

## Preface



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This issue of the *Gastroenterology Clinics of North America* devoted to gastroenterology in the elderly is timely and important, because the evidence is overwhelming: the demographics of the population in the United States and worldwide are rapidly changing, with a growing proportion of older people. With this change will come an accentuation of many clinical disease states. Baby boomers have just started to retire; by the year 2030, there will be 27 million people aged 65 years and older in the United States. Their maladies, along with their desire to stay young and healthy, create a tension that only intensifies with each passing year, and gastroenterologists will need to be able to expertly tackle their relevant medical issues.

We have brought together experts in gastroenterology and gastrointestinal surgery, who cover 11 key topics. We tasked authors to share with us their understanding of the clinical illnesses that confront the aging gut. In every article, emerging evidence that is unique to a geriatric population has been included where possible. In many instances, we have found that such data are still not robust and urge that efforts with regard to research and aging be ongoing.

We have tried to balance the science of aging with what is known about clinical geriatrics and gastroenterology. The elderly carry a burden of comorbid disease that adds complexity to every interaction and intervention. Our authors help address the science and art of caring for this unique population.

With some conditions as the population ages, there is a higher incidence and prevalence of disease, such as constipation and colon cancer. In other situations, we must be ever more vigilant so as not to miss problems, such as “late onset” celiac disease. *Clostridium difficile* and other infections are now more commonplace in the elderly and will likely be an even bigger problem with continuing antibiotic use and institutionalization. One can only imagine what a similar text might look like in another 10 or 20 years.

We hope you will agree that this issue offers the most current information available regarding important disease states and clinical practice in geriatric gastroenterology. It should serve as an appropriate reference for primary care providers and subspecialists

alike. Our authors have taken the time to provide plenty of detail but have avoided becoming bogged down in some of the finer points that have less practical value. We hope you will find that the information can be taken to the bedside and immediately applied.

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