

The Epidemiology of Bile Acid Diarrhea in Denmark [Letter]

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Dear editor

We are writing to express my appreciation for the insightful article entitled “Epidemiology of Bile Acid Diarrhea in Denmark” by Kårhus et al, published in Clinical Epidemiology. The study provides a comprehensive analysis of the demographic characteristics of individuals suffering from bile acid diarrhea (BAD) in Denmark, based on national registries.¹

The authors used a robust methodology, utilizing the Danish national registry to identify individuals with BAD, defined by a diagnosis of ICD10 code K90.8B or a SeHCAT test followed by a prescription of bile acid sequestrants within 365 days. The study revealed important findings, including regional differences in the frequency of BAD diagnoses in Denmark, lower income and education levels among individuals suffering from BAD compared to matched controls, and an increase in the number of BAD diagnoses over time. The findings of this study have significant implications for understanding the epidemiology of BAD and its impact on affected individuals. The identification of regional differences in the frequency of diagnosis and the association of BAD with lower socioeconomic status provides valuable insights for healthcare professionals and policymakers. Additionally, this study highlights the potential use of liraglutide in the treatment of BAD, as evidenced by the number of individuals who received a prescription for liraglutide following the SeHCAT test.

Although this study makes a valuable contribution to understanding the epidemiology of bile acid diarrhea (BAD) in Denmark, there are some weaknesses that need to be noted. Firstly, the definition of BAD used in this study may not reflect the true prevalence of BAD in the Danish population, as not all individuals with BAD undergo SeHCAT testing or receive a prescription for bile acid binders. Furthermore, the use of this definition may also overlook individuals who suffer from BAD but do not receive medical treatment. Secondly, this study revealed regional differences in the frequency of BAD diagnosis but did not provide an adequate explanation of the underlying factors. In addition, the association of BAD with lower income and education levels requires further research to understand the causal relationship. Lastly, although this study highlights the use of liraglutide in the treatment of BAD, further information on the efficacy and safety of liraglutide use in this context would be a valuable addition. These weaknesses suggest that this study may not fully represent the complete picture of BAD in Denmark. Therefore, more in-depth and inclusive follow-up studies may be needed to gain a more comprehensive understanding of the epidemiology and management of BAD.

To increase the usefulness of this study, several recommendations and improvements can be considered. First, further research involving direct surveys or interviews with individuals diagnosed with BAD could provide a deeper understanding of the experiences and challenges faced by patients. This could help identify potential risk factors as well as understand the holistic impact of BAD. More research that broadens the definition of BAD to include people who may not have had the SeHCAT test or been prescribed bile acid binders may also help paint a fuller picture of the BAD population's size and makeup. In addition, studies that deepen the analysis related to regional differences in the frequency of BAD diagnosis may help identify contributing factors, both in terms of clinical practice and the demographic characteristics of the local population. Lastly, further research focusing on the efficacy and safety of using liraglutide in the treatment of BAD, as well as its comparison with other therapies, may provide valuable insights for the development of future clinical guidelines and the management of BAD.^{2,3} Taking these recommendations into account,

continued research could expand our understanding of BAD, provide better guidance for clinical practice, and improve the quality of care for individuals suffering from this condition.

Disclosure

The author(s) report no conflicts of interest in this communication.

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