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The stain on the carpet: alcohol consumption in the UK

The British Society of Gastroenterology (BSG) has been at the forefront of raising awareness with ‘the authorities’ of the risks of alcohol consumption in the UK. These risks are not just the concern of hospitals, but of society and policy makers. A survey commissioned by the BSG is our lead-off article in 2012. Using the well-established YouGov polling methodology it depicts the background of what presents to hospitals. The inter-relationship of the drinks industry campaigns and drinking behaviour – across all ages and strata – are starkly brought out, and make sobering reading as we start a New Year.

Cross-sectional imaging over barium: trends in small bowel imaging

Helen Bungay in Oxford presents an evidence based, safety minded, financially considered article on imaging for small bowel Crohn’s, with a commentary from Professor Stuart Taylor to accompany it. Together the pieces reflect the rising value of MRI in this situation, not least as young radiologists become increasingly less familiar with reporting barium images.

Endoscopy for cancer: evidence to present to healthcare purchasers

Specialists have long suspected that urgent access targets for suspected cancer may not be helpful, and may result in unnecessary procedures that limit availability of procedures

to those in greater need. Berrill *et al* conducted a prospective study of patients who had a diagnosis of upper gastrointestinal cancer. Evidence to present to your local Trusts? And if you succeed, the endoscopic time you save can be used to implement bowel cancer screening – Colin Rees presents data showing the value of this from the ongoing UK programme.

Hepatology training

We hope that hepatology trainees and trainers in the UK will read and respond to Mark Hudson’s article in this edition. They report a survey of trainees, and argue that a centralised programme needs to be developed to meet the needs of trainees. Get involved in the debate by letting us know not only whether you agree, but also how this may be developed and delivered.

Glass halffull: optimising specialist input for inpatients

The impact of gastroenterology consultant ward rounds is reported by Moriarty *et al* (Singh *et al*). They describe the two-edged sword of how efficiently run daily ward rounds may reduce patient length of stay and improve hospital finances while reducing capacity for outpatient activity – a core aspect in a specialty such as gastroenterology. But the model should give readers food for thought about their own practice.

Improving outpatient gastroenterology services

In this edition there are three articles that we hope will stimulate thoughts about your practice.

As use of biologicals to treat inflammatory bowel disease increases, the article by Coltart *et al* on the role of methotrexate is timely. Methotrexate therapy undoubtedly has benefits in patients with Crohn’s disease, but the perceived difficulties in providing a safe service mean it is often discounted as a therapeutic option: the authors describe their solution.

Minimising unnecessary colonoscopy is plainly important, and Sarkar *et al* in Liverpool have established a nurse-led service that may do just that. And not only did they show that they could reduce their potential colonoscopy numbers by over a third, they also suggest that such a service could identify potential medical conditions that could complicate colonoscopy. Something to discuss in your next endoscopy users meeting?

Finally, and possibly most importantly in the years to come, are the implications of the article by James Turvill. The search for a test to safely exclude organic disorders has potential major implications for patients and professionals. Reducing unnecessary and invasive investigations in patients with functional disorders could yield resource to establish supportive services that are known to help these patients. The article by Dr Turvill raises the possibility that faecal calprotectin may be (at least one part of) this long sought-after non-invasive investigation.