Practicing clinicians are increasingly required to be aware of the health economics of treatments they prescribe. Several papers in this edition of Frontline Gastroenterology, from authors around the world, reflect on this important emerging aspect of care. We are pleased to bring the journal content to the wider audience, as we continue to believe that the content is a reflection of exemplars of practice that can improve healthcare provision for the patients we treat as gastroenterologists and hepatologists. This global ambition is mirrored in our submissions from around the world, as well through the reach of our increasingly popular Twitter debates. The online reach of these debates is huge in addition to the Twitter debates. The online reach of these debates is huge in addition to the Twitter debates.

### Practical clinical tips for severe and common hepatology conditions

As ever, Frontline Gastroenterology is very pleased to publish two clinically influential hepatology manuscripts. Although relatively uncommon, refractory pruritus secondary to cholestasis is a very difficult condition for patient and physician, and the condition can sometimes precipitate the need to consider liver transplantation. The team from Leeds describe a rapid and complete bedside haemorrhoid procedures. Emanuel A V. Seeger said that in the long run lead to optimizing of efficacy of these agents.

### Endoscopy: from bowel preparation to post-procedure recovery

We are delighted to publish two endoscopy papers in this edition. The first is a randomised phase 2 clinical trial from Ormarrson and colleagues in Reykjavik, Iceland. They have shown that fish oil suppositories are inferior to a standard docusate and sorbitol enema in terms of endoscopist satisfaction with the quality of view at flexible sigmoidoscopy. Although a negative result, it is studies like this that in the long run lead to optimized care for patients inasmuch as the suppositories may prove effective as a therapy for rectal evacuation as symptom relief (in a field where we have had no new agents for two decades) or as preparation for colorectal surgeons prior to bedside haemorrhoid procedures.

The brilliant singer-activist Pete Seeger said “Education is when you read the fine print; experience is what you get when you don’t”.

### The real life health economics of diagnosing and treating irritable bowel syndrome

With a well-recognised high prevalence, functional disorders represent a major part of the gastroenterologist’s workload. The costs associated with this patient group become relevant in the model of healthcare funding advocating throughout the world, and Soubieres et al have defined this in a paper in this edition. As care providers and funders move towards better clinical coding, and with Rome IV about to report in 2016 with new diagnostic criteria for functional disorders, this analysis is especially timely as a benchmark of what we can improve in our own practices. This is an important analysis given the relative paucity of such publications outside the USA funding model. What emerges is the relative expense of treating pain and constipation symptoms, compared to diarrhoea. Also, it is clear that there is often a hesitation from secondary care clinicians in making a positive diagnosis, a message that will likely be addressed by Rome IV, hopefully giving clinically relevant guidance for the general gastroenterologist.

### Inflammatory bowel disease: are there service cost-savings to be had?

Our pedigree in publishing frontline IBD research remains high. In addition to papers on managing acute severe colitis as well as optimising trial design, we have two papers looking at health economics. Dharmasiri et al demonstrate a reduction of over £10k (£15k) per patient per year by using a strategy of allopurinol added to low dose azathioprine in an effort to preserve efficacy of the former, compared to switching to biologics. With regard to biologics Russell and a group of UK experts review the potential financial savings to be had with careful monitoring of efficacy of these agents.

### References


