Editor’s message

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Sex matters. That is the conclusion drawn by a panel of experts convened last year by the Institute of Medicine to review research programs. Historically, medical researchers assumed that other than their reproductive systems, men and women react the same way in health and disease. This JAOA Supplement on gastrointestinal disorders in women does not explore the vast and unknown differences between men and women on a cellular level, but rather highlights gender-related differences that may have an impact on how clinicians approach patient care.

In their article on hepatitis C virus and the human immunodeficiency virus (HIV) co-infection in women, Robert Orenstein, DO, and Nicholas Tsogas, MD, examine the challenge of managing these two chronic viral infections. AIDS is now the third leading cause of death in women aged 25 to 44 years in the United States, and it is believed that 20% of them may be co-infected with hepatitis C, a condition that can ultimately cause liver failure. Both illnesses carry a significant social, public health, and financial impact and disproportionately affect women. This article represents one of the first to address the special situation of HIV and hepatitis.

In the aptly titled article, “Colorectal cancer in women: An equal opportunity disease,” Glenn L. Osias, MD; Kimberly B. Osias, MD; and Radhika Srinivasan, MD, examine risk factors of this prevalent condition which are unique to women. Colorectal cancer is the second leading cause of cancer-related deaths in developed countries and the third leading cause of cancer-related deaths in women. It is important that practitioners understand when and how to screen patients for polyps in order to prevent the development of malignancy.

In the third article, Jill C. Clarida, BS, and I outline the complexities of the irritable bowel syndrome, a gastrointestinal motility condition that may involve disordered communication between neurotransmitters in the brain and the gut. Irritable bowel syndrome continues to be a challenging problem for both patients and clinicians. This article highlights psychosocial factors that may have an impact on the effectiveness of clinical interventions for this population.

In the final article, Sarathchandra I. Reddy, MD, MPH, and Jacqueline L. Wolf, MD, address the medical and surgical management of women with inflammatory bowel disease with particular attention to issues of fertility, body image, management of disease during pregnancy, and osteoporosis. They review the latest information on clinical evaluation, medical modes of therapy, and the role of surgery.

It is hoped that the information provided in this JAOA Supplement will be useful to readers and will promote greater understanding of gender-relevant issues to be considered in the care of women with gastrointestinal disorders.