patient give?

Please enjoy this well put together, thought provoking and clinically
relevant piece written by Simon Everitt once of the coauthors of the recent updated British Society of Gastroenterology guidance—the take home message being think more about the patient ‘giving’ rather than you ‘taking’ consent and that choosing the right words to describe consent helps frame that process in our minds. Important to read and reflect on this. (See page 84).

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**REFERENCE**