

FROM THE LITERATURE

High-Fiber Diet and Asymptomatic Diverticulosis

To determine whether low-fiber or high-fat diets, diets that include large quantities of red meat, constipation or physical activity increase risk for asymptomatic diverticulosis, a cross-sectional study of 2104 participants 30 to 80 years old who underwent outpatient colonoscopy from 1998 to 2010 was carried out. Diet and physical activity were assessed in interviews using validated instruments.

The prevalence of diverticulosis increased with age. High intake of fiber did not reduce the prevalence of diverticulosis. Instead, the quartile with the highest fiber intake had a greater prevalence of diverticulosis than the lowest (prevalence ratio = 1.3), risk increased based on calculated intake of total fiber, fiber from grains, soluble fiber, and insoluble fiber. Constipation was not a risk factor.

Compared to individuals with less than 7 bowel movements per week, individuals with greater than 15 bowel movements per week had a 70% greater risk for diverticulosis (prevalence ratio = 1.7). Neither physical activity nor intake of fat or red meat was associated with diverticulosis.

It was concluded that a high-fiber diet and increased frequency of bowel movements are associated with greater, rather than lower prevalence of diverticulosis. Hypotheses regarding risk factors for asymptomatic diverticulosis should be reconsidered.

Ed. Note: Discussion included the fact that dietary adjustment would affect symptom relationship to diverticulosis and possibly complications of same.

Peery, A., Barrett, P., Park, D., et al. "A High-Fiber Diet Does Not Protect Against Asymptomatic Diverticulosis." *Gastroenterology*, 2012; Vol. 142, pp. 266-272.

Adalimumab in Ulcerative Colitis

ULTRA-2 was a randomized, double-blind, placebo-controlled trial to evaluate the efficacy of adalimumab in induction and maintenance of clinical remission in 494 patients with moderate to severe ulcerative colitis, who received concurrent treatment with oral corticosteroids or immunosuppressants.

Patients were stratified based on prior exposure to TNF- α antagonists and randomly assigned to groups, given the drug 160 mg at week zero, 80 mg at week 2, and then 40 mg every other week or placebo. Primary

end points were remission at weeks 8 and 52.

Overall rates of clinical remission at week 8 were 16.5% on adalimumab and 9.3% on placebo; corresponding values for week 52 were 17.3% and 8.5%. Among anti-TNF alpha-naïve patients, rate of remission at week 8 were 21.3% on the drug and 11% on placebo; corresponding values for week 52 were 22% and 12%.

Among patients who had previously received anti-TNF agents, rates of remission at week 8 were 9.2% on adalimumab and 6.9% on placebo; corresponding values for week 52 were 10.2% and 3%.

Serious events occurred in 12% of patients given the drug, all placebo. Serious infections developed in 1.6% of patients with the drug and 1.9% given placebo. In the group given the drug, one patient developed squamous cell carcinoma and one developed gastric cancer.

It was concluded that adalimumab was safe and more effective than placebo in inducing and maintaining clinical remission in patients with moderate to severe ulcerative colitis who do not have an adequate response to conventional therapy with steroids or immunosuppressants.

Sandborn, W., Assche, G., Reinish, W., et al. "Adalimumab Induces and Maintains Clinical Remission in Patients With Moderate-to-Severe Ulcerative Colitis." *Gastroenterology*, 2012; Vol. 142, pp. 257-265.

Murray H. Cohen, D.O., "From the Literature" Editor, is on the Editorial Board of *Practical Gastroenterology*.

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Chef Spike Mendelsohn Dishes on How to Turn Down the Heat on Acid Reflux Disease

Mendelsohn and Takeda Launch Don't Let it Burn National Campaign and Contest to Educate Consumers on Acid Reflux Disease Management and Treatment

Deerfield, Ill. Celebrity chef Spike Mendelsohn knows all too well the effects of a busy and hectic lifestyle – especially for a person with acid reflux disease (ARD). But while he’s used to firing up the grill, Chef Spike has also had to learn how to turn down the heat on his heartburn associated with ARD. To raise awareness and understanding about the importance of managing heartburn symptoms of ARD, including through lifestyle modifications, Chef Spike is cooking up an exciting recipe with Takeda Pharmaceuticals U.S.A., Inc. (Takeda), makers of the prescription medication DEXILANT (dexlansoprazole), through the educational campaign and contest, Don’t Let it Burn (DontLetitBurn.com).

“Food is not only one of my passions, it’s my life and as a chef, I know all about long days and nights. And, for me, certain foods and stress can aggravate my symptoms,” Chef Spike shared. “But as the saying goes, if I can’t take the heat, I should get out of the kitchen. So I’ve worked with my doctor to come up with a treatment plan that, for me, includes taking DEXILANT, which helps me to manage my acid reflux disease.”

Also known as gastroesophageal reflux disease (GERD), acid reflux disease is often a chronic condition affecting nearly 19 million Americans, and is characterized by persistent heartburn that occurs two or more days a week despite treatment and diet changes. Acid reflux disease should be managed with lifestyle changes and by working closely with a physician, not only to help relieve the uncomfortable and sometimes painful symptoms, but to heal damage (erosions) in the esophagus, a condition known as erosive esophagitis (EE).

“In the 40 years I’ve spent in clinical practice, I have seen many patients like Spike who have busy schedules, and who are concerned with their condition. For many people, symptoms can recur despite adjustments made to one’s diet, lifestyle and treatment,” said David A. Peura, M.D., Professor of Medicine, University of Virginia Health Sciences Center, Charlottesville, VA. “A helpful treatment option is the proton pump inhibitor (PPI) DEXILANT, which can provide up to 24 hours of heartburn relief for acid reflux disease. DEXILANT has a Dual Delayed Release formulation, which means



that it provides two separate releases of medication in one pill.”

Contest: How Do You Turn Down the Flame on Heartburn Associated with ARD?

“Those who know me from reality television shows, have eaten in my restaurants or are familiar with my cookbook, know I love food – and also know how things can get heated in the kitchen,” said Chef Spike. “Visit DontLetitBurn.com to learn more about my story and to find out how to enter the “Don’t Let it Burn” Contest for the chance to win an opportunity to cook dinner with me. When you are on the site, you can also share your recipes for not triggering the burn.”

To enter the “Don’t Let it Burn” Contest*, visit DontLetitBurn.com to submit a favorite recipe that shouldn’t impact your heartburn related to ARD. All contest rules and details are available on DontLetitBurn.com.

Help Put Out the Fire of Acid Reflux Disease

Heartburn occurs when stomach acid repeatedly flows back into the esophagus, which can happen when the valve between the stomach and esophagus is not working properly. Affecting both men and women, persistent heartburn two or more days a week, despite treatment and diet changes could be a sign of ARD. The esophagus may become irritated and possibly damaged with continued exposure to stomach acid, a condition known as erosive esophagitis. ARD affects people differently, so it is important to talk to a doctor about symptoms.

“For more than 15 years, Takeda has been committed to supporting patients with digestive diseases,” said Heather Dean, Senior Director Marketing, Takeda. “We truly believe Don’t Let it Burn will further encourage individuals to help take control of their acid reflux disease and to work with their health care professional,

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MEDICAL BULLETIN BOARD

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an important step in appropriately managing their symptoms.”

With personal tips from Chef Spike, the new website, DontLetitBurn.com, offers information and tips for everyday management of acid reflux disease symptoms. To help reduce heartburn associated with ARD, some common triggers to avoid include: consuming fatty foods, caffeine and alcohol; eating close to bedtime; smoking and wearing tight-fitting clothes around your waist. An ARD-combatting to-do list includes maintaining a healthy body weight, elevating the head of the bed, and eating small, frequent meals rather than large amounts of food at one time.

About DEXILANT (dexlansoprazole) 30 mg and 60 mg delayed release capsules

DEXILANT is a PPI, which decreases acid production by turning off many of the acid pumps in the stomach, thus helping to protect the esophagus from acid reflux so that esophageal inflammation can heal. DEXILANT combines an enantiomer of lansoprazole with a Dual Delayed Release (DDR) formulation designed to provide two separate releases of medication. DEXILANT is indicated for healing all grades of erosive esophagitis (EE) for up to 8 weeks, maintaining healing of EE and relief of heartburn for up to 6 months, and treating heartburn associated with symptomatic non-erosive GERD for 4 weeks.

Important Safety Information

DEXILANT may not be right for everyone. Do not take DEXILANT if you are allergic to DEXILANT or any of its ingredients. Serious allergic reactions have been reported. Tell your doctor if you get any of the following symptoms with DEXILANT: rash, face swelling, throat tightness, or difficulty breathing. Symptom relief does not rule out other serious stomach conditions. People who are taking multiple daily doses of proton pump inhibitor (PPI) medicines for a long period of time may have an increased risk of fractures of the hip, wrist, or spine. Low magnesium levels can happen in some people who take a PPI medicine.

The most common side effects of DEXILANT were diarrhea (4.8%), stomach pain (4.0%), nausea (2.9%), common cold (1.9%), vomiting (1.6%), and gas (1.6%). DEXILANT and certain other medicines can affect each other. Before taking DEXILANT, tell your doctor if you are taking ampicillin, atazanavir, digoxin, iron, ketoconazole, or tacrolimus. If you are taking DEXILANT with warfarin, you may need to



be monitored because serious risks could occur. Talk to your doctor or health care professional. Please see accompanying Prescribing Information for DEXILANT. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Takeda Pharmaceuticals U.S.A., Inc. Based in Deerfield, Ill., Takeda Pharmaceuticals U.S.A., Inc. a subsidiary of Takeda Pharmaceutical Company Limited, the largest pharmaceutical company in Japan. The respective companies currently market oral diabetes, insomnia, rheumatology, and gastroenterology and cardiovascular treatments and seek to bring innovative products to patients through a pipeline that includes compounds in development for metabolic and cardiovascular disease, gastroenterology, neurology and other conditions. To learn more about these Takeda companies, visit www.tpna.com.

*No Purchase Necessary to Enter or Win in the Don't Let it Burn Contest. A purchase will not increase your chances of winning. Starts 12:00:01 am ET on 5/2/12, ends 11:59:59 pm ET on 6/13/12. Open only to legal residents of the 48 contiguous U.S. (D.C.) (excludes AK and HI) 21+ years. Void where prohibited. Subject to Official Rules available at www.DontLetitBurn.com. Sponsor: Takeda Pharmaceuticals U.S.A., Inc. Carrie Rose Account Supervisor, Media Specialist 646.935.3938 201.362.7883 (M)

MEETINGS CALENDAR

July 27-29, 2012

**7th Postgraduate Course on Gastrointestinal Motility and Neurogastroenterology in Clinical Practice
Live Demonstrations and Interactive Meeting with the Experts & Young Investigator Forum**

Hyatt Regency, Chicago, IL. American Neurogastroenterology and Motility Society. www.motilitysociety.org

September 21 & 22, 2012

2012 Annual Probiotic Symposium Optimizing GI Health: Probiotics, Prebiotics, & Nutritive Factors

Hotel Solamar, San Diego, CA. Attend the sixth Annual Probiotic Symposium for a unique opportunity to learn about holistic integration of probiotics, prebiotics, and other nutritive factors to clinically manage gastrointestinal dysfunction. Approved for a maximum of 11 AMA PRA Category 1 Credits™ Save \$100—Register before August 31, 2012 www.ProbioticSymposium.com 866-216-6127 info@ProbioticSymposium.com Hotel Reservation: 877-230-0300 Group rate code: Probiotic Symposium 2012

September 30-October 4, 2012

**Chicago Will Host the ACS Clinical Congress
Special program selections will mark the launch of a year-long centennial celebration**

The 2012 Clinical Congress of the American College of Surgeons (ACS)—one of the largest international meetings of surgeons in the world—will convene in Chicago, Ill.

The Chicago Hilton and Towers will serve as the headquarters hotel for the meeting, and the McCormick Place Convention Center will house the scientific panel sessions and courses, as well as all scientific and technical exhibits. This year's Clinical Congress will feature an outstanding educational program and the launch of the College's year-long Centennial celebration. The program features special lectures, exhibits, and receptions to commemorate the Centennial in addition to guest lectures by prominent leaders in surgery; panel sessions in theme- and discipline-based tracks; dozens of video-based education selections; a selection of didactic postgraduate courses and hands-on skills courses; leading-edge, research-in-progress papers in all surgical specialties for presentation during the Surgical Forum and Papers Sessions; daily town-hall meetings and "Meet the Expert Luncheons;" a series of press conferences; and over 300 posters displaying innovative scientific research. Additionally, more than 200 companies will display products or services that improve the quality of surgical patient care or enhance management practices within the surgical profession. Registration will open in early June.

Additional program information can be viewed online at: www.facs.org/clincon2012/

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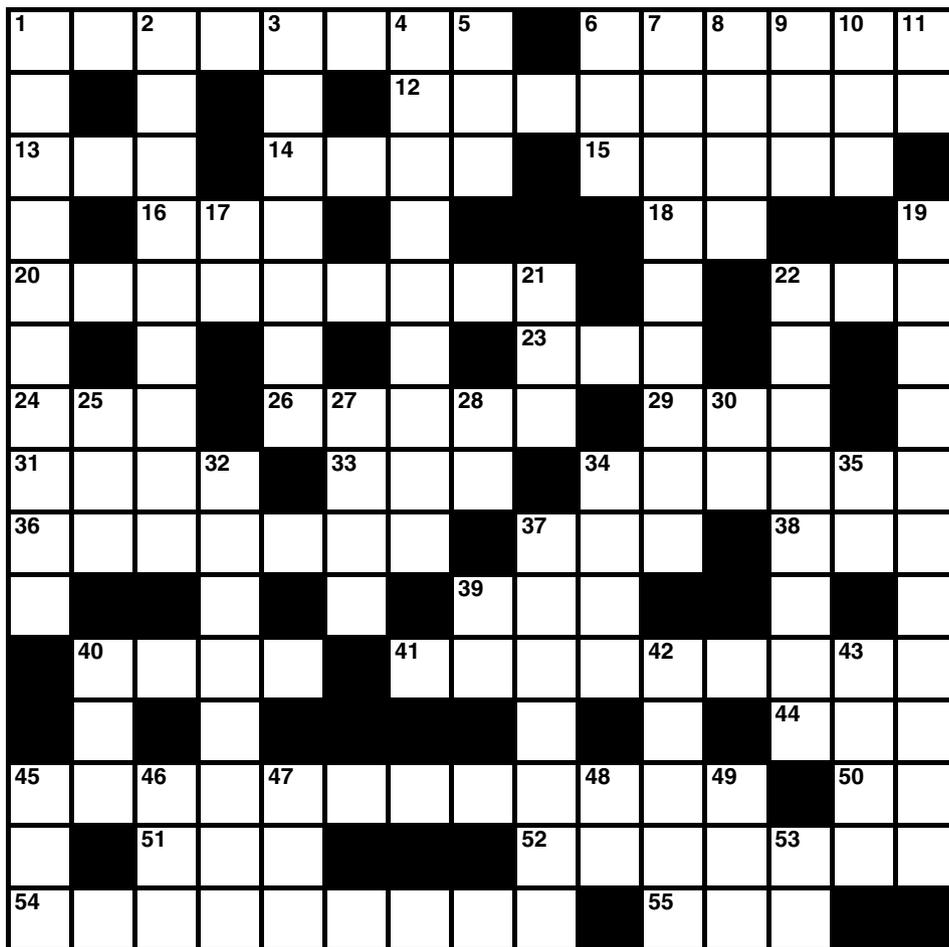
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PRACTICAL GASTROENTEROLOGY CROSSWORD PUZZLE

by Myles Mellor



DOWN

- 1 The E in EUS
- 2 Relating to the sense of smell
- 3 Red skin eruption
- 4 Abnormal cell proliferations
- 5 Certain MD's specialty, for short
- 6 Hospital networking tools
- 7 Having an inflammatory lesion
- 8 Understand
- 9 Antimicrob___
- 10 Neurotoxic esterase, for short
- 11 Extra wide shoe fitting
- 17 ___ Berkeley
- 19 It's performed to allow feeding tube placement
- 21 "___ questions?"
- 22 Part of the intestines
- 25 Camera motion
- 27 Appear
- 28 To the same degree
- 30 Oregon neighbor
- 32 Heart drugs
- 34 Carpenter's groove
- 35 For example
- 37 Type of door used in medical carts
- 39 Exist
- 40 Researcher's key question
- 42 Every patient must have one
- 43 Work ___
- 45 Nashville-based awards org.
- 46 Relaxation locale
- 47 Curve
- 48 Twin cities state
- 49 Visit
- 53 Used before a vowel

ACROSS

- 1 Gland secreting through a duct
- 6 C5H4N4
- 12 Preferred way to treat insulinomas
- 13 Decline
- 14 Injection
- 15 Piece of basic medical equipment
- 16 Color
- 18 Driver's ___
- 20 Protoplasmic substance marking the junction of a motor nerve and muscle cell
- 22 It's used in CT
- 23 Non disclosure agreement, for short
- 24 Make a selection
- 26 Evaluation
- 29 Pair
- 31 Its management is vital after surgery
- 33 Emergency medical service, for short
- 34 Make numb
- 36 Cuts into
- 37 Bit
- 38 Freudian term
- 39 Serious
- 40 Helminth
- 41 Fecal blood test
- 44 Farm sound
- 45 Serous and papillary
- 50 Before noon
- 51 For every
- 52 Not prepared
- 54 Lacking blood vessels
- 55 Decimal basis

(Answers on page 64)