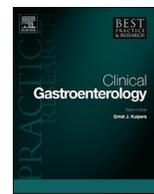




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Preface - Functional gastrointestinal disorders

The interest in functional gastrointestinal disorders is high. At any gastroenterology outpatient clinic this type of patient with complaints of their gastrointestinal function comprises at least one third of the encounters. At the primary care level the frequency of this entity is between 5 and 10% of all doctor's visits. Hence, the burden of functional gastrointestinal disorders on the medical health care system is extremely high with demands on diagnostic tests, drug prescription and sick leave.

Since my early days as a practicing gastroenterologist in the middle of the 1980s the disease spectrum has changed. At that time the work was focused on peptic ulcer disease and inflammatory bowel disease with at times patients being put up at the clinical ward for detailed diagnostic procedures and treatment. Today, things are different. Peptic ulcer disease is very rare. Inflammatory bowel disease is mostly on self-control and treatment. However, the patients at the out-patient gastroenterology clinic are cases with different shades of functional symptoms that will need another approach in order to make a diagnosis. New methods are today available, such as gastric emptying tests, gastric drinking tests, urea breath test, video capsules, wire-less motility capsules (SmartPill), breath tests alongside with regular gastroscopy and colonoscopy, among which we see the dawning of new techniques for macroscopic detection by the use of mucosal staining techniques, and new antibodies being used for detailed microscopic immunohistochemical detection of pathology in biopsies.

However, even with the development of a multitude of diagnostic techniques we still encounter patients with problems, whose symptoms we cannot understand or explain and therefore not treat. One of the most heard comments is that "I feel best when I do not eat", and being self-critical, we have to realize that not many of our readily available diagnostic tools are built on the most common event of the gastrointestinal tract, namely eating a full meal. For the forthcoming diagnostic advancements we are trying to tackle this approach by using food challenges or using long-term recordings which evidently will include meals. Hopefully such a development of considering not only the gut in its

fasted state, but also in fed state will help to disentangle the usual questions we meet in gastroenterology practice.

The pharmacotherapeutic approach to functional gastrointestinal disorders has to be built on strict diagnostic features with clearcut symptoms that might be relieved by drug treatment. Thus, the primary end-point of any treatment, be it clinically or in drug trial has to be crystal clear. Often it is not. We are today struggling with different ways to pinpoint symptomatic relief in functional disease, in order to reach that point in order to be certain about a true drug effect. Along this line, irritable bowel syndrome has come a long way in determining a valid symptom evaluation by use of the "Irritable bowel syndrome symptom severity score" (IBS-SSS) which enables us to verify relief. In gastroparesis we use also use a questionnaire, the "Gastroparesis cardinal symptom index" (GCSI) to evaluate the severity of symptoms in patients with slow gastric emptying, and in functional dyspepsia the "Patient assessment of upper gastrointestinal symptoms" (PAGI-SYM) is helpful for evaluating symptoms. Basically, drug development will be built on these questionnaires as they reflect the personal outcome to treatment in any patient. Aside from this, parallel diagnostic test are founding the basis for objective verification of disease using the right cut-offs at the right timepoints.

It is a privilege to edit an issue of Best Practice & Research in Gastroenterology with focus on functional disorders. I have brought together experts of great knowledge in the area, others with new findings and researchers with new treatment principles who have been able and willing to contribute to this issue. I wish you all a good read.

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