

Introduction

Primary care physicians can count on 2.5 to 3.5 million visits each year from patients who have gastrointestinal (GI) complaints or symptoms. These may consist of abdominal discomfort or pain, diarrhea, or constipation with constitutional symptoms of fatigue and weight loss. Because these symptoms are nonspecific, the clinician must be astute in separating functional from organic disease.

In this issue of *clinical CORNERSTONE*®, 5 specialists from the Oregon Health & Science University have contributed articles that focus on the diagnosis, treatment, and management of the common lower GI disorders, bringing into their discussion the findings of recent studies and the use of new therapies and colorectal screening methods.

In the opening article, David A. Lieberman, MD, stresses the importance of colorectal cancer screening, citing some of the compelling evidence that shows screening average-risk asymptomatic persons aged >50 years reduces both colorectal cancer mortality and incidence rates. Dr. Lieberman excellently summarizes the benefits, limitations, and cost-effectiveness of the currently available screening methods and reveals that colonoscopy is the screening method of choice.

Douglas O. Faigel, MD, explains the pathophysiology of constipation, a common functional disorder affecting most of the population in the Western world at one time or another, and its huge economic impact—laxative costs alone amount to \$800 million each year. He presents a commonsense approach to evaluating and treating this disorder and discusses the pros and cons of various types of laxatives currently available.

Atif Zaman, MD, MPH, explains the epidemiology and diagnosis of irritable bowel syndrome, a clinical spectrum of functional GI disorders that has a significant effect on quality of life. Although the cause is still not known, extensive data support a multicomponent approach to therapy that involves medical management, dietary modifications, and possibly psychotherapy. The cornerstone of therapy is reassurance and explanation of the patient's symptoms.

Deepak V. Gopal, MD, FRCP(C), discusses the common and benign diseases of the rectum and anus and presents diagnosis and management approaches to hemorrhoids, anal fissures, and fistulas. Highlighted is the utility of endoscopic ultrasound in staging anal rectal cancer and in pinpointing the possible etiology of fecal incontinence.

Kandice L. Knigge, MD, reviews the pathophysiology, complications, and treatment of inflammatory bowel disease (IBD), a general term encompassing 2 distinct disorders—ulcerative colitis (UC) and Crohn's disease (CD). UC is a chronic inflammation involving the inner lining (mucosa) of the colon; CD extends further into the deepest layers of the intestinal wall (transmural). IBD is also associated with extraintestinal manifestations such as arthritis and skin and liver abnormalities.

In all, these articles provide valuable information for primary care practitioners on diagnosing, evaluating, and treating common lower GI disorders.

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