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## IN BRIEF

### GUIDELINES

#### Quality of gastroenterology guidelines needs to be improved

100 clinical guidelines from the AGA, ACG, ASGE, ESGE, BSG, NICE and SIGN were assessed by Malheiro *et al.* to determine their methodological quality. Evaluation with the Appraisal of Guidelines for Research and Evaluation (AGREE II) instrument revealed several shortcomings: not including the target population in the development process (99%), no report of facilitators and barriers to application (96%), no presentation of criteria for monitoring or auditing (94%) and no inclusion of advice or tools (86%).

**Original article** Malheiro, R. *et al.* Methodological quality of guidelines in gastroenterology. *Endoscopy* doi:10.1055/s-0034-1365394

### OBESITY

#### Vaccination protects against virus-induced obesity

In this proof-of-concept study, mice were immunized with a vaccine candidate obtained by purification and ultraviolet-irradiation of adenovirus 36 (Ad36), which is associated with obesity. 14 weeks after subsequent injection of live Ad36, unvaccinated mice had 17% greater body weight and 20% more epididymal fat than vaccinated mice. Serum levels of proinflammatory cytokines and infiltrated immune cells in fat tissue were also decreased in vaccinated compared with unvaccinated mice.

**Original article** Na, H.-N. & Nam, J.-H. Proof-of-concept for a virus-induced obesity vaccine; vaccination against the obesity agent adenovirus 36. *Int. J. Obes. (Lond.)* doi:10.1038/ijo.2014.41

### LIVER

#### Risk of death reduced by continuing metformin after cirrhosis is diagnosed in patients with diabetes

The findings of Zhang *et al.* indicate that metformin should not be discontinued in patients with diabetes who are diagnosed with cirrhosis unless there are specific contraindications. The authors analysed data retrospectively obtained from the medical records of 250 patients with diabetes who were taking metformin at the time cirrhosis was diagnosed—172 patients continued and 78 patients discontinued metformin. Continuation of metformin was found to reduce the risk of death by 57%.

**Original article** Zhang, X. *et al.* Continuation of metformin use after a diagnosis of cirrhosis significantly improved survival of patients with diabetes. *Hepatology* doi:10.1002/hep.27199

### ESOPHAGUS

#### High-dose fluticasone for eosinophilic oesophagitis

Rothenberg and colleagues evaluated high-dose swallowed fluticasone propionate (1,760 µg daily) for the treatment of eosinophilic oesophagitis. 28 patients were randomly allocated to receive high-dose fluticasone and 14 patients to receive placebo. After 3 months, high-dose fluticasone induced histologic remission in 65–77% of patients. The effectiveness of fluticasone was retained in 73–93% of responders after a 50% reduction in the daily dose for an additional 3 months. Remission was not induced in nonresponders by extending therapy, and there was evidence of steroid resistance in these patients.

**Original article** Butz, B. K. *et al.* Efficacy, dose reduction, and resistance to high-dose fluticasone in patients with eosinophilic esophagitis. *Gastroenterology* doi:10.1053/j.gastro.2014.04.019