Editorial

With the increase in the aging population, the study and care of gastrointestinal disorders in the elderly have become priority topics for both clinicians and researchers. In the last few years the medical literature has provided several studies on the changes that occur in gastrointestinal physiology as a function of advanced age, as well as on gastrointestinal diseases associated with aging.

The aim of this Special Issue of *Digestive Diseases* entitled 'Management of Gastrointestinal Diseases in the Elderly' is to assemble the results of the more recent studies in geriatric gastroenterology and to review both basic research and clinical aspects of this field.

The first two articles discuss an interesting point in geriatric gastroenterology, i.e. the effects of aging upon the physiology of the gastrointestinal tract and liver functions. Since the elderly patient may present with particularly unique variables, such as altered visceral function, which impact profoundly on the presentation, diagnosis and treatment of disease, a deeper understanding of these variables is critical to provide optimal diagnostic modalities and design specific treatment care plans for elderly individuals.

The geriatric approach to gastrointestinal disorders is a crucial point in the clinical management of older patients with gastrointestinal disorders. Since these patients are likely to have multiple interacting problems that interfere with their daily function and complicate their treatments, a comprehensive multidimensional assessment is particularly important in managing older patients with chronic and disabling illnesses as well as with acute death-threatening diseases. In this issue, a special article reports a recent clinical experience evaluating the clinical usefulness of comprehensive geriatric assessment in older patients with gastrointestinal bleeding.

A significant component of this special issue is devoted to identifying the physician's clinical approach to the elderly with specific gastroenterological problems. Recent advances in pathophysiology, diagnostic tools and treatments of elderly patients with anorexia are reported in an updated article. Moreover, the physician's approach to the management of disorders of the small intestine, colon, and liver is discussed, highlighting the specific aspects of such disorders in old age.

Diagnostic testing becomes very important in old age since clinical features such as history and physical signs are frequently most difficult to interpret in older individuals. Clearly, both the course and the therapy of a disease may also be found to be altered in an older individual. Indeed, very frequently, clinical manifestations and the response to therapy may appear to differ because the older patient has several concomitant disorders that may distort the classic features of the primary gastrointestinal disease. For these reasons, the process of geriatric assessment often requires the involvement of a multidisciplinary team with experienced specialists as well as primary care physicians and/or community health workers focused on identifying functional problems and disabilities of older persons. A clear example of such a multidisciplinary approach to the older patient is described in the article on bowel care.

We hope that this special issue will be useful for general physicians, specialists in geriatrics and gastroenterology, and all healthcare providers who are involved in planning care management of elderly people with gastrointestinal disorders.

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