

elderly. One suggested cause is the greater incidence of rheumatic and cardiovascular disease associated with greater longevity, with a resultant increase in the use of nonsteroidal anti-inflammatory drugs (NSAIDs) and aspirin.

In a large, nationwide, observational study, Lanas *et al.* found that the incidence of hospital admission for gastrointestinal complications was 121.9 events/100,000 persons/year. Six times as many hospitalizations occurred for upper gastrointestinal tract complications compared with lower gastrointestinal tract complications, although the mortality rate in each group was similar (overall mortality rate ~5.6%). Almost 90% of deaths were in those aged over 60. Around half of those who died had a history of gastrointestinal disease; cardiac disease (65.1%) and hypertension (40%) were the most prevalent comorbidities. The mortality rate attributed to NSAID or aspirin use was between 21.0 and 24.8 cases per million people, respectively, or 15.3 deaths/100,000 NSAID or aspirin users, with up to one-third attributed to low-dose aspirin use.

These data indicate that the vast majority of deaths from gastrointestinal complications occur in the elderly and those with concomitant disease. Aspirin and NSAID use are linked with gastrointestinal adverse events, which are associated with increased mortality rates. The authors highlight the need for heightened awareness and research into new and better alternatives for pain and inflammation relief in the elderly.

Carol Lovegrove

Original article Lanas A *et al.* (2005) A nationwide study of mortality associated with hospital admission due to severe gastrointestinal events and those associated with nonsteroidal anti-inflammatory drug use. *Am J Gastroenterol* **100**: 1685–1693

A new measure of disease-specific quality of life in achalasia

The optimal management of achalasia is controversial and there is a paucity of high-quality evidence from randomized trials comparing the effectiveness of different treatments and interventions. The absence of a valid and reliable measure of outcome is a particular problem: given that achalasia is not curable, improvements in symptoms and quality of life are the main goals of therapy and, therefore, a

measure quantifying disease-specific quality of life is required.

Urbach and colleagues aimed to develop a measure of disease-specific quality of life with interval-level properties that could be applied in clinical trials. A list of 37 potential items for inclusion was derived from interviews with seven achalasia sufferers and expert opinion. Responses to a questionnaire sent to 70 individuals with achalasia were used to reduce the number of items to 10. Items ultimately selected for inclusion covered aspects of food tolerance, dysphagia-related behavior modifications, pain, heartburn, distress, lifestyle limitation and satisfaction. The measure was then recalibrated on to a 0–100 interval-level scale, where higher values indicate greater disease severity. Tests showed that the measure was reliable, had a wide effective measurement range and showed evidence of validity.

Although further work is needed to evaluate the reliability of the scale in different populations and to determine what constitutes a clinically meaningful change in scores, this scale appears to be suitable for use as an outcome measure in clinical trials and other evaluative studies of achalasia treatments.

Carol Lovegrove

Original article Urbach DR *et al.* (2005) A measure of disease-specific health-related quality of life for achalasia. *Am J Gastroenterol* **100**: 1668–1676

Safe and successful Rigiflex® balloon dilation of achalasia without fluoroscopy

Pneumatic balloon dilation is an effective and widely used nonsurgical treatment for the relief of functional obstruction of the gastroesophageal junction in achalasia. The technique is normally performed under fluoroscopy, with concomitant increased radiation exposure for both patient and clinical staff. Some patients with achalasia have difficult anatomy that precludes use of a guidewire, and this contributes to a high incidence of treatment failure.

In an effort to overcome these problems, Rai and colleagues devised a novel technique using a Gruntzig-type (Rigiflex® balloon [Boston Scientific Corp, Boston, MA]) pneumatic dilation, performed without fluoroscopy and under retroflexed endoscopic visualization.