

disease, we must consider that in Germany the frequency of Crohn's disease is higher than ulcerative colitis, being the incidence of the diseases 4.2 v 2.9/100 000 inhabitants/year.¹

Moreover, the other reports existing in literature did not document either a reduction of working capacity, or of social and family life in patients with inflammatory bowel disease. In a Danish study it has been observed that 90% of ulcerative colitis patients 'work normally';^{2,3} the percentage of Crohn's disease patients with a normal working capacity does not significantly differ from the controls.⁴ In a Swedish study, after a follow up of 14 years, 89% of patients with Crohn's disease had a 'good' quality of life;⁵ a better quality of life was registered in the case of segmental involvement of the colon or ileum.⁶ Even after surgery, the percentage of patients with a good quality of life is still high, being of about 85–95% for both the diseases.⁷ Finally, a disability pension received because of the disease has been found in 3%⁴ of Crohn's disease cases but in no case of ulcerative colitis.²

In a preliminary study, we too, have found that the quality of life is not reduced in 88 inflammatory bowel disease outpatients periodically followed in our Department. In order to evaluate their health status and the quality of life, all the patients were asked about the daily life activities (work, hobbies, social life, presence of abdominal pain, etc . . .) using the index of Grogono-Woodgate.⁸ For each item there is a score ranging from 1 to 0; the sum of the scores obtained in each month divided by 12 gives the 'health year'. A 'health year' equal to 1 represents the state of complete well being. By using this index it has been possible to document the changes of life style induced by the disease during a period of 12 months. As regards the clinical features of the patients, the mean age was of 35 and 40 years, for ulcerative colitis and Crohn's disease respectively, at the time of interview; the disease duration was of about seven years; 51% of Crohn's disease and 22% of ulcerative colitis underwent surgical treatment and finally, each patient was hospitalised at mean twice from the onset of the disease. A fairly good quality of life was registered, with a health year equal to 0.9 for ulcerative colitis and 0.8 for Crohn's disease. The patients did not complain of a reduction of working capacity, of family and social life. Despite the disease, 83% of the patients went on doing the same job; only 10% had to change their job; 7% of the total retired early because of the disease. We have to emphasise that all the patients who changed work or retired, had been operated on; among the patients (four Crohn's disease; two ulcerative colitis) who retired, 83% of them were over the age of 45 years. Moreover, we found that not the disease itself, but

the clinical activity seems to negatively influence life style, as, during relapses, 58% of ulcerative colitis patients and 76% of the Crohn's disease patients complained of a reduction of working capacity; however, depression was present in 70% of Crohn's disease and 91% of ulcerative colitis.

We recognise that the problem of disability exists and should not be underestimated as patients with inflammatory bowel disease are generally young and have to live with a chronic disease for many years; moreover they need frequent hospitalisation and continuous therapy. Until now, the data available are scarce and not easily comparable, so that definite conclusions relating to such problem cannot be given. For this reason we think that more accurate studies are necessary in order to clarify the real disabling consequences of inflammatory bowel disease.

A TRAGNONE AND G A LANFRANCHI

*Istituto di Clinica Medica e Gastroenterologia,
Policlinico S. Orsola,
Università di Bologna,
via Massarenti,
9 40138 Bologna, Italy*

References

- Goebell H, Dirks E, Forster S. Prospective analysis of the frequency of the chronic inflammatory bowel disease in an urban population (Ruhr Area). In: Goebell H, Peskar BM, Malchow H, eds. *Inflammatory bowel diseases*. Lancaster: MTP Press, 1988: 241–2.
- Hendriksen C, Kreiner S, Binder V. Long-term prognosis in ulcerative colitis—based on results from a regional patient group from the county of Copenhagen. *Gut* 1985; **26**: 158–63.
- Binder V. Epidemiology, course and socio-economic influence of inflammatory bowel disease. *Schweiz Med Wochenschr* 1988; **118**: 738–42.
- Sorensen VZ, Olsen BG, Binder V. Life prospect and quality of life in patients with Crohn's disease. *Gut* 1987; **28**: 382–5.
- Krause U, Ejerblad S, Bergman L. Crohn's disease: a long-term study of the clinical course in 186 patients. *Scand J Gastroenterol* 1985; **20**: 516–24.
- Farmer RG, Whelan G, Fazio VW. Long-term follow-up of patients with Crohn's disease—relationship between clinical pattern and prognosis. *Gastroenterology* 1985; **88**: 1818–25.
- Wike RJ, Edwards FC, Allan RN. Employment problems and prospects for patients with inflammatory bowel disease. *Gut* 1988; **29**: 1229–35.
- Grogono AW, Woodgate DJ. Index for measuring health. *Lancet* 1971; ii: 1024–6.

Reply

SIR,—I appreciate Drs Tragnone's and Lanfranchi's concern that further studies are important for our understanding of the disabling sequelae inflammatory

bowel disease. As stated explicitly in the introduction of my paper, its main goal was to study the distribution of inflammatory bowel disease by age, sex, and occupational status using the occurrence of disability among German employees as an epidemiologic tool. Because the underlying age distribution of inflammatory bowel disease, disability resulting from it, as compared with other diseases, occurred at a significantly younger age. It was, therefore, concluded that despite its relatively low prevalence, inflammatory bowel disease had a major socioeconomic impact. This study was not designed to examine disability among inflammatory bowel disease patients in general, and no allusions regarding its frequency of occurrence were made. The German social security system covers 20 million people, and the data given in the paper pertained to all cases which occurred in this population. From the data cited by Tragnone and Lanfranchi, one can estimate that $264 \times 100\,000 / 20\,000\,000 \times 4.2 = 31\%$ of all new annual cases of Crohn's disease will become disabled at some time point during their ensuing medical history. Similarly, one can calculate a rate of 26% for patients with incident ulcerative colitis. (According to the regulations of the German system of social security, a pension may be granted in case of partial as well as complete disability; it is discontinued, if the patient regains ability to be gainfully employed.) I am sceptical whether 88 patients who were referred to the gastroenterology unit of a university hospital and followed there for one year provide a large enough and representative sample to study disability and quality of life in a chronic disease such as inflammatory bowel disease.

AMNON SONNENBERG

*Gastroenterology Section,
Zablocki VA Medical Center, 111-C,
Milwaukee, WI 53295, USA*

Books

Gastrointestinal disease: pathophysiology, diagnosis and management. Edited by M Sleisenger, J Fordtran. (Pp. 2027; illustrated; £95.) Philadelphia: Saunders, 1989.

Approaching the fourth edition of an established classic, the editors might have been forgiven for resting on their laurels, but they have not done so. This edition has been extensively revised, and redesigned. It is longer than its predecessor by 172 pages, but lighter paper means that the weight and

size remain the same. The emphasis on physiology remains; the chapters that deal only, or mostly, with physiology could (and perhaps should) be published separately as an authoritative physiological textbook.

There are some innovations. AIDS and age are new topics. Fourteen colour pages, including 38 endoscopic views, are now included. Perhaps more controversially, special diagnostic and therapeutic techniques no longer form a separate section; descriptions of these procedures are now inserted into appropriate chapters. Possibly this may represent an attempt to stem the rise of the instrumentalist subspecialist, but it does lead to some anomalies; detailed considerations of stenting are not found in the chapter on carcinoma of the pancreas, but in the section on biliary disease. The emphasis is, not surprisingly, on American practice, and there is probably more here about ulcer surgery than you find in a British textbook, but, after all, American surgeons, unlike their UK counterparts, are not paid for not operating.

Although the approach of the authors is compendious and the referencing appears to be pedantically comprehensive, I was disappointed in two of the chapters that deal with my own sphere of interest. The chapter on 'Movements of the small and large intestine' is somewhat perfunctory and does not reflect the activity in this field manifest at each Digestive Disease Week, while in the 'Irritable bowel syndrome', the account of the pathophysiology is confined to the colon, and devotes much space to the now defunct controversy of three minute *versus* six minute colonic slow waves. It would be interesting to know whether other readers find, while the book appears to cover the field very well, that the treatment of their own particular sphere of interest is less satisfactory. These are carping criticisms, however, the fact is that the book is in a class of its own, and the relatively low price suggests that this is a universal view.

The size and scope of this book embodies a message which should provide food for thought for British medicine. It reflects the rapid growth of knowledge and expertise in this field, and suggests that the traditional figure of the general physician with a special interest in gastroenterology may, or should, become an anachronism. No one should be expected to keep abreast of all this and at the same time maintain expertise across the broad front of medical practice. Gastroenterology is advancing most rapidly where gastroenterologists are free to concentrate on their practice; this is not just a matter of research but also of the level of patient care. All patients with gastrointestinal disease have a right of access to a physician with appropriate skills (the same is true of patients with cardiovascular disease, renal