

**Salix**  
PHARMACEUTICALS



FAIRLEIGH  
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**POLL**

# Patient Perspectives: Impacts of Living with Irritable Bowel Syndrome (IBS)

April 2023

Highlights From Salix's Annual Survey

Not an actual doctor or patient

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# Foreword



Salix is committed to understanding the patient population affected by irritable bowel syndrome (IBS) and chronic idiopathic constipation (CIC) and providing health care providers (HCPs) 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 Annual IBS Survey to gather insights on perspectives of patients with IBS. This year, for our third annual report, our endeavor is to gain a current understanding of IBS and CIC patients on their symptoms and interactions with health care providers. We learned that not being aware that their IBS and CIC symptoms may be due to a chronic condition was one of the main reason respondents waited to see a doctor.

Another important finding is that after being diagnosed with IBS and CIC, 7 out of 10 of IBS-diagnosed survey respondents reported they were not initially offered a prescription. More than a quarter of individuals diagnosed with IBS and CIC reported that it took more than 3 years to be prescribed a medication or hadn't been prescribed any form of treatment.

The results of this year's survey yielded important findings about the role that HCPs can have in proactively engaging with patients - with more than 8 out of 10 adult patients wanting their healthcare practitioner to proactively ask them if all of their symptoms have been relieved during their follow-up appointments.

Salix remains steadfast in its commitment to encourage meaningful provider-patient interactions that open the lines of communications to a collaborative approach to symptom management and guideline-based treatments.

With the launch of this year's survey report, it is our hope that this research will continue to serve as a valuable resource to health care providers and help improve the health and wellbeing of patients living with IBS and CIC.

**Nicola Kayel**

*Vice President, GI Marketing, Salix Pharmaceuticals*

# Executive Summary

## IBS Panel

- More than 1/2 of survey respondents (54%) waited 1 year or more before mentioning their IBS symptoms to their healthcare provider.
- Key reasons survey respondents waited to see a Health Care Provider (HCP) about their symptoms:
  - 43% were not aware their IBS symptoms may be due to a chronic condition
  - 43% thought symptoms would resolve with diet modification
  - 39% tried an over-the-counter (OTC) medication but it didn't alleviate their symptoms
  - 32% felt awkward talking about their symptoms to their doctor
- 7 out of 10 of IBS-diagnosed survey respondents reported they were not initially offered a prescription.
- Interestingly, more than 1/4 of respondents reported it took more than 3 years to be prescribed a medication or hadn't been prescribed treatment at all.
- 75% of adult patients reported their prescription treated none or only some of their symptoms.
- Some of the reasons survey respondents did not discuss their symptoms were not being addressed by their prescription with HCPs:
  - 55% reported that they were getting some relief
  - 34% reported that they were afraid of switching to a new medication
  - 28% reported that they didn't want to risk progress they made in controlling some of their symptoms

# Executive Summary

## IBS Panel

- 9 out of 10 adult patients reported their HCPs taking the time to talk about these topics was either important or very important:
  - Any additional symptoms – 89%
  - Understand all the symptoms – 94%
  - How their symptoms impact daily living – 94%
- 86% of adult patients reported that they want their healthcare practitioner to proactively ask them if all of their symptoms have been relieved during their follow-up appointments.

## IBS-C/CIC Panel

- IBS-C survey respondents reported the following symptoms were not treated by an OTC medication:
  - 43% – Bloating
  - 41% – Constipation
  - 36% – Discomfort
  - 35% – Stomach pain
- 3 out of 10 adult IBS-C and CIC patients reported that stomach pain was the main reason to see a doctor.
  - \*Respondents were also asked about hard to pass bowel movements, straining, and not feeling empty after a bowel movement.



# Executive Summary

## IBS-C/CIC Panel

- More than 90% of IBS-C and CIC respondents reported when considering a prescription medication, it is important or very important it:
  - Helps them have a complete bowel movement – 95%
  - Addresses their stomach bloating – 94%
  - Reduces straining during bowel movements – 97%
- The main symptoms of IBS-C patients reported as not being treated by a prescription medication were:
  - 40% – Bloating
  - 38% – Discomfort
  - 30% – Stomach pain
    - \*Respondents were also asked about constipation, straining, hard to pass bowel movements, and not feeling empty after a bowel movement.

## IBS-D Panel

- The top two key symptoms that made respondents seek an appointment with an HCP were diarrhea (29%) and abdominal pain (27%).
- Over a third of survey respondents reported that stomach pain (39%) and bloating (37%) were the main symptoms not treated by prescription.
- The vast majority (90%) of adult patients reported that they would consider a limited-course medication to treat their symptoms.

# Methodology Statement

The Fairleigh Dickinson University Poll (FDU), an independent, university-based research organization, conducted the survey on behalf of Salix Pharmaceuticals. The survey was 'blind' to the respondents, in that neither Salix, nor FDU was identified at any point in the survey. 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 January 2023 with a total of 724 individuals completing a valid survey. In all, 394 had been previously diagnosed with IBS-D, 294 had been previously diagnosed with IBS-C and 56 had been previously diagnosed with CIC. 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.

Surveys were conducted in English and via the web only. For panel recruitment, Cint uses invitations of all types including email invitations, banners, and messaging on panel community sites. 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.

In any survey that relies on paid online panelists (compensation was a maximum of \$3.00), researchers have to cope with respondents wanting to participate in the survey, without being eligible. As such, screener questions were used to ensure that the respondents fit the parameters of the survey. Before beginning the main portion of the survey, respondents were asked for their age, and to select from a list of conditions they had. This list included IBS and CIC, conditions that were not included in the survey and one fictional condition. Sixty-nine respondents did not qualify, as they were under 18 years of age. Respondents who checked either the fictional condition Uromycitisis, or Hirschsprung's disease, a disorder which affects fewer than 1 in 5,000 children were removed next. This resulted in the removal of 173 and 75 individuals, respectively. One hundred and fifty-eight individuals did not have either IBS or CIC.

# Methodology Statement



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). Twenty-six respondents were unable to answer the questions within the prescribed time limit and were thus screened out of the sample. An additional 25 individuals could not correctly identify what the “I” in either IBS or CIC stood for. Thirty-four individuals indicated they had not been diagnosed with either IBS or CIC by a health care provider.

Respondents who indicated that IBS and CIC symptoms had begun within the past 11 months were also removed from the sample, resulting in the removal of 51 respondents, while five were removed for providing inconsistent responses.

About 15 completed the survey unreasonably quickly (less than 40% of the median/mean time to complete, or approximately 2.5 minutes). Their responses 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 and excluding results from these respondents is generally considered among the best practices for online survey research.

Finally, 1,627 individuals did not complete the survey and thus their responses were discarded.

All told, 2,258 respondents were screened out, or otherwise had data excluded from the survey, indicating an overall completion rate of 24.3%. 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

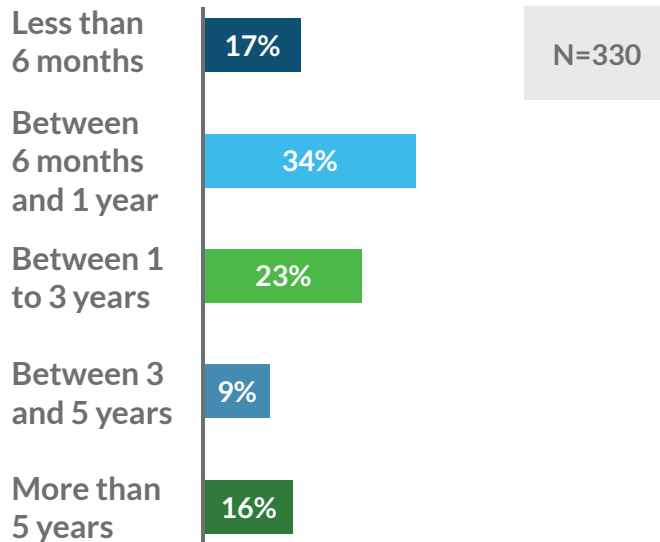
When Symptoms Began		Ethnicity (multi-response possible)	
Within Past 12 Months	26%	White (Caucasian)	81%
In Past 24 months	19%	Black/African Americans	13%
More than 24 months ago	56%	Hispanic or Latino	11%
		Asian	3%
		Other	2%
Age		Gender	
18-34	36%	Male	33%
35-44	27%	Female	67%
45-54	18%	Other (e.g., Non-binary)	0.3%
55+	19%		

# Key Findings: All Conditions Panel

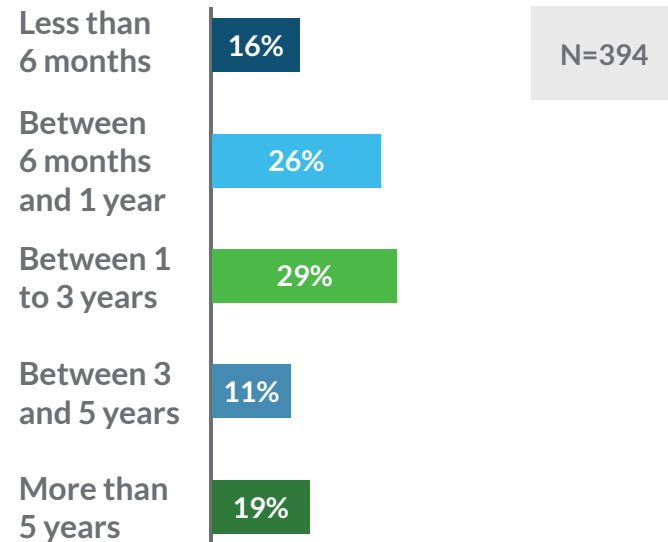
## ALL1. About how long had you experienced these symptoms before you mentioned any of them to a health care provider?

More than 1/2 of survey respondents (54%) waited 1 year or more before mentioning their IBS symptoms to their healthcare provider.

### IBS-C/CIC Time Before Mentioning Symptoms to HCP



### IBS-D Time Before Mentioning Symptoms to HCP



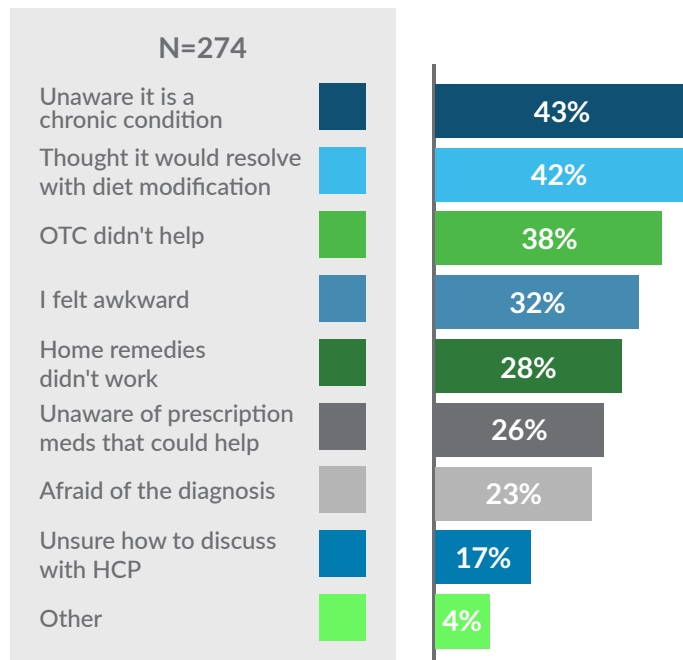
# Key Findings: All Conditions Panel

## ALL2. What was it that led you to wait that amount of time before speaking with your health care provider? (Multi-Response)

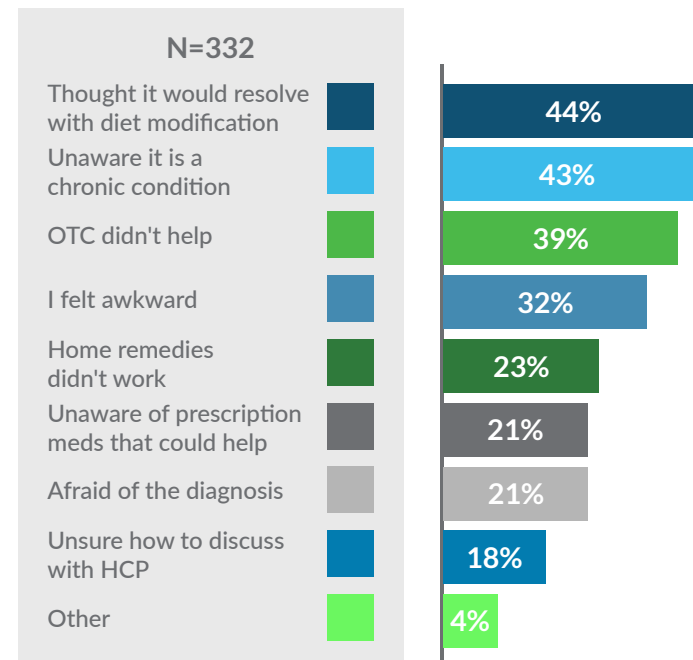
Key reasons survey respondents waited to see an HCP about their symptoms: 43% were not aware their IBS symptoms may be due to a chronic condition; 43% thought symptoms would resolve with diet modification; 39% tried an over-the-counter (OTC) medication but it didn't alleviate their symptoms; 32% felt awkward talking about their symptoms to their doctor.

1 out of 5 adult patients were not aware that there were prescription options available to address their IBS symptoms.

### IBS-C/CIC Why Wait to Mention Symptoms to HCP



### IBS-D Why Wait to Mention Symptoms to HCP

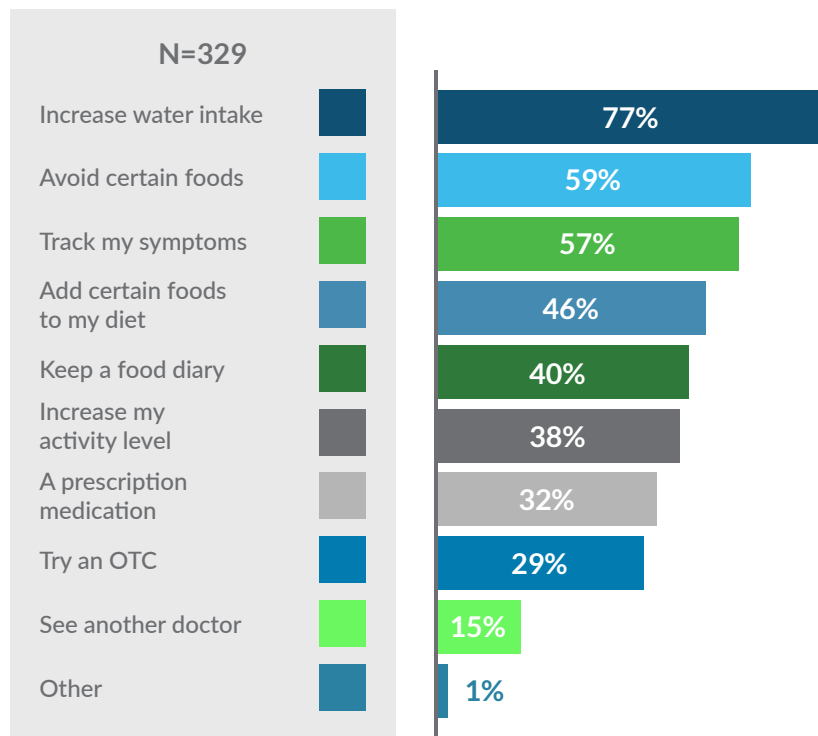


# Key Findings: All Conditions Panel

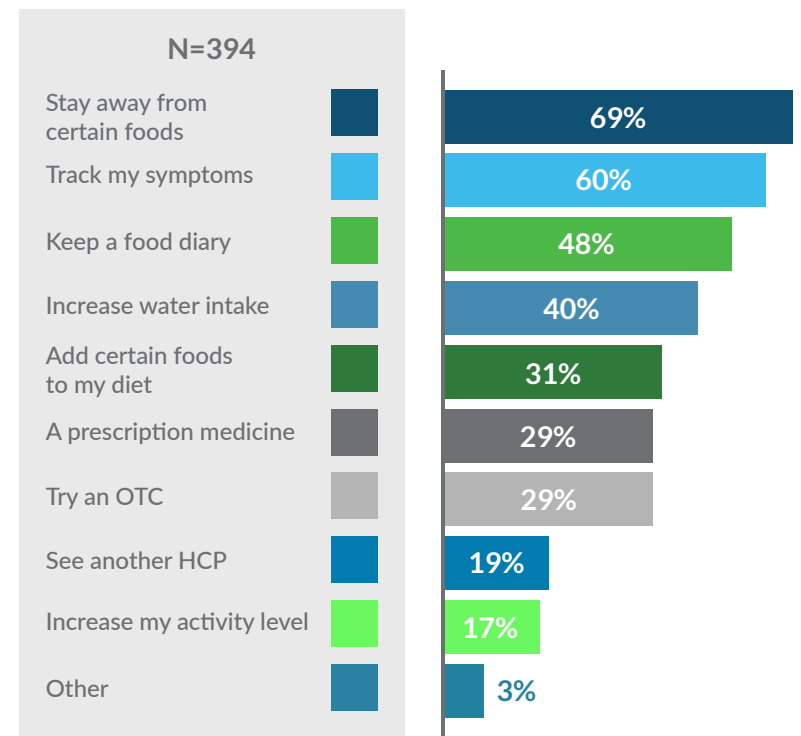
## ALL3. When you discussed your symptoms with your health care provider, what did they initially recommend?

7 out of 10 of IBS diagnosed survey respondents reported that they were not initially offered a prescription.

### IBS-C/CIC Initial HCP Recommendation



### IBS-D Initial HCP Recommendation



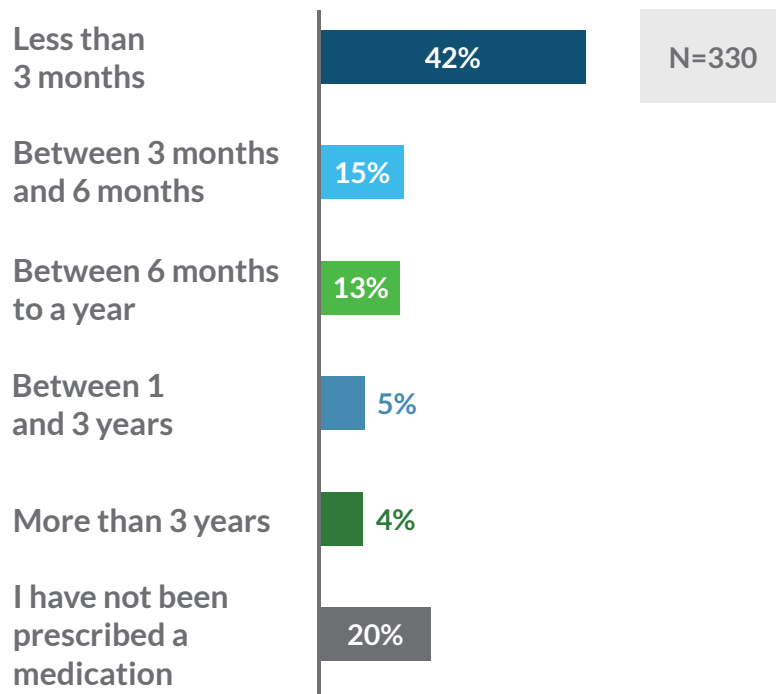
# Key Findings:

## All Conditions Panel

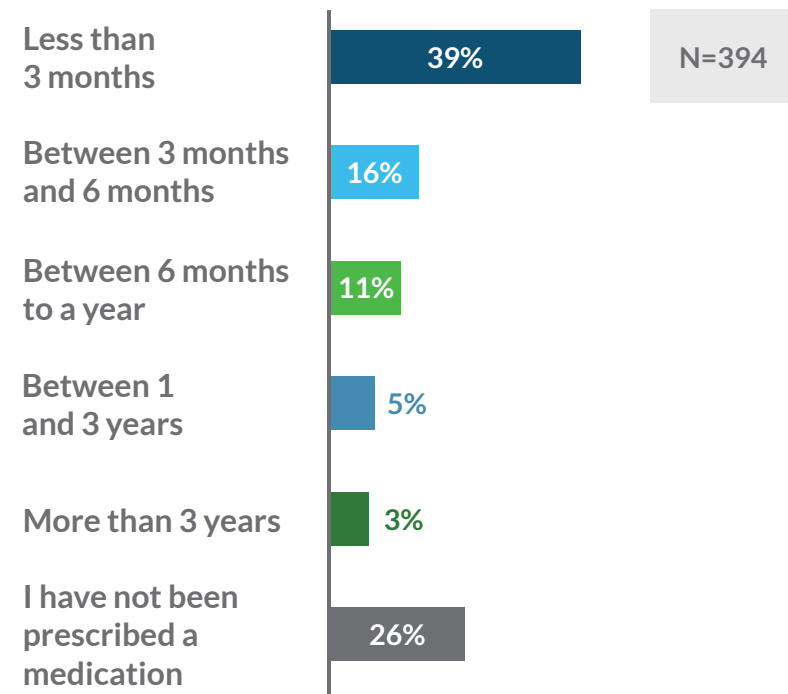
### ALL4. Approximately how long, if at all, after you were diagnosed IBS-C/CIC or IBS-D were you prescribed a medication?

Interestingly, more than 1/4 of respondents reported it took more than 3 years to be prescribed a medication or hadn't been prescribed treatment at all.

#### IBS-C/CIC Time from Diagnosis to being Prescribed a Medication?



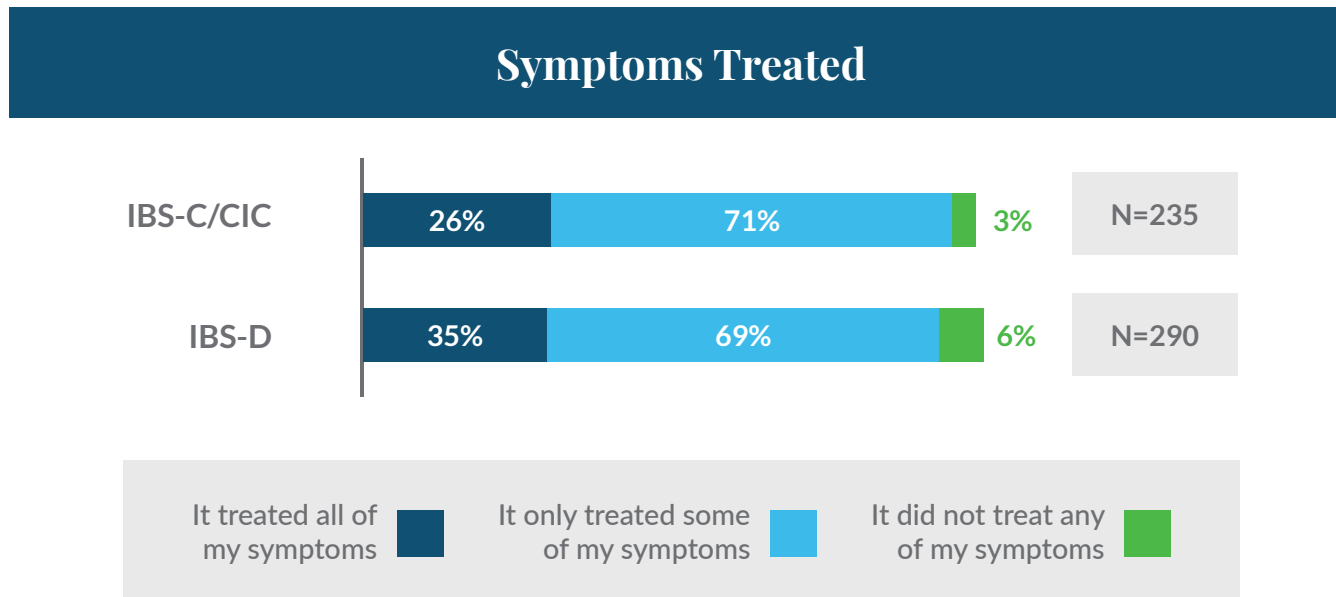
#### IBS-D Time from Diagnosis to being Prescribed a Medication?



# Key Findings: All Conditions Panel

**ALL5. Did this prescription help treat all of your IBS-C/CIC or IBS-D symptoms, just some of the symptoms or none of the symptoms?**

75% of adult patients reported their prescription treated none or only some of their symptoms.



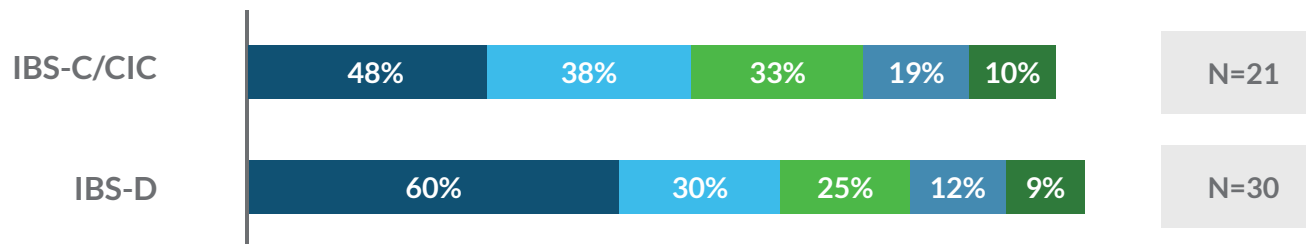


# Key Findings: All Conditions Panel

## ALL6. Why didn't/haven't you discussed the fact that not all your IBS-C/CIC or IBS-D symptoms were/are being addressed by your prescription? (Multiple Response)

Some of the reasons survey respondents did not discuss their symptoms were not being addressed by their prescription with HCPs: 55% reported that they were getting some relief ; 34% reported that they were afraid of switching to a new medication; 28% reported that they didn't want to risk progress they made in controlling some of their symptoms.

### Reasons for Not Discussing Untreated Symptoms with HCP



I was getting some relief

Afraid of switching to a new medication

Didn't want to risk the progress controlling some of my symptoms

Havent had the chance

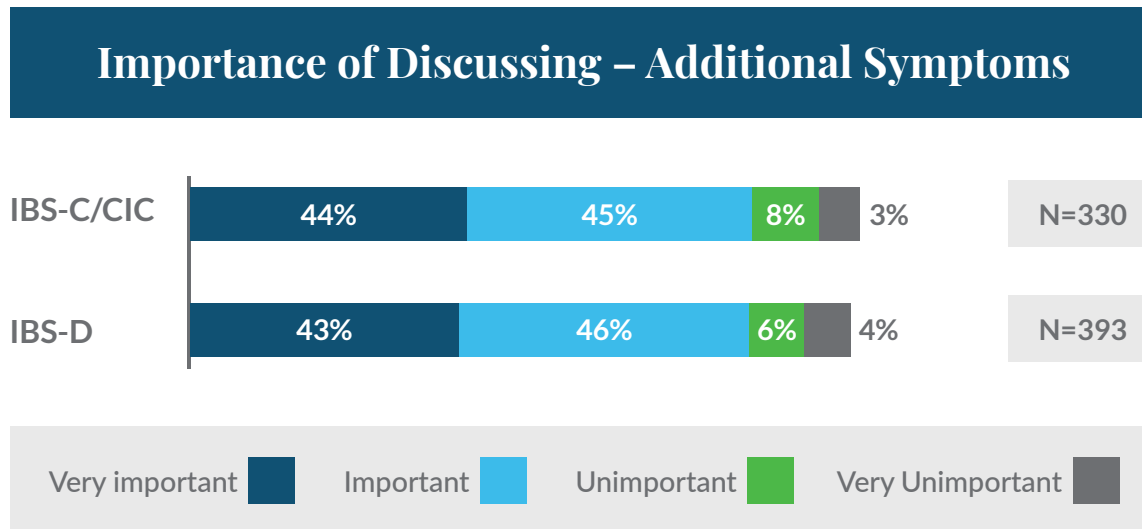
I forgot to discuss it

# Key Findings: All Conditions Panel

**ALL7. Overall, how important is it, if at all, that on your next appointment your health care provider take the time to ask about: Any additional symptoms you may have not discussed / brought up Understanding all the symptoms you are experiencing rather than just the initial one? How your symptoms impact your daily living?**

9 out of 10 adult patients reported their HCPs taking the time to talk about these topics was either important or very important:

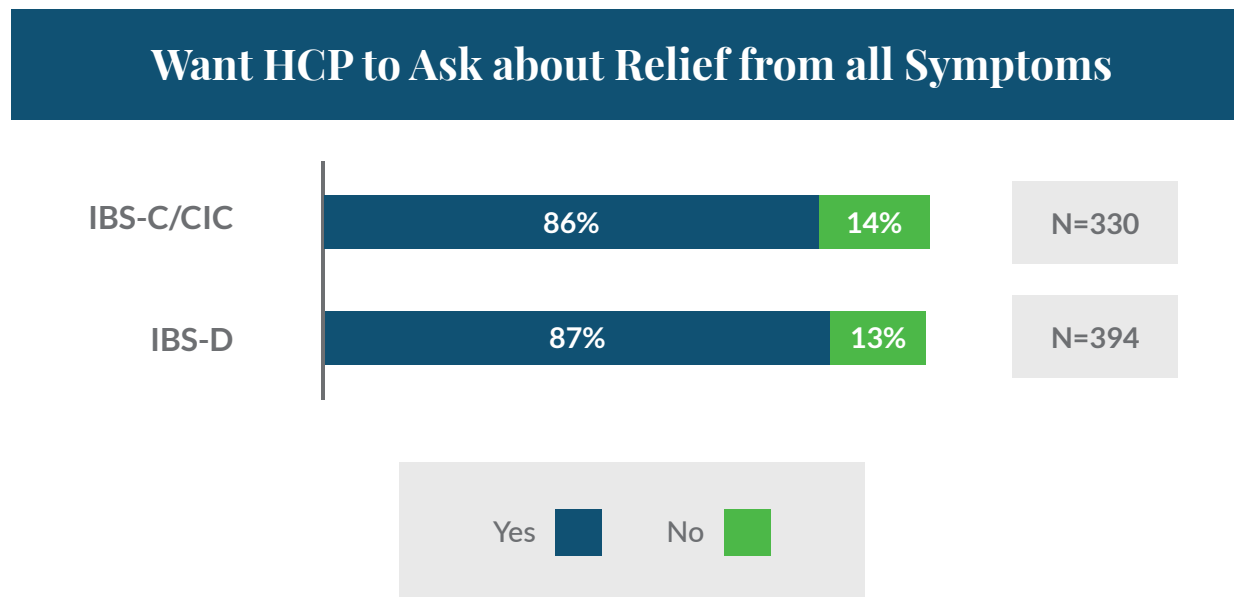
- Any additional symptoms – 89%
- Understand all the symptoms – 94%
- How their symptoms impact daily living – 94%



# Key Findings: All Conditions Panel

## ALL8. During your next appointment, would you like your healthcare provider to proactively ask if you are getting relief from all your IBS-C/CIC or IBS-D symptoms?

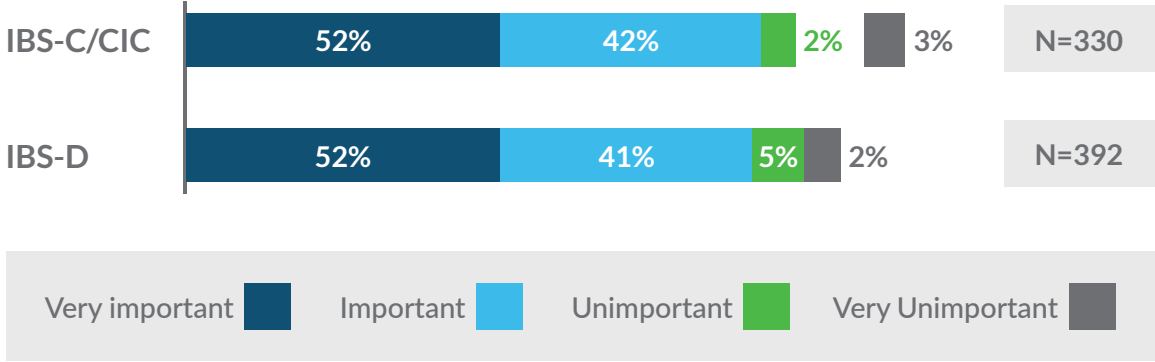
86% of adult patients reported that they want their healthcare practitioner to proactively ask them if all of their symptoms have been relieved during their follow-up appointments.



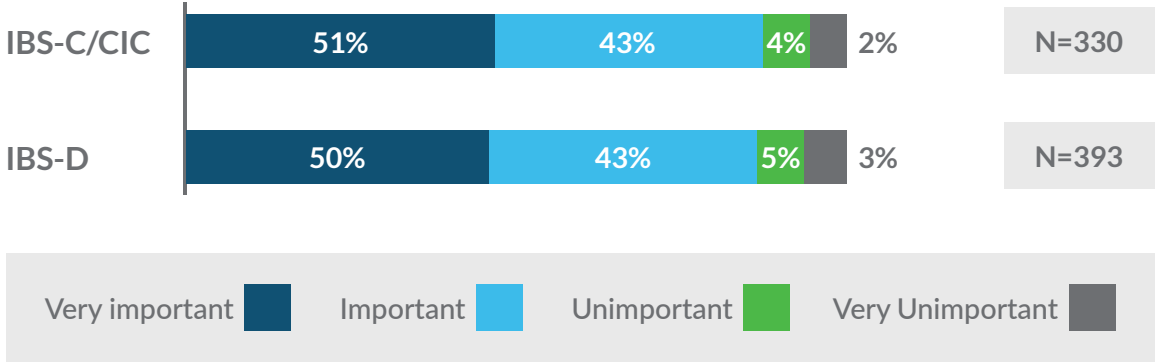
# Key Findings: All Conditions Panel



## Importance of Discussing – All Symptoms Experiencing



## Importance of Discussing – How Symptoms Impact Daily Life



# Key Findings:

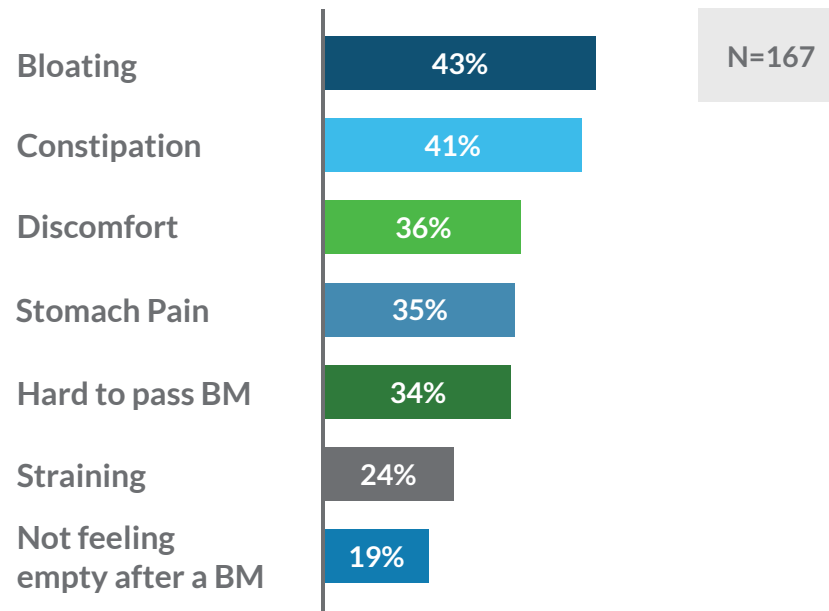
## IBS-C/CIC Panel

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. Which symptom was not resolved with help of an over-the-counter medication (a medication you purchase without a prescription)? (Multiple Response)**

IBS-C survey respondents reported the following symptoms were not treated by an OTC medication: 43% - Bloating; 41% - Constipation; 36% - Discomfort; 35% - Stomach pain.

#### IBS-C/CIC Symptoms Not Resolved by OTC



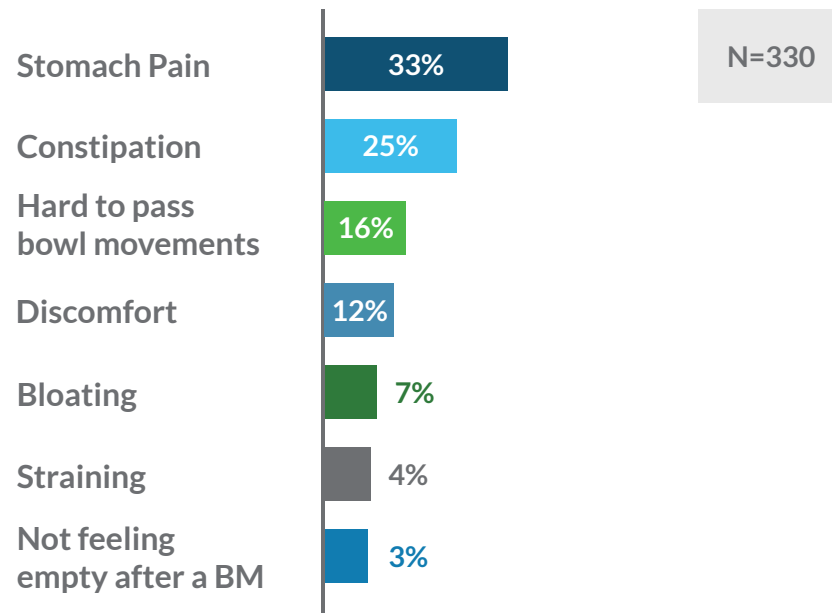
# Key Findings: IBS-C/CIC Panel

## IBSC2. Which was the key symptom that made you want to make an appointment with a health care provider?

3 out of 10 adult IBS-C and CIC patients reported that stomach pain was the main reason to see a doctor.

\*Respondents were also asked about hard to pass bowel movements, straining, and not feeling empty after a bowel movement.

### IBS-C/CIC Key Symptom leading to Appointment with an HCP



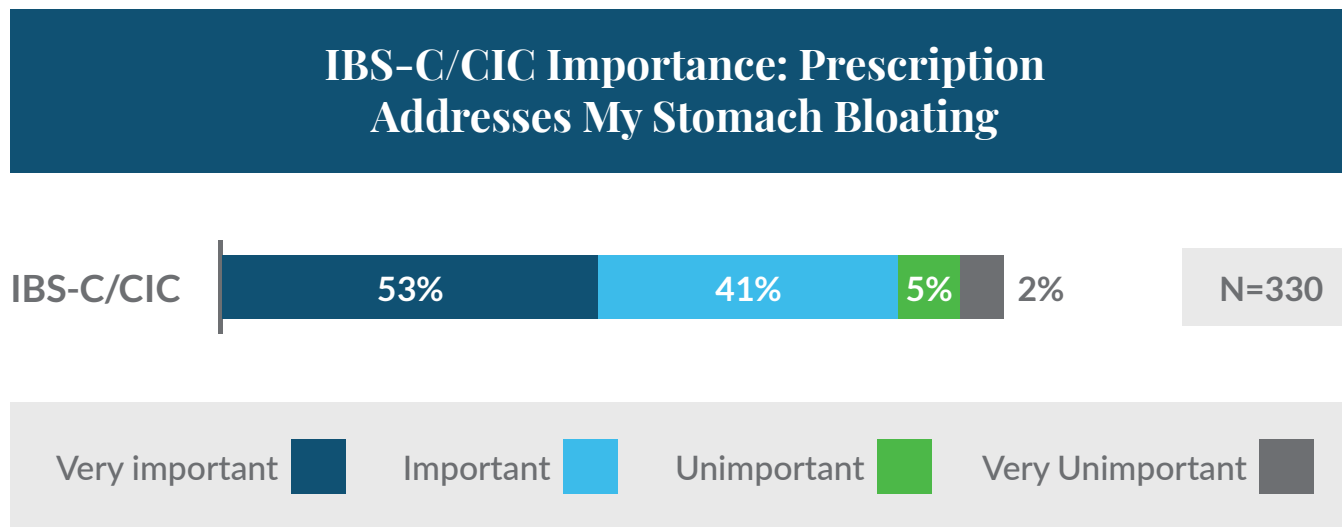


# Key Findings:

## IBS-C/CIC Panel

### IBSC3. When you consider a prescription treatment for IBS-C or CIC how important or unimportant is it that it...? *Addresses my stomach bloating*

More than 90% of IBS-C and CIC respondents reported when considering a prescription medication, it is important or very important that it: addresses their stomach bloating (94%).

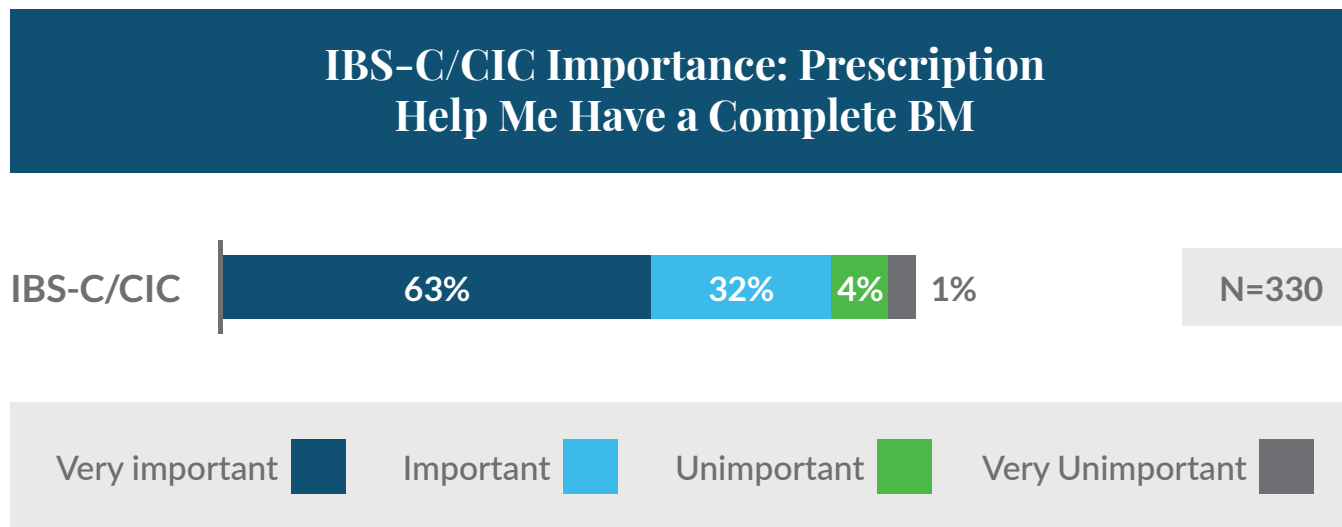


# Key Findings:

## IBS-C/CIC Panel

**IBSC4. When you consider a prescription treatment for IBS-C or CIC how important or unimportant is it that it...? *Help me have a complete bowel movement – feeling completely “empty”***

More than 90% of IBS-C and CIC respondents reported when considering a prescription medication, it is important or very important it: helps them have a complete bowel movement (95%).

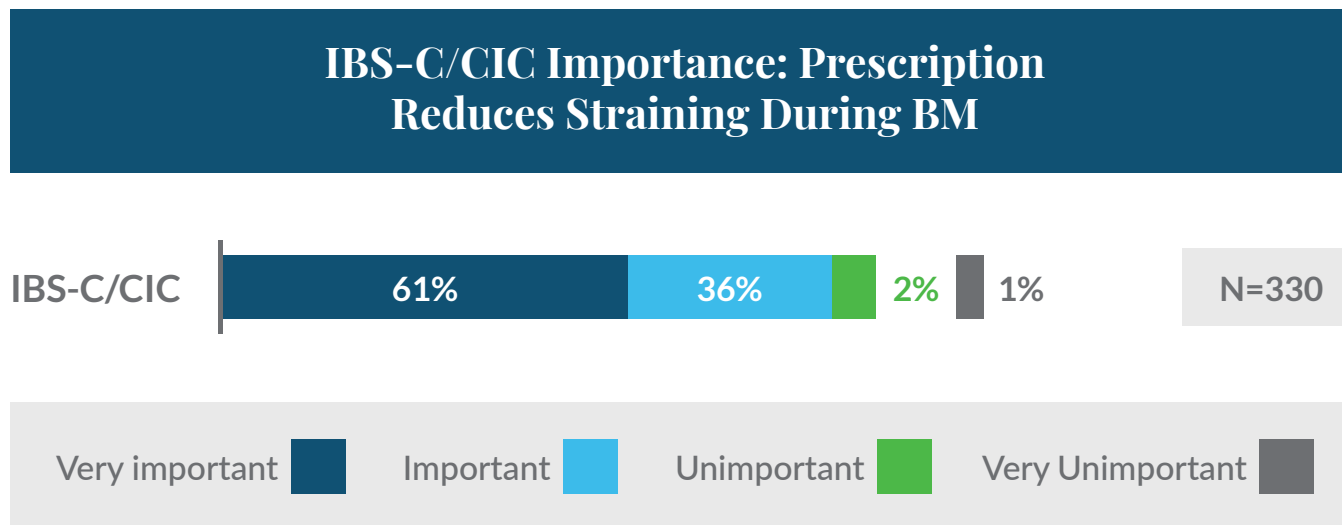


# Key Findings:

## IBS-C/CIC Panel

### IBSC5. When you consider a prescription treatment for IBS-C or CIC how important or unimportant is it that it...? *Reduces straining during bowel movements*

More than 90% of IBS-C and CIC respondents reported when considering a prescription medication, it is important or very important that it: reduces straining during bowel movements (97%).

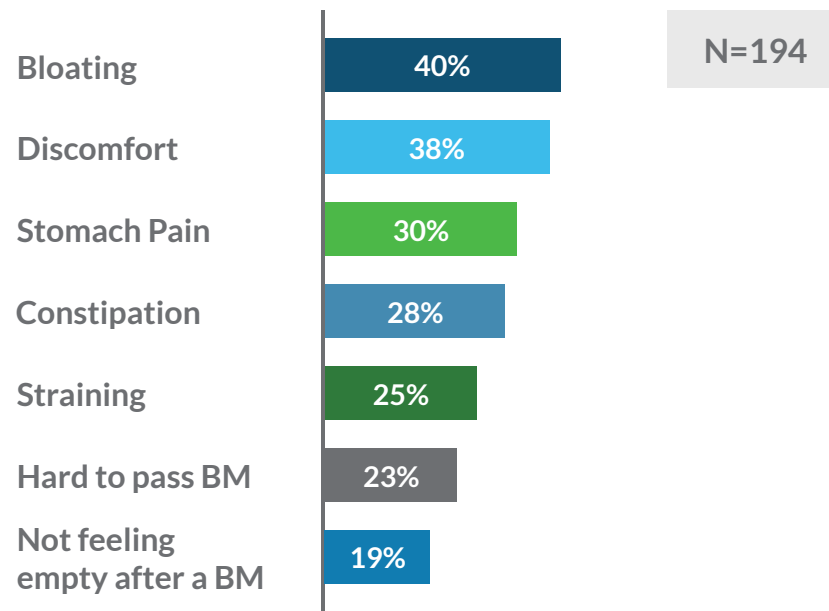


# Key Findings: IBS-C/CIC Panel

## IBSC6. Which symptoms do you feel were not treated by your prescription medication(s)? (Multi-Response)

The main symptoms of IBS-C patients reported as not being treated by a prescription medication were:  
40% - Bloating; 38% - Discomfort; 30% - Stomach pain.

### IBS-C/CIC Symptoms Not Resolved by a Prescription Medication



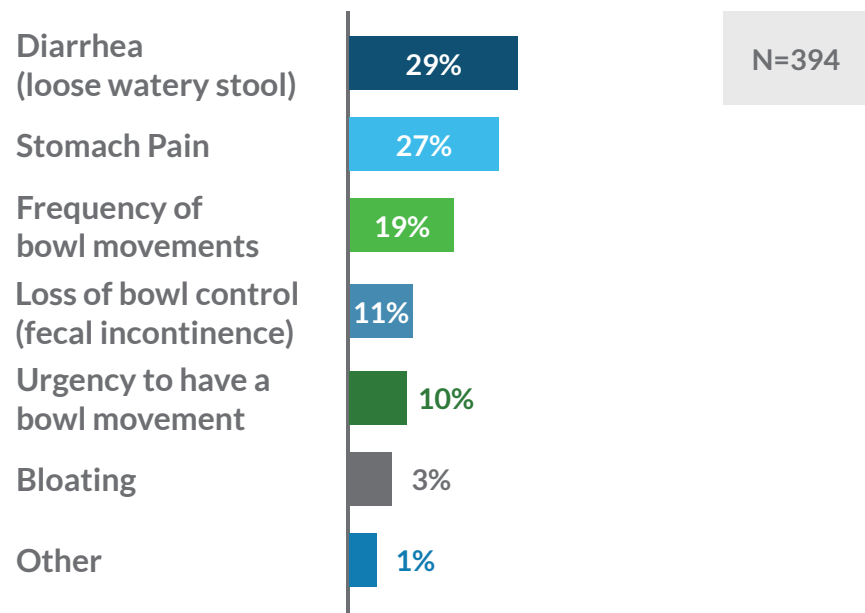
# Key Findings: IBS-D Panel

Those who indicated they were either diagnosed with IBS-D or experienced IBS-D like symptoms were asked the series of questions that make up this IBS-D Panel.

## IBSD1. Which was the key symptom that made you want to make an appointment with a health care provider?

The top two key symptoms that made respondents seek an appointment with an HCP were diarrhea (29%) and abdominal pain (27%).

### IBS-D Key Symptom leading to Appointment with an HCP

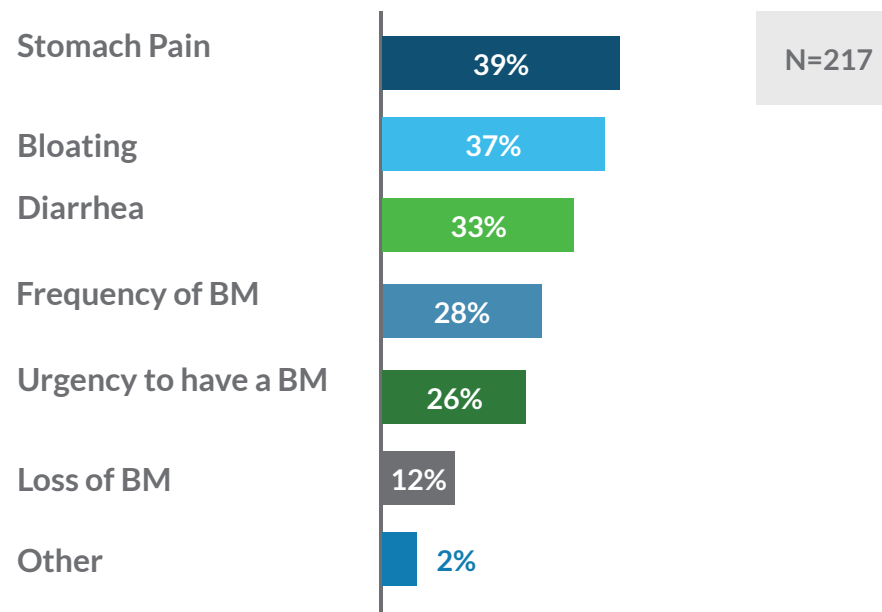


# Key Findings: IBS-D Panel

## IBSD2. Which symptoms do you feel were not treated by your prescription medication(s)? (Multi-Response)

Over a third of survey respondents reported that stomach pain (39%) and bloating (37%) were the main symptoms not treated by prescription.

### IBS-D Symptoms Not Resolved by Prescription





# Key Findings: IBS-D Panel

**IBSD3. Would it be beneficial if there was a limited course IBS-D medication (one that is completed over a short period of time) available to you rather than a medication you have to take on a continuous basis?**

The vast majority (90%) of adult patients reported that they would consider a limited-course medication to treat their symptoms.

## IBS-D Would Short Course Prescription be Beneficial

