

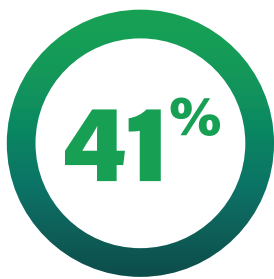
TREATMENT COUNSELING GUIDE



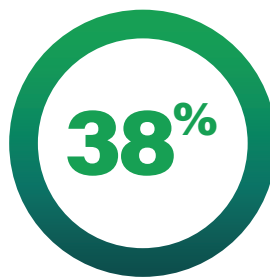
WHY IS IT IMPORTANT TO HAVE THIS DISCUSSION WITH PATIENTS?

Patients with IBS-C or CIC often have a limited understanding of what to expect during their treatment, which frequently leads to suboptimal experiences and potential discontinuation for various reasons.

THE REALITY OF DISCONTINUATION¹



of patients taking prescription medications for IBS-C and CIC discontinued treatment*



of patients on prescription treatment **were not adherent** to daily administration*

Factors that contributed to these discontinuations included¹:

20-33%

Lack of symptom improvement (abdominal pain and bowel movements)

22%

Side effects

13%

Medication cost

18%

Resolution of symptoms

DUAL MECHANISM OF DISEASE IMPACTS TIME TO RELIEF

1 ALTERED MOTILITY OF THE GI TRACT

IBS buildup of stool in the system



IBS can lead to stool buildup, which hardens and becomes difficult to pass.²

Visceral hypersensitivity operates **independently** from the mechanism that causes constipation. **Abdominal pain improvement may take longer even with the appropriate treatment.**^{3,4}

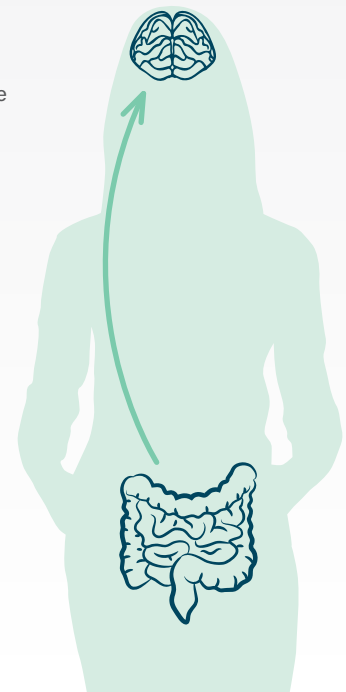
2 EXTRA SENSITIVITY TO PAIN SIGNALS

1

In IBS, afferent nerves can become extra sensitive to pain during digestion (ie, visceral hypersensitivity).⁵⁻⁷

2

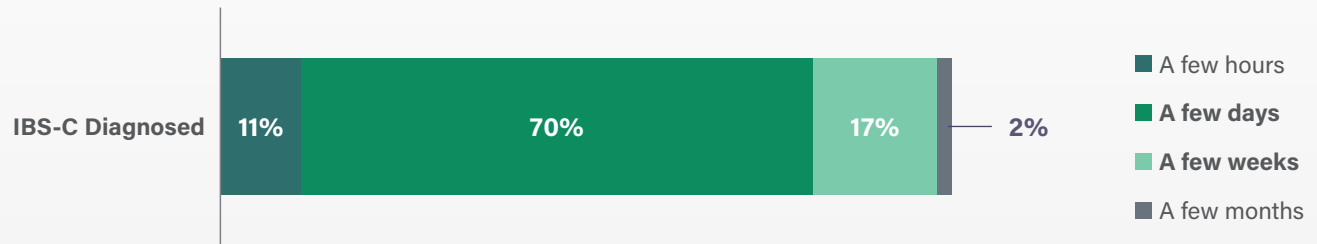
The gut then sends increased signals to the brain.⁵⁻⁷



CHRONIC MANAGEMENT FOR LASTING RELIEF

- To effectively manage IBS and achieve comprehensive control of symptoms, it is imperative to **maintain strict adherence to consistent daily medication, even on symptom-free days**¹
- Symptoms return **within a few days** when patients discontinue treatment¹

LENGTH OF TIME PATIENTS REMAIN SYMPTOM-FREE BEFORE SYMPTOMS RETURN*



This continuous management strategy helps to maintain a balanced digestive function and prevent the recurrence of uncomfortable symptoms.

SETTING THE RIGHT EXPECTATIONS^{1,4}

When starting a new prescription medication, **adverse events** such as **diarrhea may occur in the early days of treatment**, especially in patients with higher fecal load. Consider discussing the following topics with patients*:

Treatment should be initiated during the weekend, or at a time with no work/school obligations

Proper hydration is necessary for optimal treatment outcomes

Symptom response (immediate vs delayed improvements)

Timing of dose relative to meals (ie, on an empty stomach, before meals, after meals)

Follow-up visits should be scheduled based on expectations of successful therapy responses

Although IBS is a chronic condition, creating personalized treatment plans with patients can alleviate symptoms and provide optimism that a life with well-managed IBS is not just possible, but achievable.⁴

*Based on a survey conducted between September 14 and October 29, 2015, involving 3,254 IBS sufferers (both diagnosed and undiagnosed) and 302 physicians who treat IBS (151 PCPs and 151 gastroenterologists), commissioned by the American Gastroenterological Association with financial support from Ironwood Pharmaceuticals, Inc. and Allergan plc.

1. Data on file, AbbVie, Inc. Prescription treatment discontinuation. 2. Andrews CN, et al. *Can J Gastroenterol.* 2011;25(suppl B):16B-21B. 3. Wong MYW, et al. *J Gastroenterol Hepatol.* 2020;35(8):1294-1301. 4. Brenner DM, et al. *Am J Gastroenterol.* 2022;117(4S):S21-S26. 5. Kim YS, et al. *J Neurogastroenterol Motil.* 2018;24(4):544-558. 6. Saha L, et al. *World J Gastroenterol.* 2014;20(22):6759-6773. 7. Quigley EMM, et al. *J Clin Med.* 2018;7(1):6.