

Patient Perspectives:  
LIVING WITH  
**IBS NOW**

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**April 2022**

Highlights From Annual Survey



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# FOREWORD

Salix is committed to understanding the irritable bowel syndrome (IBS) and chronic idiopathic constipation (CIC) patient population and providing health care providers with the latest information about the patient experience. Through our annual surveys, we hope to uncover findings to help physicians have more meaningful conversations with their patients about managing and treating their symptoms of IBS and CIC. In 2021, we launched our initial IBS Survey to gather insights on IBS and CIC patients' perspectives during the pandemic. This year, our endeavor was to gain a current understanding of IBS and CIC patients on their symptoms and interactions with health care providers.

We learned that nearly half (49%) of respondents found their IBS or CIC symptoms more challenging to manage in the past year. Three out of four patients surveyed report that their IBS or CIC symptoms of constipation, diarrhea, abdominal pain and bloating have not improved over the last 12 months.

Another important finding is that almost all HCP diagnosed patients surveyed (92%) were initially diagnosed with IBS or CIC in the doctor's office. This tells us that in-person visits remain critical in diagnosing IBS and CIC patients. Additionally, 40% of patients only discuss their main IBS or CIC symptom when meeting with their healthcare provider, rather than discussing all IBS or CIC-related symptoms.

The survey also yielded important findings about symptom management and treatment, including that nearly one-third of patients surveyed were not offered a prescription medicine to treat symptoms upon diagnosis of their IBS or CIC.

It is our hope that this research will serve as a valuable resource to physicians and help improve the health and wellbeing of patients living with IBS and CIC.

**Robert Spurr**

*President, Salix Pharmaceuticals*

# EXECUTIVE SUMMARY

## ALL CONDITIONS PANEL

- Overall, 45% of patients surveyed report that they began experiencing IBS/CIC symptoms within the last 24 months
- Nearly half (49%) of patients report their IBS/CIC symptoms were more challenging to manage in the past year
- 3 in every 4 of IBS/CIC patients surveyed reported that their IBS/CIC symptoms of constipation, diarrhea, abdominal pain and bloating have not improved over the last 12 months
- Almost all HCP-diagnosed patients surveyed (92%) were initially diagnosed with IBS/CIC during an in-person appointment with their health care provider
- More than twice the number of patients prefer in-person (61%) as the preferred method of communication with the health care provider who treats their IBS/CIC, versus telehealth (25% phone/video)
- When meeting with their health care provider, 40% of patients report that they only discuss their main IBS or CIC-related symptom
- Nearly one-third of patients were not offered a prescription medicine to treat symptoms upon diagnosis of their IBS/CIC.
- Only 13% of patients report being extremely satisfied with the length of time between their initial IBS/CIC diagnosis to symptom relief

## IBS-C/CIC PANEL

- 71% of IBS-C/CIC patients surveyed were diagnosed within the last 5 years
- 85% of IBS-C/CIC patients report they experience constipation as a symptom, and about 65% of patients say that suffer from abdominal pain and bloating
- Of those IBS-C/CIC patients experiencing a particular symptom, constipation (93%), abdominal pain (91%) and bloating (81%) are the top three symptoms respondents say they typically share with their health care provider
- Almost half (47%) of IBS-C/CIC patients report they were not satisfied with the results of the over-the-counter treatment taken for their symptoms. Respondents mentioned the top three symptoms where they did not see improvement include constipation (49%), abdominal pain (39%) and bloating (38%)

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## EXECUTIVE SUMMARY (CONTINUED)

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### IBS-D PANEL

- The majority of patients (80%) indicate they discussed all of the IBS-D symptoms they experience during their last visit with a health care provider
  - Results show two-thirds (66%) of respondents aren't currently taking a prescription medication to treat their IBS-D
  - For patients on a prescription to manage their IBS-D, these symptoms were the least likely to be addressed by therapy
  - For IBS-D patients on a prescription to manage their IBS-D, these symptoms were the least likely to be addressed by therapy:
    - 40% Urgency to have a bowel movement
    - 34% Bloating
    - 17% Loss of bowel control
- \*Respondents were also asked about abdominal pain, frequency of bowel movements, abdominal cramping, and diarrhea*
- When asked how their IBS-D symptoms had changed over the past 12 months, 73% of patients report that their abdominal pain did not improve, nor did bloating (74%), frequency of loose stools (70%) or the urgency to have a bowel movement (74%)

# METHODOLOGY STATEMENT

The Fairleigh Dickinson University Poll (FDU), an independent, university-based research organization, conducted this current survey on behalf Salix Pharmaceuticals. The survey was designed to provide insight into the population of U.S. adults who suffer from irritable bowel syndrome (IBS) or chronic idiopathic constipation (CIC). Online surveys were conducted in February 2022 with 728 individuals. The sample was obtained through a non-probability sample source, Cint. The survey was designed and analyzed by Fairleigh Dickinson University's FDU Poll, in consultation with Salix.

Cint does not run samples itself, but rather works as an aggregator, using multiple online panels to provide the highest incidence for the desired sample, in this case, US residents who have previously indicated they have some form of gastrointestinal issue. Potential respondents did not know they were targeted due to any reported condition, nor was this revealed within the survey. The targeting of a narrow sample, as in this case, leads to a higher incidence of respondents eligible for the survey, increasing response rates, a key indicator of representativeness in non-probability samples.

Surveys were conducted in English and via the web only. For panel recruitment, Cint uses invitations of all types including email invitations, phone alerts and banners. Such multi-stream approaches are considered best practices for the creation of online samples and are generally better at gathering representative samples than surveys that recruit from any one particular source.

By request, the FDU Poll intentionally oversampled about 50-60 respondents aged 60 and older to better meet the assumed demographic make-up of the IBS population.

In any survey that relies on paid online panelists (maximum \$5), researchers have to cope with respondents wanting to participate in the survey, without being eligible. Screener questions were used to ensure that the respondents fit the parameters of the study. Before beginning the main portion of the survey, respondents were asked to check off which conditions they had from a list that included the conditions included in the study, some conditions that were not included in the study, and one fictional condition. Any respondent who checked only conditions not covered in the study, or who claimed to be suffering from the fictional condition, was excluded from the study. This resulted in the removal of 2,063 and 69 respondents from the study, respectively.

Fourteen were screened out for being under the age of 18, and 26 were removed for having selected all nine of the listed possible disorders. An additional 54 were removed for having selected Hirschsprung's disease, a disorder which affects fewer than 1 in 5,000 children.

In addition, a timed knowledge question was included in the survey to ensure that the respondents were familiar with the disorder that they claimed to have (e.g., what does the 'I' in IBS stand for, or what does the 'I' in CIC stand for). Two hundred sixty respondents answered incorrectly or were unable to answer the questions within the prescribed time limit and were thus screened out of the sample.

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## METHODOLOGY (CONTINUED)

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Respondents who indicated that they had been diagnosed with IBS less than 6 months ago were also removed from the sample, resulting in the removal of 502 respondents.

Finally, 15 respondents who completed the study unreasonably quickly were excluded from the survey as well. These very fast response times are generally seen as indicating that respondents did not pay sufficient attention to the survey items to answer thoughtfully. Excluding them is generally considered among the best practices for online survey research.

All told, some 3,130 respondents were screened out, or otherwise had data excluded from the survey, indicating an overall response rate of 19.3 percent. This is on the high end of normal expected completion rates for surveys of this length.

When best practices are followed, samples such as this one are generally representative of the population in question, but because nonprobability panels do not start with a frame where there is a known probability of selection, standard measures of sampling error and response rates cannot be calculated. There is no way to calculate, for instance, a legitimate margin of error for the sample. Due to limitations, results may not be representative.

The data has also been scrubbed of any and all identifying characteristics of the individual respondents in order to protect their confidentiality. At this point, no one, including the researchers undertaking the survey, is able to link responses back to particular individuals.

# SAMPLE CHARACTERISTICS

## When Diagnosed

Within Past Year	13%
1-5 Years Ago	55%
5-10 Years Ago	16%
10+ Years Ago	15%

## Age

18-34	30%
35-44	28%
45-54	18%
55-59	8%
60+	18%

## Ethnicity

White (Caucasian)	76%
Black/African American	10%
Hispanic or Latino	9%
Asian	3%
Other	2%

## Gender

Male	37%
Female	63%
Other (e.g., non-binary)	0%

## Region

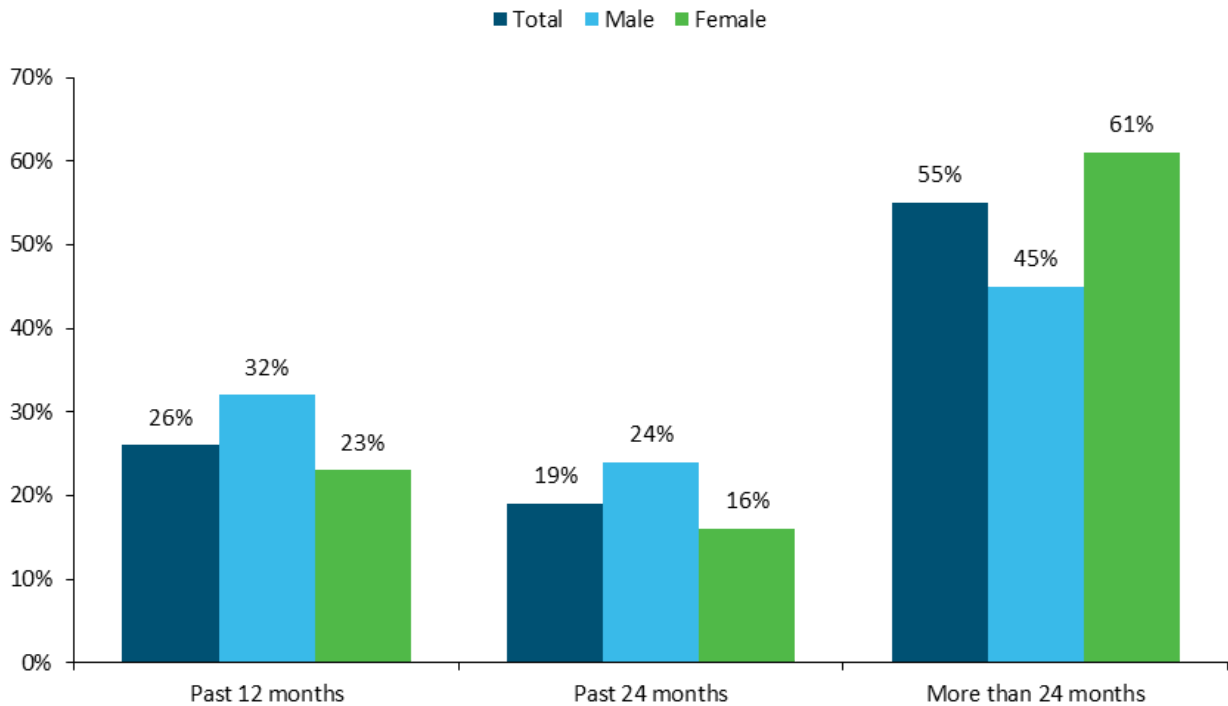
Northeast	22%
Southeast	24%
Midwest	24%
Plains	14%
Pacific West	16%



## ALL1. How recently did your IBS or CIC symptoms begin?

Overall, a majority (55%) indicate the onset of symptoms began more than two years ago. A greater percentage of women (61%) than men (45%) say symptoms began 2 years ago or more.

Chart ALL1: When Symptoms Began

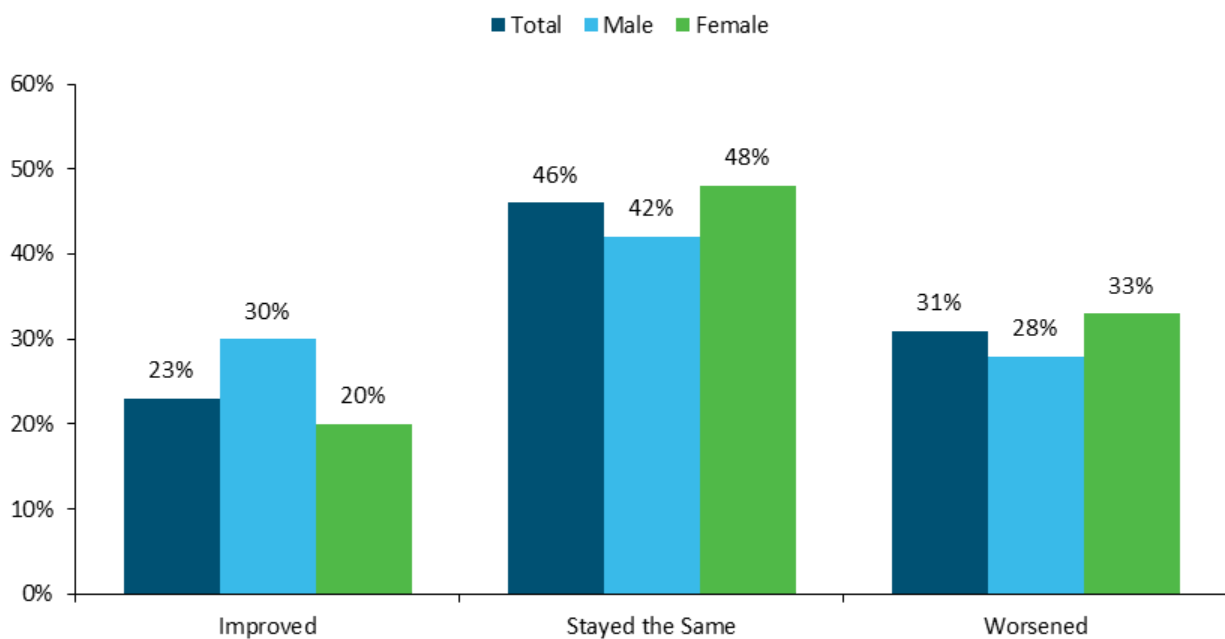


N=728

## ALL2. In the past year (February 2021 to February 2022), my constipation (difficult or infrequent bowel movements)...

Overall, about a third (31%) of those suffering from IBS-C or CIC-like symptoms indicate their constipation (difficult or infrequent bowel movements) has worsened in the last 12 months. Men (30%) are more likely than women (20%) to say it has improved.

Chart ALL2: Constipation...

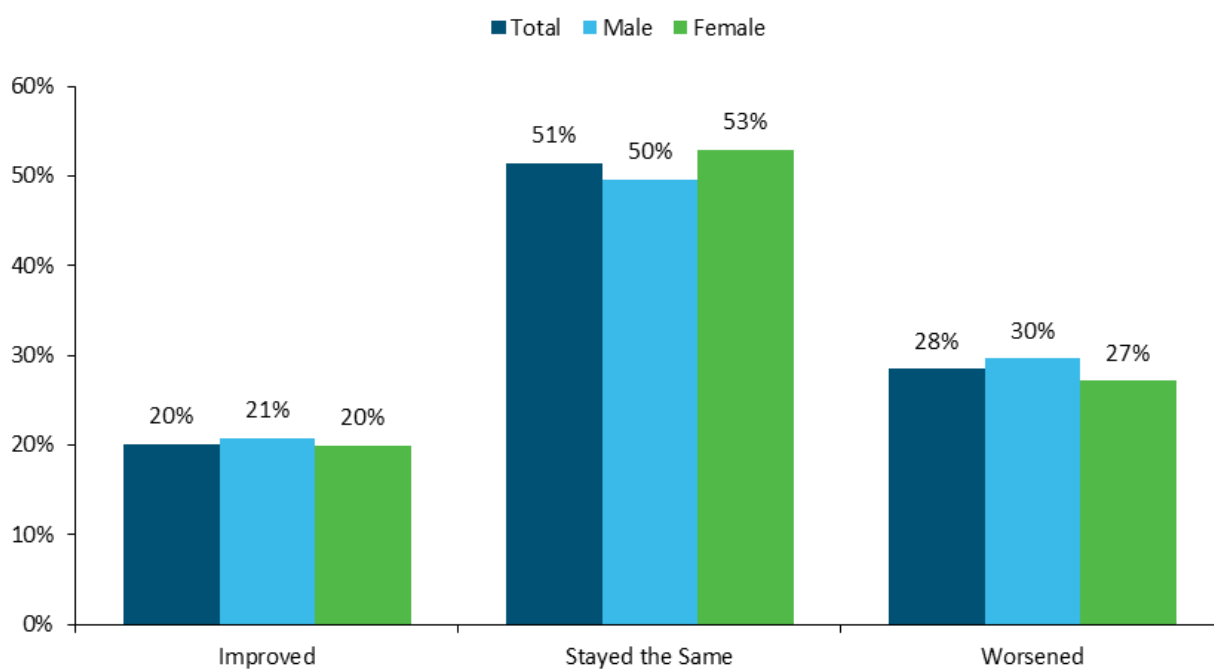


N=367

## ALL3. In the past year (February 2021 to February 2022), my diarrhea (frequent loose stools, often with an urgent need to go)...

Over half (51%) of those suffering from IBS-D indicate their diarrhea (frequent loose stools, often with an urgent need to go) remained unchanged over the last 12 months. 28% percent say it worsened, while 20% say it improved.

Chart ALL3: Diarrhea...

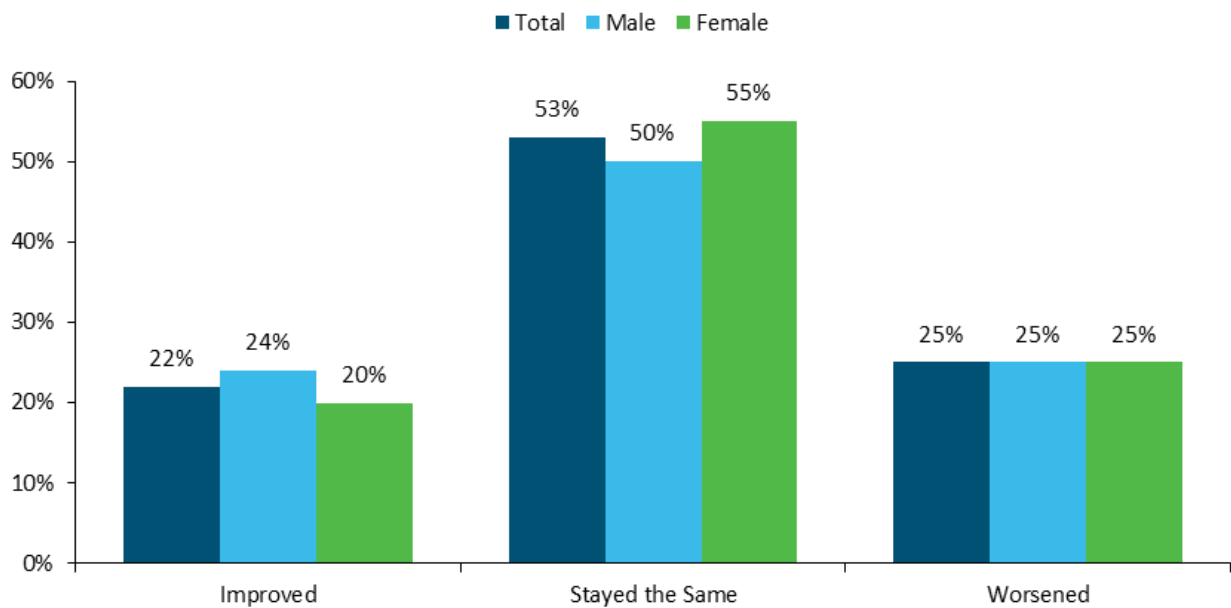


N=359

## ALL4. In the past year (February 2021 to February 2022), my abdominal pain...

Over half (53%) say their abdominal pain has stayed the same during the past year, while 25% say it has worsened.

Chart ALL4: Abdominal Pain...

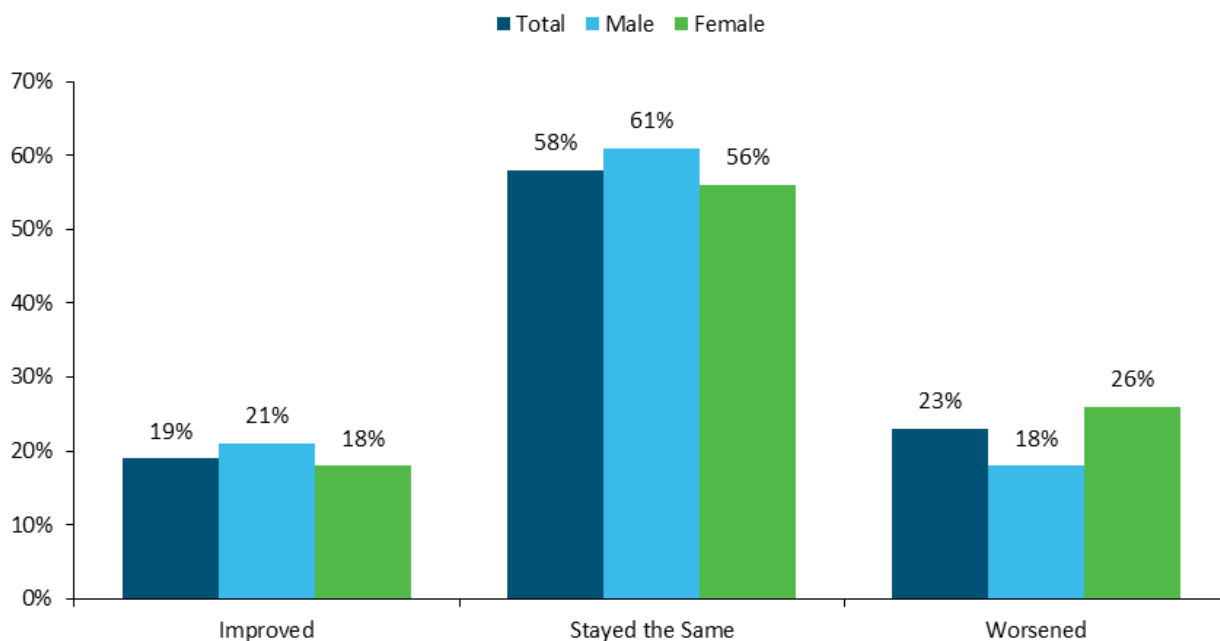


N=683

## ALL5. In the past year (February 2021 to February 2022), my bloating...

Overall, 58% indicate their bloating has stayed the same over the past year. 23% say it has worsened, and 19% say it has improved. Women (26%) are more likely than men (18%) to say their bloating had worsened.

Chart ALL5: Has Your Bloating...

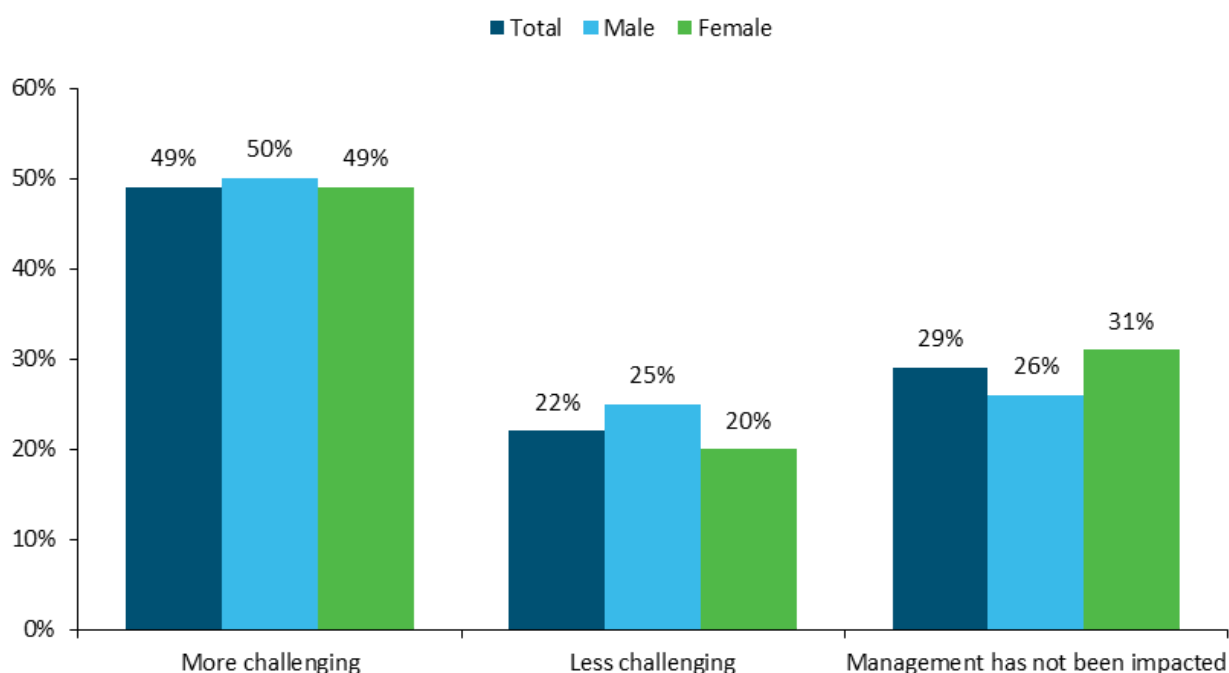


N=683

## ALL6. In the past year (February 2021–February 2022) have you found your IBS or CIC symptoms are more challenging, or less challenging to manage?

Nearly half (49%) say their IBS or CIC symptoms have been more challenging to manage during the last 12 months. Fewer (22%) say it has been less challenging, while 29% indicate it has not been impacted.

Chart ALL6: Are Symptoms More or Less Challenging

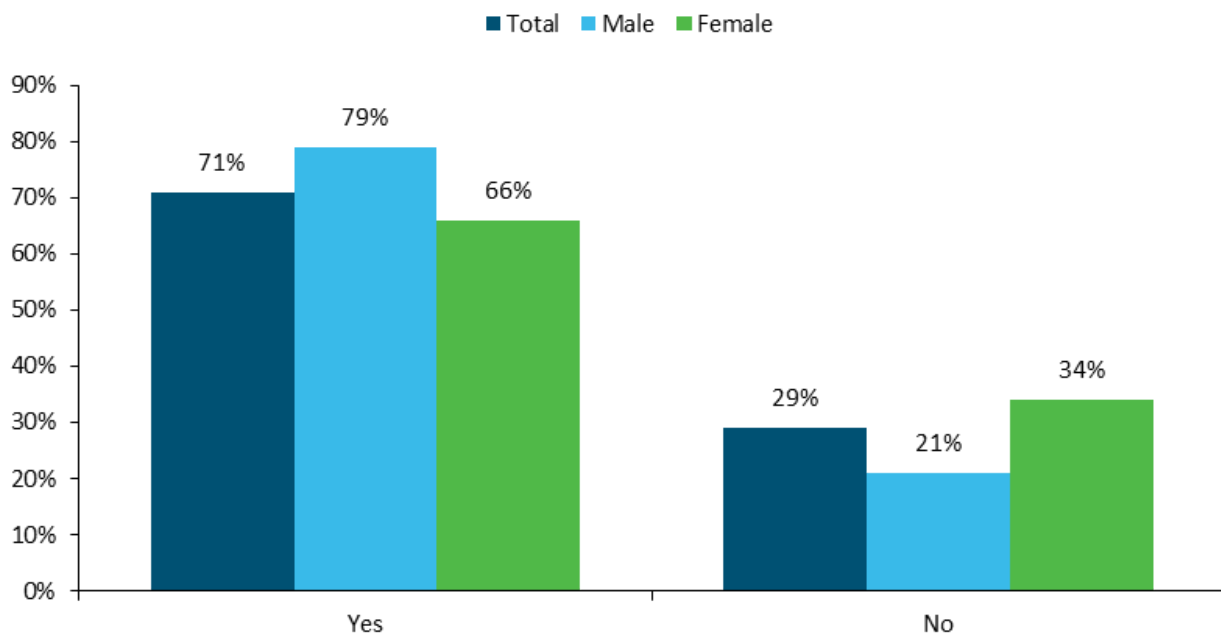


N=728

## ALL7. Upon diagnosis of your IBS or CIC, were you offered a prescription medicine to treat your symptoms?

71% percent indicate they were offered a prescription to treat their IBS or CIC symptoms upon diagnosis. Men (79%) were more likely than women (66%) to report they have received a prescription.

Chart ALL7: Offered Prescription for Treatment?

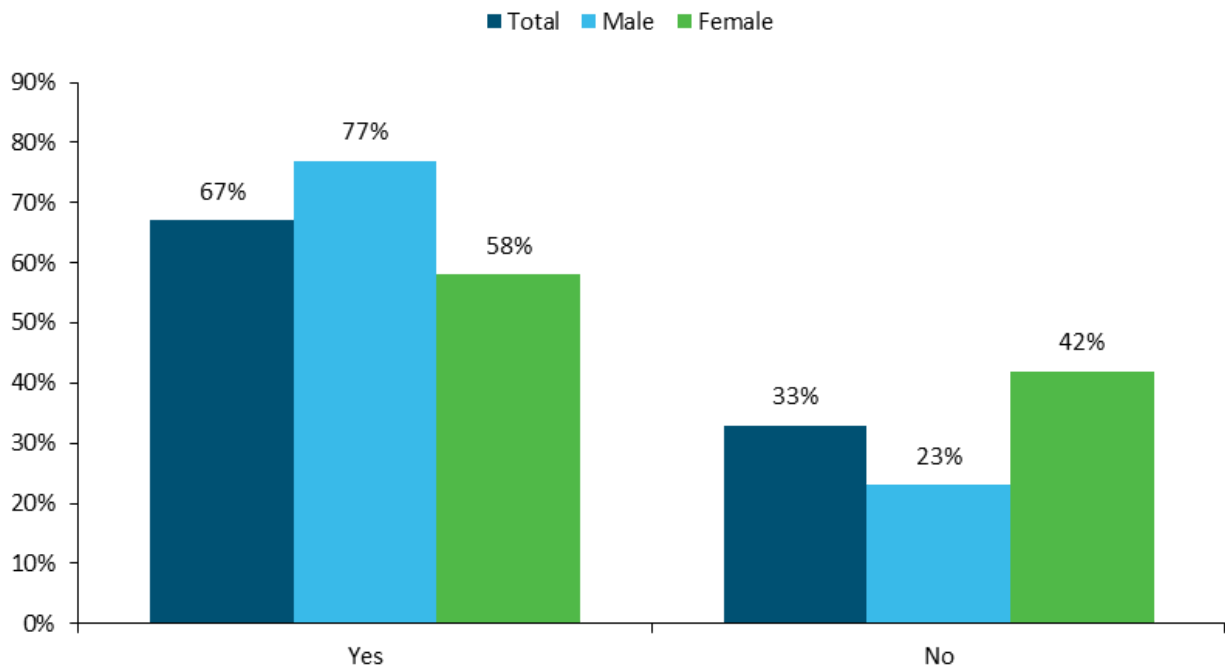


N=469

## ALL8. Are you currently taking a prescription medication for your IBS or CIC symptoms?

Of those who were offered a prescription for treating their IBS or CIC symptoms, 67% are currently taking a medication. Of those offered a prescription, men (77%) are more likely than women (58%) to report taking a prescription medication.

Chart ALL8: Currently taking Prescription?



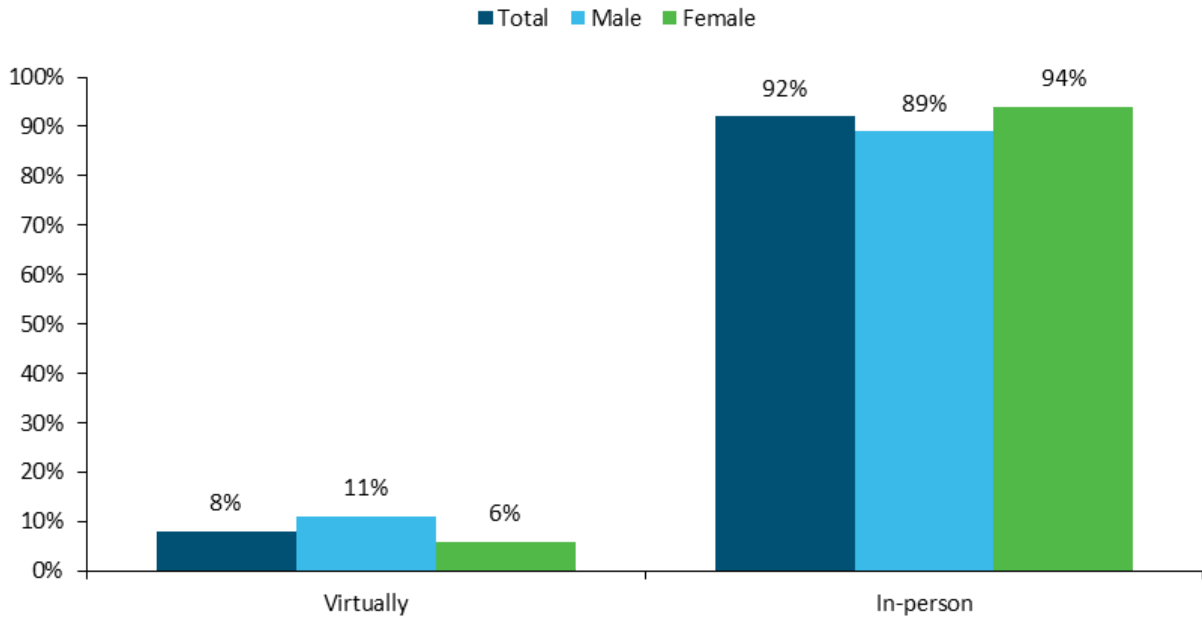
N=333



## ALL9. Was your initial IBS or CIC diagnosis made virtually or during an in-person appointment?

Of those who were diagnosed with IBS-C/CIC or IBS-D, more than 9 in 10 (92%) report being diagnosed during an in-person visit.

Chart ALL9: How was Diagnosis Made?

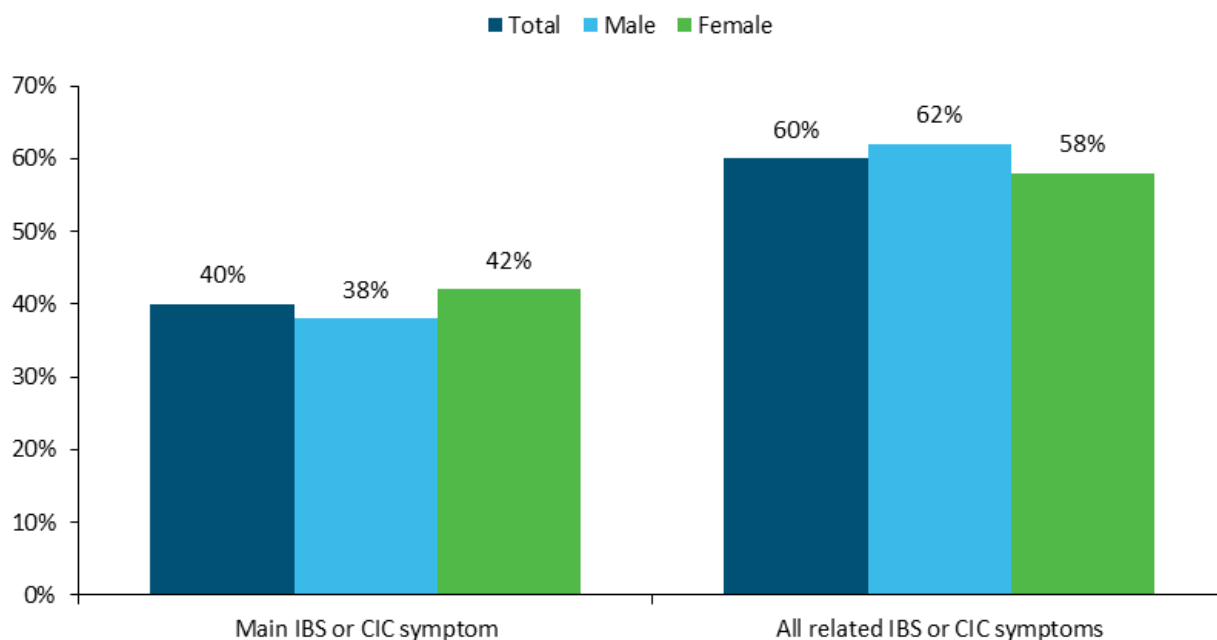


N=469

## ALL10. When meeting with your health care provider (HCP), do you typically discuss your main IBS or CIC-related symptom, or do you discuss all IBS or CIC-related symptoms you experience?

Three in 5 individuals (60%) say they typically discuss all of their IBS or CIC symptoms with their health care provider. The remaining 40% typically only discuss their main symptoms.

Chart ALL10: Discuss All or Only Main Symptoms?

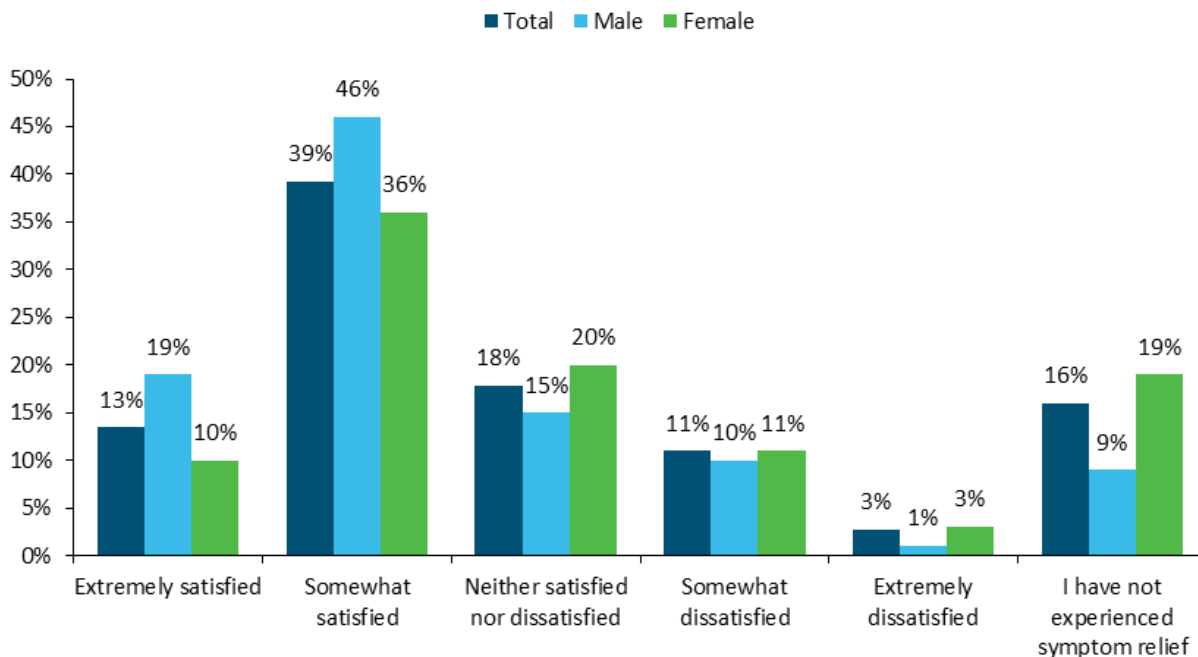


N=728

## ALL11. How would you rate your overall satisfaction with the length of time between your initial IBS or CIC diagnosis to symptom relief?

Overall, 52% indicate they are either extremely satisfied (13%) or somewhat satisfied (39%) with the length of time from initial diagnosis to symptom relief. 16% say they have not experienced relief. Men (65%) are more likely than women (46%) to report satisfaction with the time to relief.

Chart ALL11: How Rate Time to Symptom Relief?

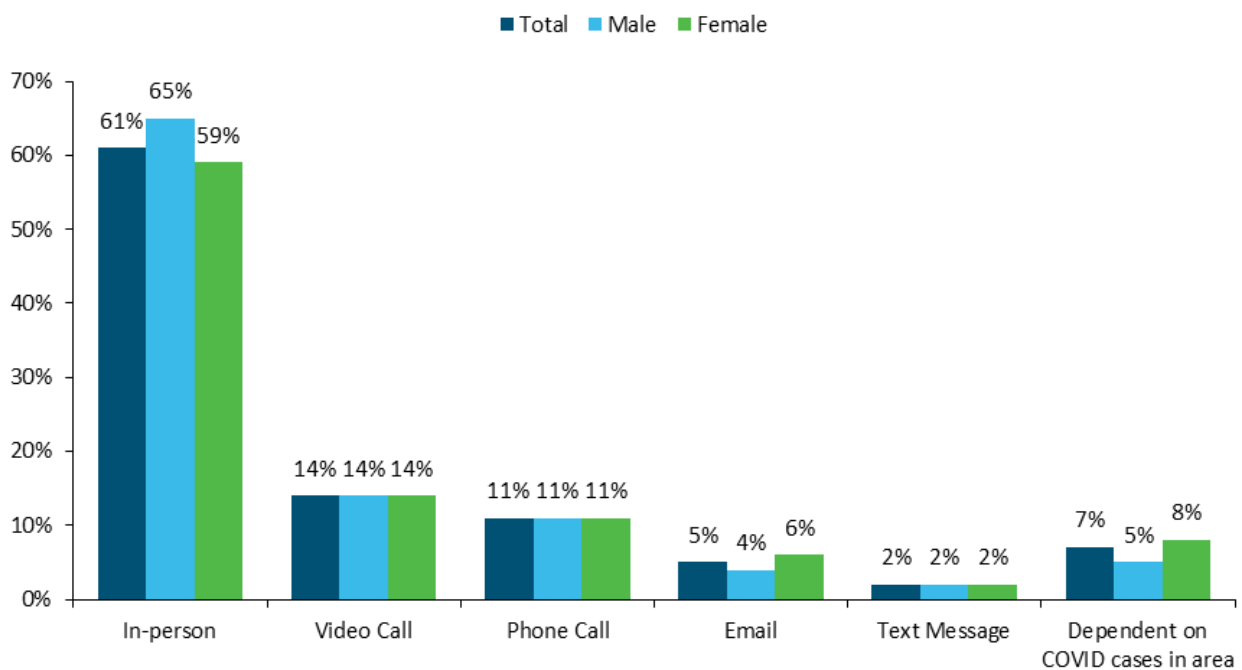


N=728

## ALL12. Currently, what is your preferred method of communication with your health care provider who treats your IBS or CIC?

Overall, respondents report in-person (61%) as the preferred method to communicate with their health care provider. Video calls (14%) are the second most preferred method, slightly ahead of a regular phone call (11%). Fewer prefer email (5%) or text messages (2%) as a means of communicating with their HCP. 7% say their preferred communication is dependent on the number of COVID-19 cases in their area.

Chart ALL12: Preferred Communication with HCP?



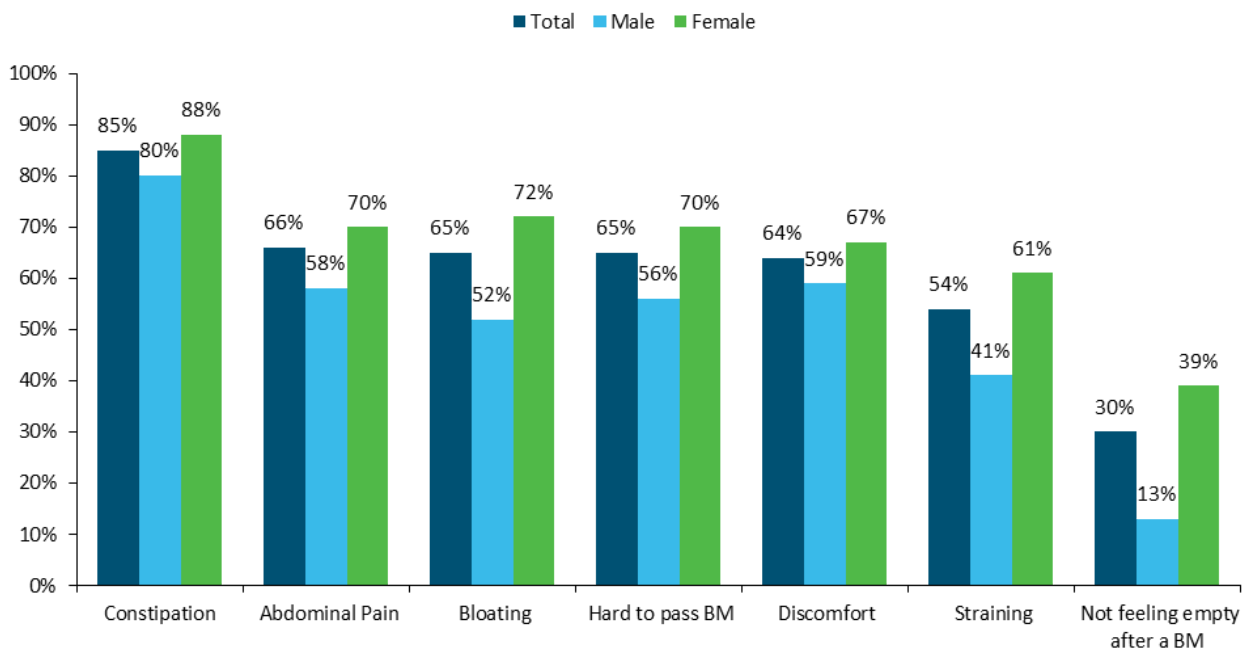
N=728

**Those who indicated they were either diagnosed with IBS-C, had CIC, or experienced IBS-C like symptoms were asked the series of questions that make up this IBS-C/CIC Panel**

## **IBSC1. Of the IBS-C/CIC symptoms listed below, which do you typically experience?**

A majority (85%) indicate they experience constipation. Other top symptoms reported include abdominal pain (66%), bloating (65%), hard to pass bowel movements (65%), and discomfort (64%). Across each of these, females were more likely than males to experience the symptom.

**Chart IBSC1: Which IBS-C/CIC Symptoms Experience?**



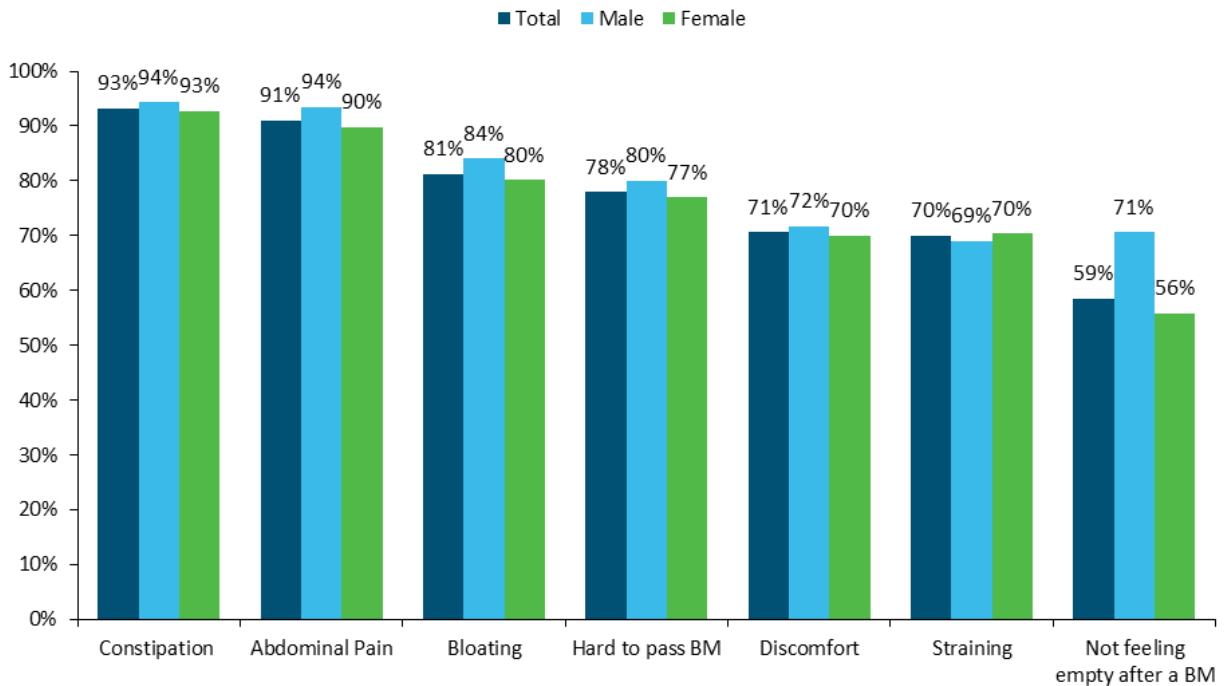
**N=370**

## IBSC2. When discussing your IBS-C/CIC symptoms with your health care provider, which symptoms do you typically share?

Of the symptoms they experience, respondents were asked which of the symptoms they typically discuss with their health care provider.

93% percent of those who experience constipation, and 91% who experience abdominal pain indicate they typically share these symptoms with their health care provider. 81% of those with bloating, and 78% of those with hard to pass bowel movements typically share these symptoms. Only 59% of those who experience not feeling empty after a bowel movement typically share this information.

**Chart IBSC2: Which IBSC/CIC Symptoms Share with Doctor?**

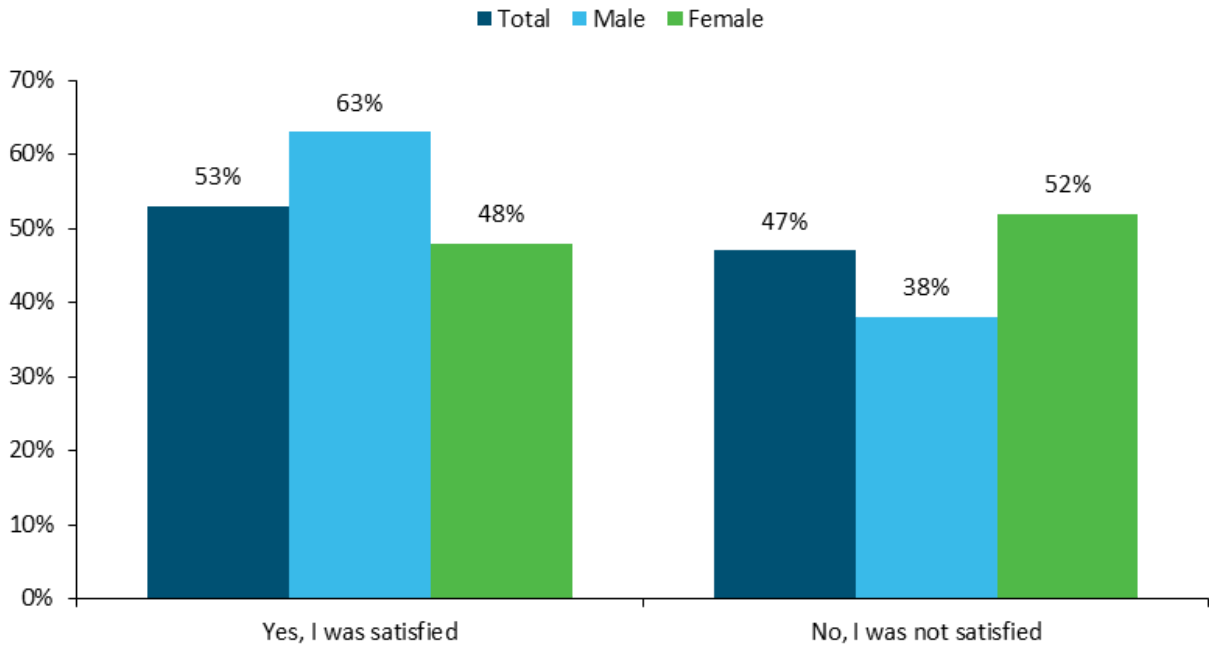


**N=Varies**

## IBSC3. Were you satisfied with the results of the over the counter (OTC) treatment for your IBS-C/CIC symptoms?

Over half (53%) say they are satisfied with the results of the OTC medication they tried. Men (63%) are more likely than women (48%) to report satisfaction with their OTC results.

**Chart IBSC3: Satisfaction with OTC Treatment?**

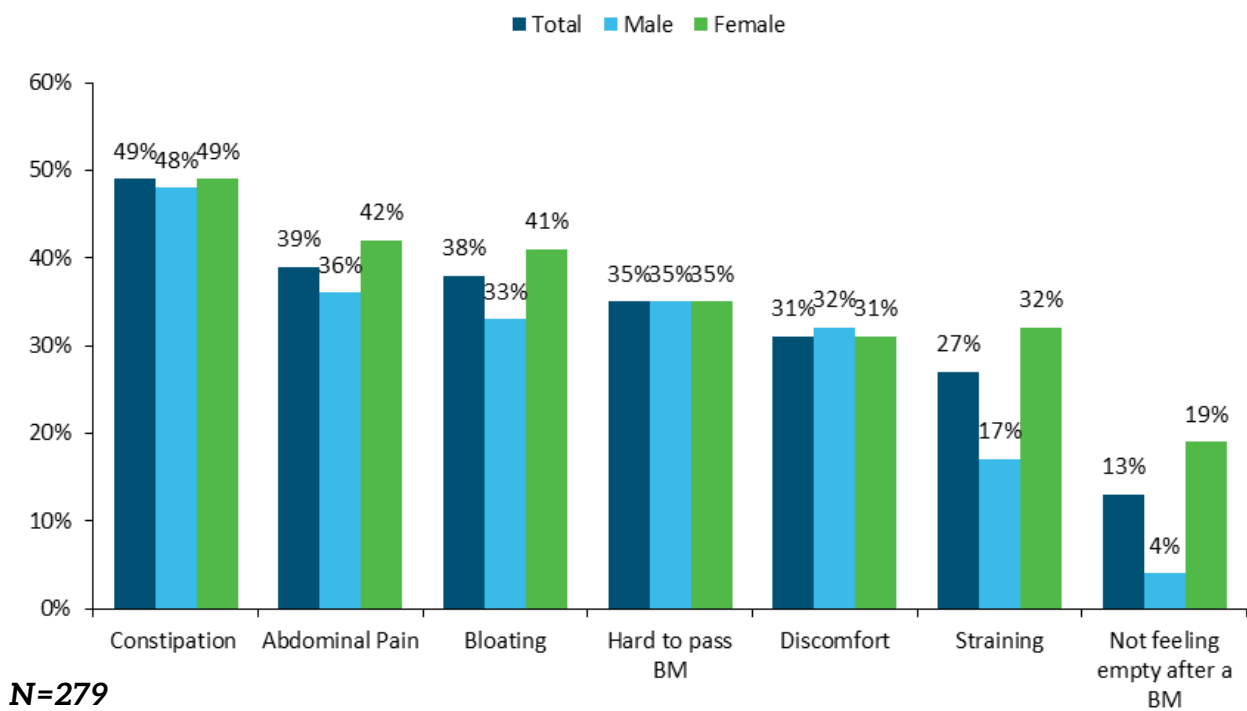


**N=279**

## IBSC4. Which of the following symptoms, if any, did not improve following over the counter (OTC) treatment?

Overall, nearly half (49%) say their constipation did not improve following OTC medication. 39% report that abdominal pain did not improve, and 38% report that bloating did not improve. Only 13% overall report that not feeling empty after a bowel movement did not improve, with women (19%) more likely than men (4%) to say it had not improved.

**Chart IBSC4: Which Symptoms Did Not Improve?**



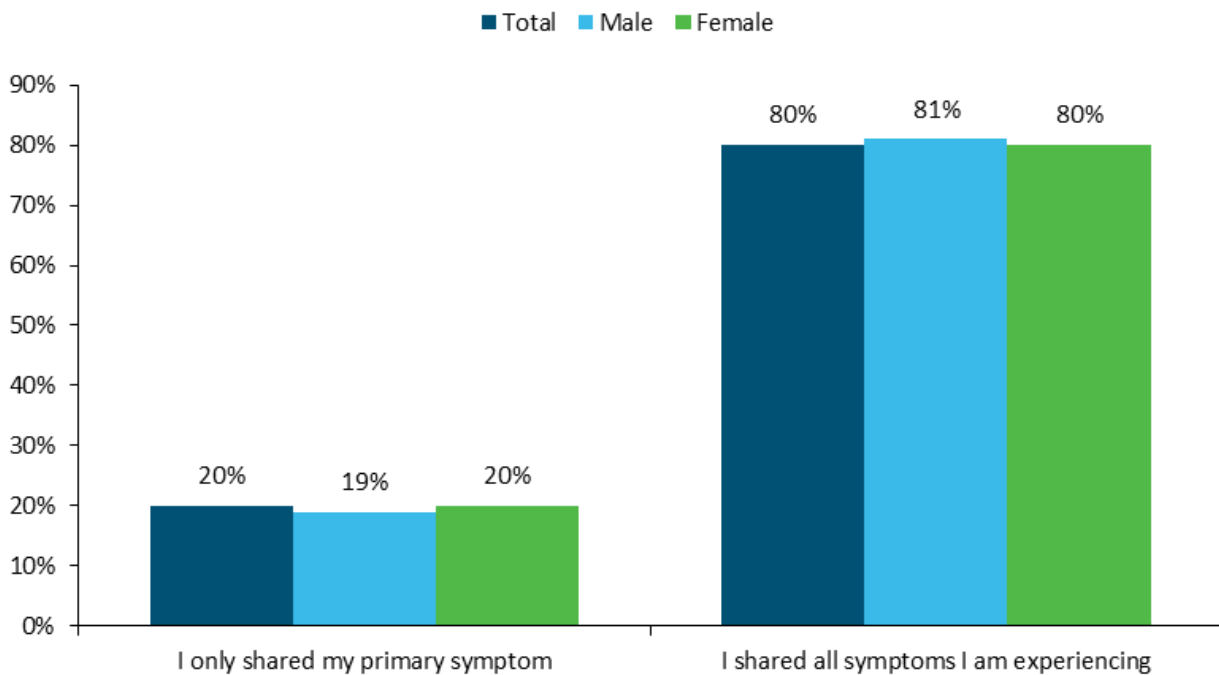


**Those who earlier had indicated they were diagnosed with IBS-D or suffer from IBS-D like symptoms were asked the series of questions which comprises this IBS-D Panel.**

## **IBSD1. The last time you discussed your IBS-D symptoms with your health care provider (HCP), did you share your primary symptom or all IBS related symptoms you experience?**

The last time respondents discussed their IBS-D symptoms with their health care provider, 80% report that they shared all symptoms they were experiencing. 20% say they only shared their primary symptoms. These findings are consistent across all measured demographics.

**Chart IBSD1: Shared Primary or All Symptoms with Doctor?**

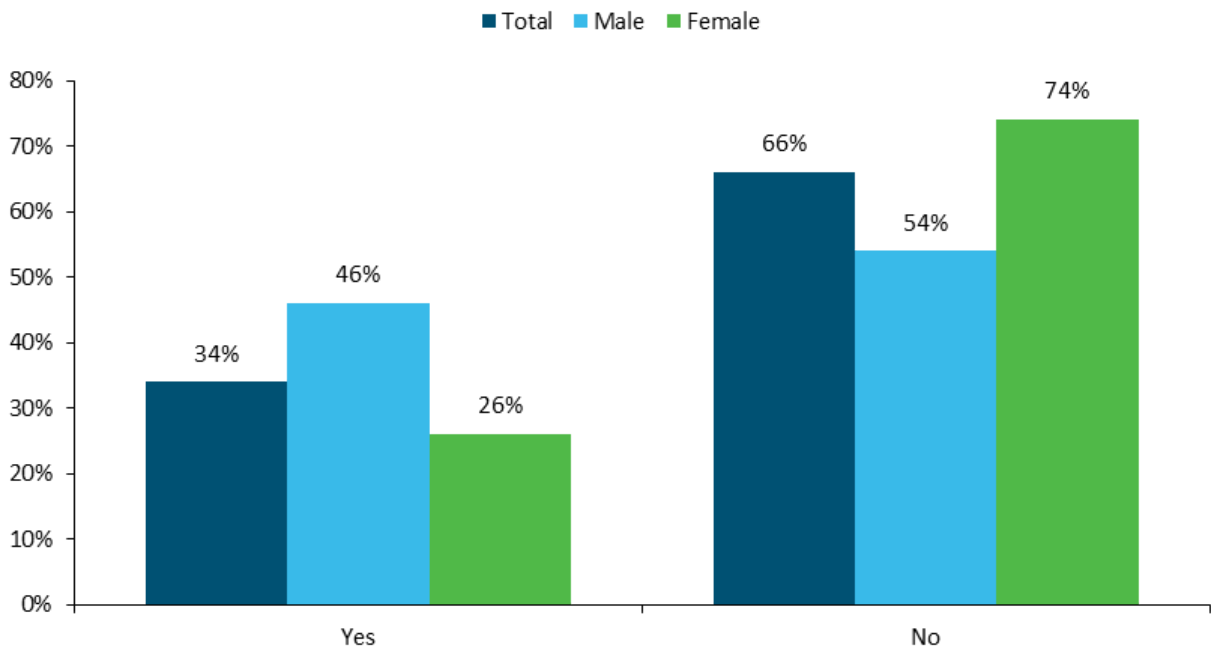


**N=339**

## IBSD2. Are you currently taking a prescription medication to treat your IBS-D symptoms?

Overall, more than a third (34%) indicate that they are currently taking a prescription medication to treat their IBS-D symptoms. Men (46%) are more likely than women (26%) to report taking a prescription medication.

Chart IBSD2: Taking Prescription for IBS-D Symptoms?

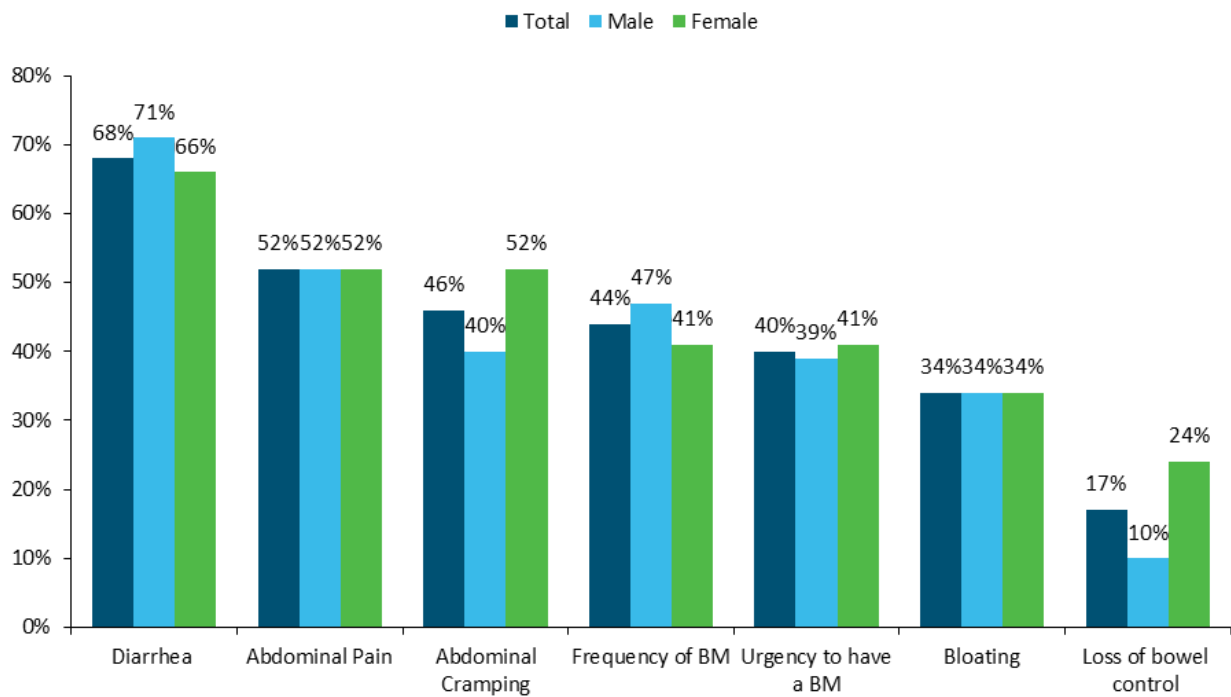


N=358

## IBSD3. Which of the following IBS-D related symptoms that you experience are being addressed by your current prescription?

68% of respondents report that their diarrhea is being addressed by their current prescription. 52% of respondents say their abdominal pain is being addressed by their current prescription.

**Chart IBSD3: Which IBS-D Symptoms Addressed by Prescription?**

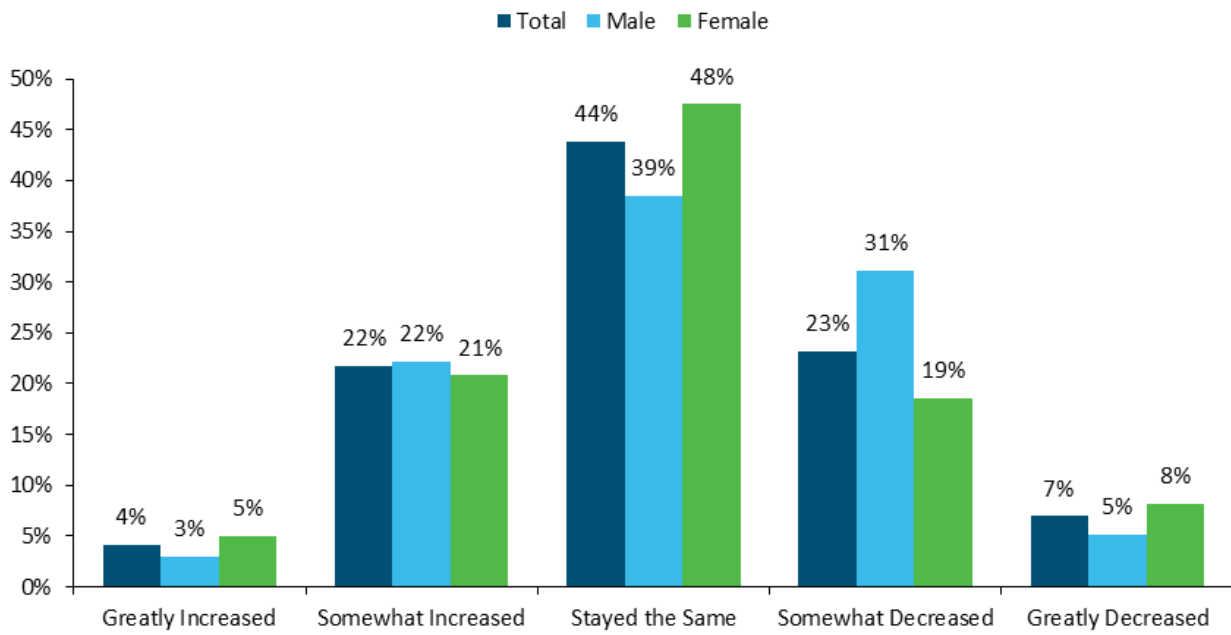


**N=121**

## IBSD4. In the past year, how have your IBS-D symptoms changed, if at all – Frequency of Loose Stools.

A plurality (44%) of those suffering from IBS-D say their frequency of loose stools has not changed in the past year. 30% indicate that frequency of loose stools has decreased (23% somewhat decreased, 7% greatly decreased). About the same percent (26%) say the frequency of loose stools has greatly (4%) or somewhat (22%) increased.

**Chart IBSD4: How Change: Frequency of Loose Stools**

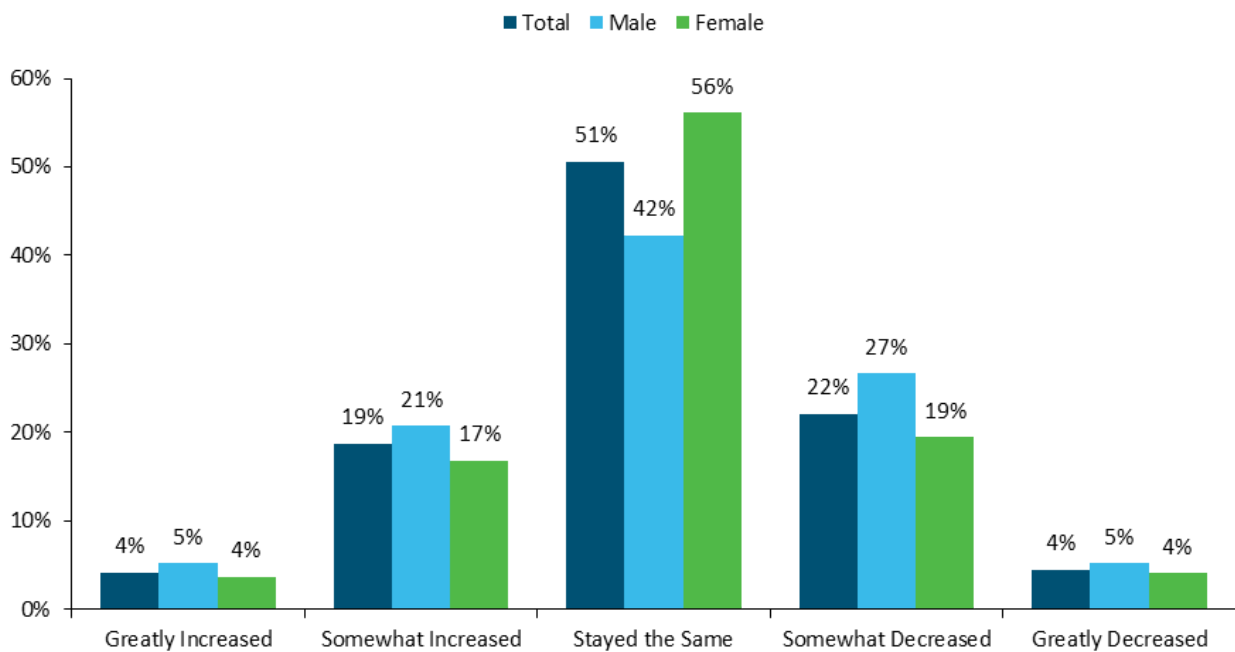


**N=358**

## IBSD5. In the past year, how have your IBS-D symptoms changed, if at all – Urgency to have a Bowel Movement.

Overall, more than a quarter (26%) indicate their urgency to have a bowel movement decreased somewhat (22%) or greatly (4%). A majority (51%) say there has been no change in the last year. More women (56%) than men (42%) say their urgency to have a bowel movement stayed the same.

**Chart IBSD5: How Change: Urgency to have a Bowel Movement**

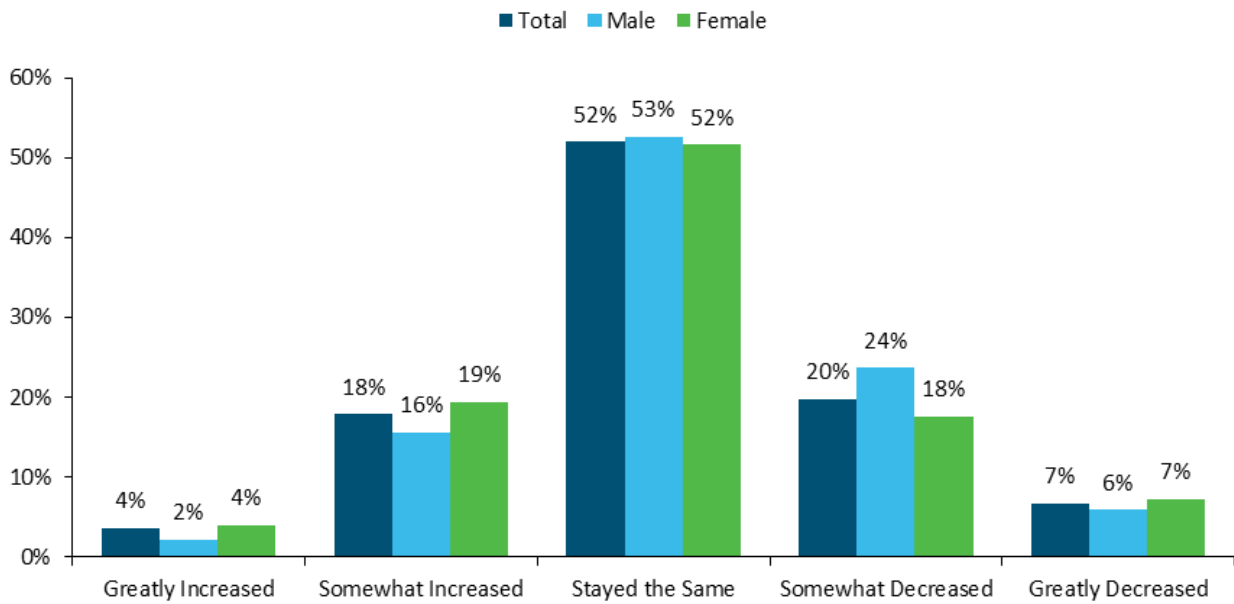


**N=358**

## IBSD6. In the past year, how have your IBS-D symptoms changed, if at all – Bloating.

About the same percentage indicated their bloating had increased (22%) in the past year as said it had decreased (27%). A majority (52%) indicate their symptoms stayed the same.

**Chart IBSD6: How Change: Bloating**

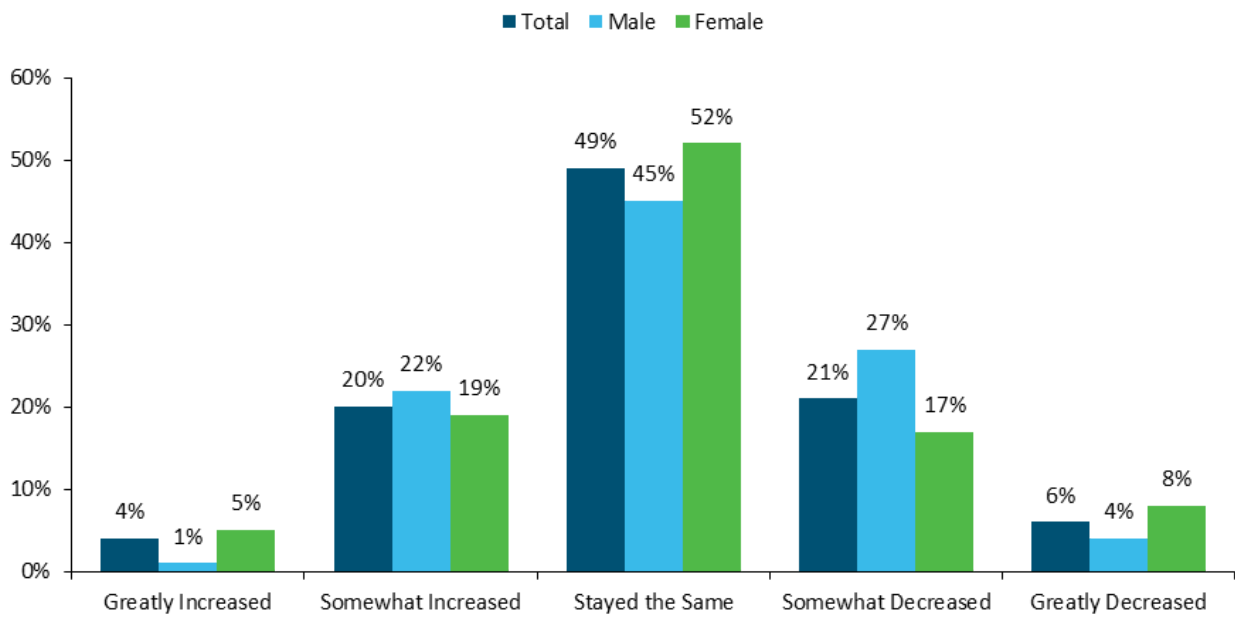


**N=358**

## IBSD7. In the past year, how have your IBS-D symptoms changed, if at all – Abdominal Pain.

Overall, about a quarter (27%) indicate their abdominal pain decreased somewhat (21%) or greatly (6%) in the past year. A plurality (49%) say there has been no change.

**Chart IBSD7: How Change: Abdominal Pain**



**N=358**