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AGA issues six new clinical practice guidelines

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Clinical practice guidelines are critical to reducing physician variation and providing high-quality patient care.

In 2015, the American Gastroenterological Association (AGA) issued six clinical practice guidelines, all published in AGA's official journal *Gastroenterology*, offering current, evidence-based point-of-care recommendations to guide physicians at the bedside.

Review the following compilation of new AGA guidelines release in 2015. To view all of AGA's clinical practice guidelines, as well as accompanying clinical decision support tools and patient guideline summaries, visit http://www.gastro.org/guidelines.

1. Medical Management of Microscopic Colitis

November 2015

http://www.gastrojournal.org/article/S0016-5085(15)01625-X/abstract

(This guideline is currently an Article in Press and is subject to minor edits. Available to media by request.)

In patients with symptomatic microscopic colitis, AGA recommends first-line treatment with budesonide for induction and, when appropriate, maintenance therapy.

2. Management of Acute Diverticulitis

October 2015

http://www.gastrojournal.org/article/S0016-5085(15)01432-8/pdf

This guideline suggests that antibiotics be used selectively, rather than routinely, in patients with acute diverticulitis. It also recommends a fiber-rich diet or fiber supplementation, and identifies future areas of research.

3. Role of Upper GI Biopsy to Evaluate Dyspepsia in the Adult Patient in the Absence of Visible Mucosal Lesions

August 2015

http://www.gastrojournal.org/article/S0016-5085(15)01065-3/pdf

AGA recommends against obtaining endoscopic biopsy of a normal-appearing esophagus in an immunocompromised patient with dyspepsia, providing evidence that this alone would have no added value.

4. Diagnosis and Management of Lynch Syndrome

July 2015

http://www.gastrojournal.org/article/S0016-5085(15)01031-8/pdf

All colorectal cancer patients should undergo tumor testing to see if they carry Lynch syndrome, according to this AGA guideline. AGA also recommends performing a surveillance colonoscopy every one-to-two years in patients with Lynch syndrome, versus less frequent intervals.

5. Diagnosis and Management of Asymptomatic Neoplastic Pancreatic Cysts

April 2015

http://www.gastrojournal.org/article/S0016-5085(15)00100-6/pdf

This guideline changes clinical practice by recommending a two-year screening interval for asymptomatic pancreatic cysts of any size and stopping surveillance after five years if there is no change. This guideline also limits surgery to those who will receive the most benefit.

6. Prevention and Treatment of Hepatitis B Virus Reactivation During Immunosuppressive Drug Therapy

January 2015

http://www.gastrojournal.org/article/S0016-5085(14)01331-6/pdf

Preventing HBV reactivation in patients on long-term immunosuppressive therapy involves screening those at risk, identifying patients for risk based on HBV serologic status and the type of immunosuppression, and consideration of prophylaxis with anti-hepatitis B therapeutics; all three steps are detailed in this guideline.

AGA develops clinical practice guidelines using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology and best practices as outlined by the Institute of Medicine. Our guidelines are regularly reviewed for accuracy.

Source:
American Gastroenterological Association
