

Management of irritable bowel syndrome with constipation (IBS-C): a nursing perspective

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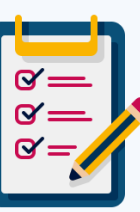
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Introduction and purpose

Currently, healthcare providers (HCPs) have multiple options for treating patients with irritable bowel syndrome with constipation (IBS-C). However, successful management remains challenging, leaving patients with poor treatment satisfaction and decreased quality of life. This study was designed to help understand current educational needs and ongoing challenges in the management of IBS-C. Specifically, we note how management and perceptions differ among different HCPs with a focus on the gastroenterology nurse (GI nurse) perspective in order to design optimal educational programs.

Methodology



A survey was designed to assess HCPs' current, practice patterns, treatment goals, and barriers to care. The survey was tested with a representative from each HCP type prior to implementation to ensure that none of the items were ambiguous and that the survey represented typical situations seen in practice.



The survey was distributed online from December 2021 to February 2022 to United States-practicing primary care physicians, obstetricians/gynecologists, gastroenterologists, and GI nurses using national mailing lists and lists of clinicians who have previously opted-in for similar educational research.



To be included in the results, HCPs had to treat patients with IBS-C. Descriptive data, including frequencies and means, were used to analyze the responses.

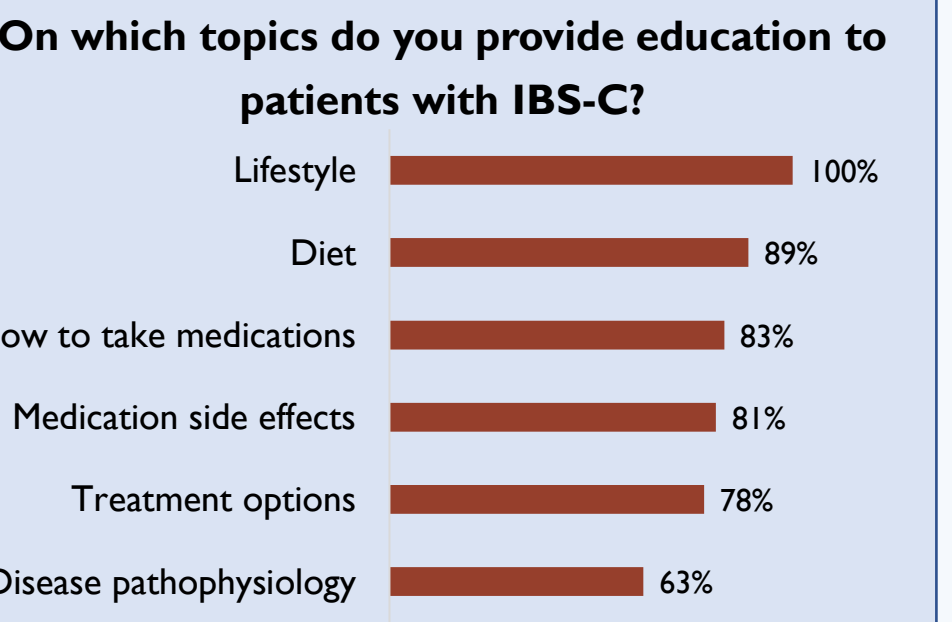
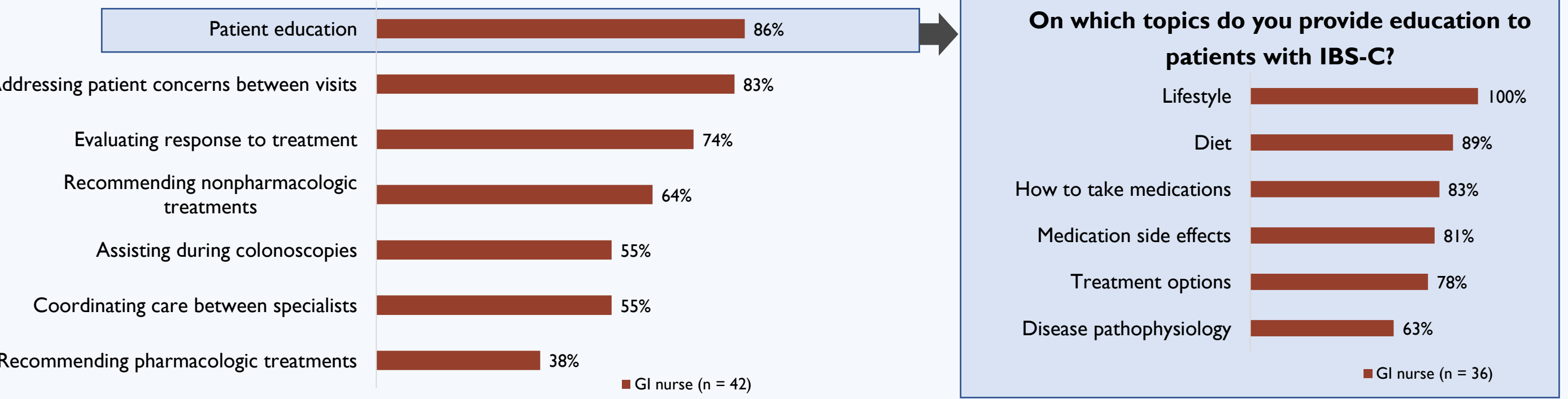
HCP sample demographics

Responses from 443 HCPs, including 42 gastroenterology nurses, were analyzed.

	Primary care physicians (PCPs) (n = 200)	Obstetricians/ Gynecologists (OB/GYNs) (n = 100)	Gastroenterologists (GIs) (n = 101)	GI nurses (n = 42)
Patients seen per week, mean	114	115	91	94
% in an academic practice setting	7%	15%	21%	55%
Years in practice, mean	26	24	22	14
Patients with IBS per month, mean	32	23	59	65
% with IBS-C predominant	44%	45%	47%	39%

Role of the GI nurse

Which of the following are a component of your role in managing patients with IBS-C?



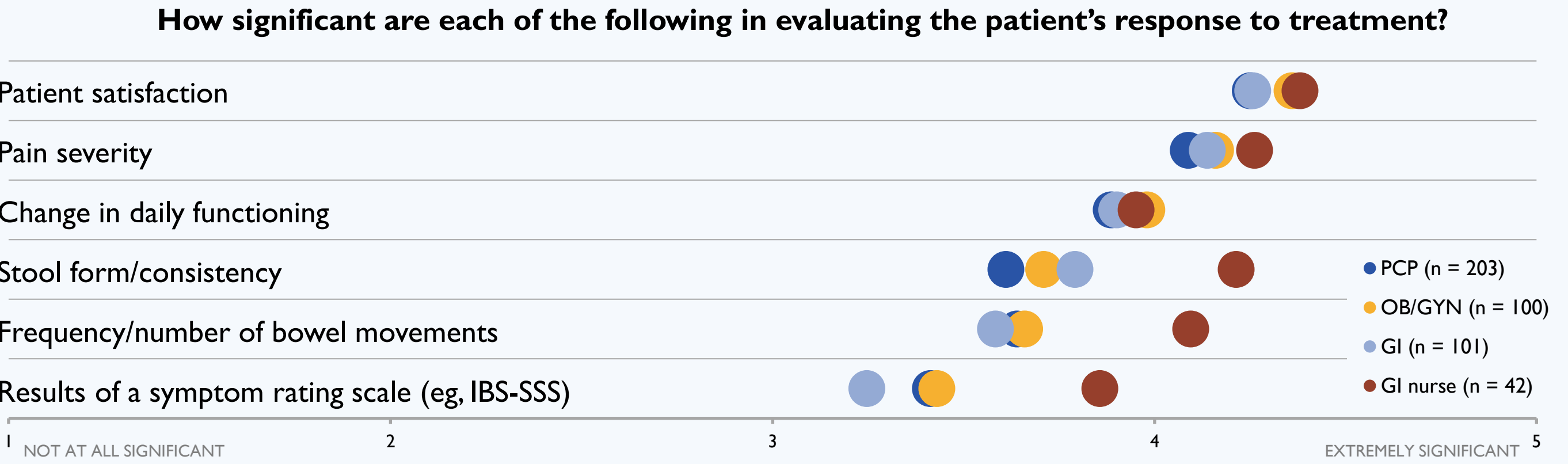
The role of GI nurses has many components, most notably patient education and addressing patient concerns between visits. When providing patient education, lifestyle, dietary choices, and how to take medications are the major topics.

Treatment goals

Rank the following goals in treating IBS-C (rank 1 through 5, with 1 being the most important and 5 being the least important goal)	PCP	OB/GYN	GI	GI nurse
Prevent complications	1	1	1	1
Increase frequency of bowel movements	2	2	3	4
Improve specific symptoms	3	3	4	3
Patient satisfaction	4	4	2	2
Improve overall quality of life and social functioning	5	5	5	5

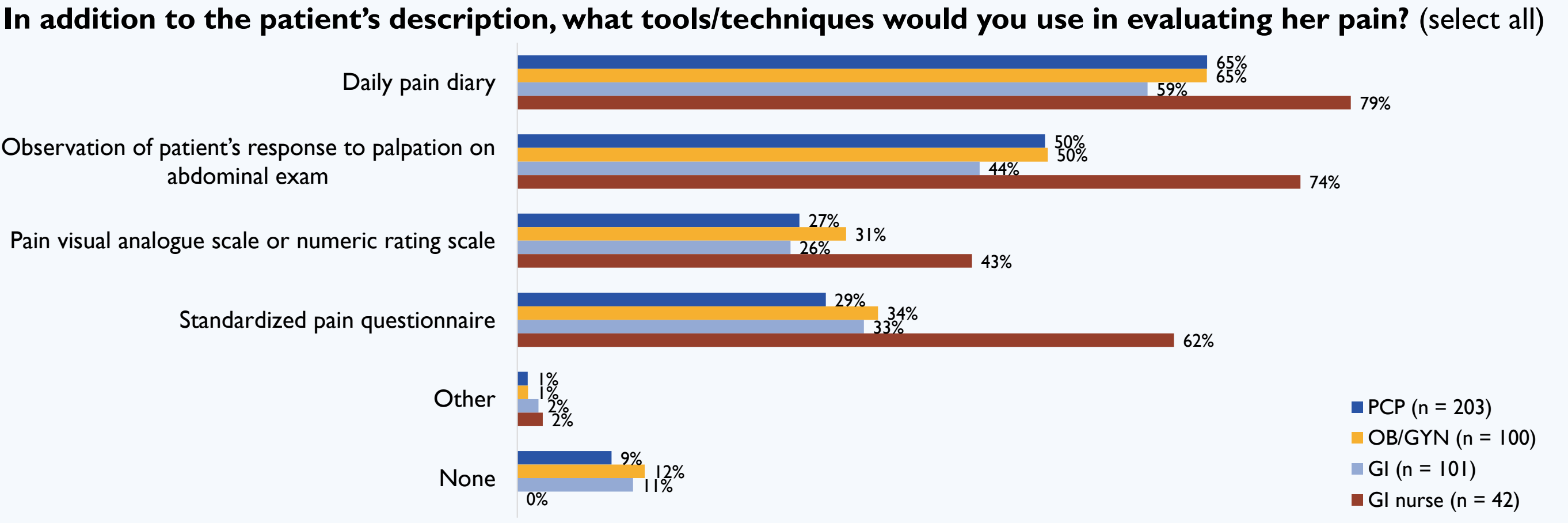
While preventing complications was the most important treatment goal for all HCPs, gastroenterologists and GI nurses also valued patient satisfaction highly.

Treatment effectiveness



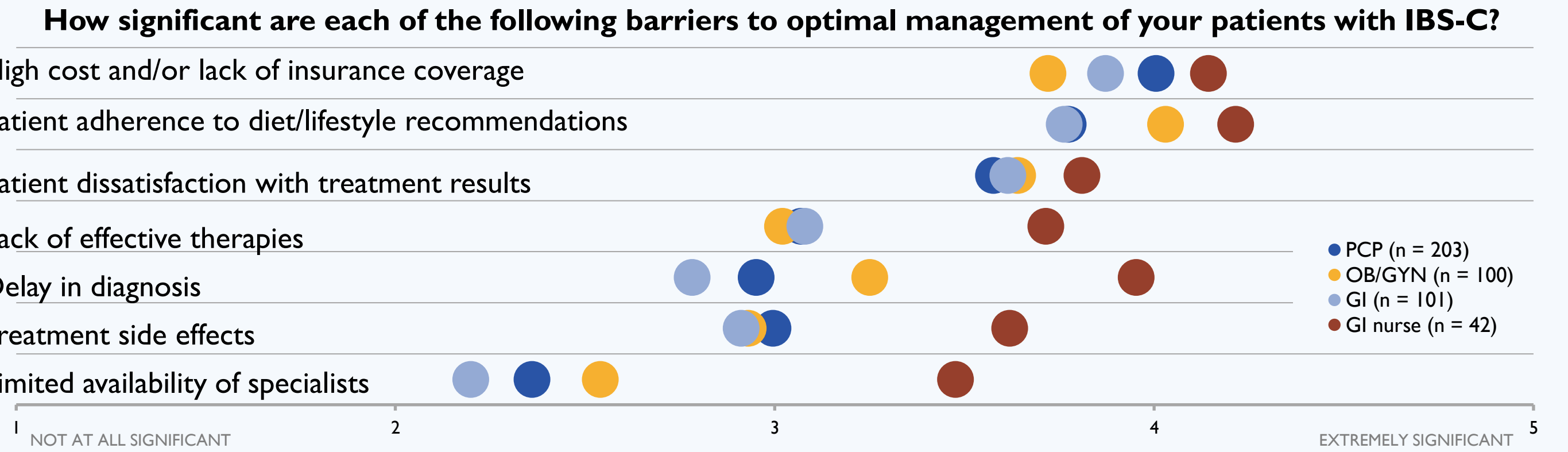
When assessing treatment effectiveness, all HCPs valued patient satisfaction and improvement in pain severity. GI nurses also placed more significance on stool form/consistency, frequency of bowel movements, and results of a rating scale.

Pain evaluation



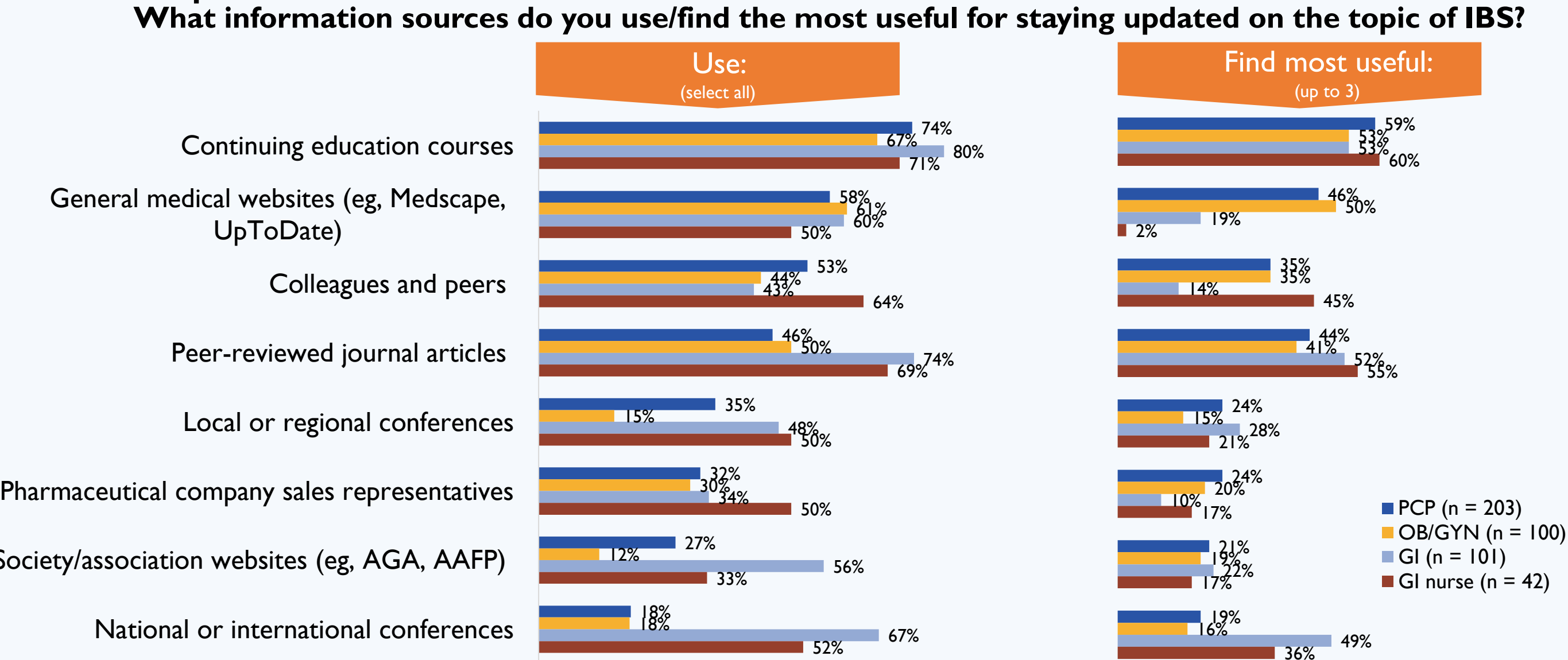
GI nurses were more likely than clinician groups to use a daily pain diary, the patient's response to palpation on abdominal exam, rating scales, and a standardized questionnaire to evaluate pain.

Barriers to management



While most HCPs found cost, adherence, and treatment dissatisfaction as major barriers to optimal IBS-C management, GI nurses found lack of effective therapies, limited specialist availability, adverse events, and delay in diagnosis to be more significant barriers to IBS-C care.

Education preferences for IBS-C



Among both GI nurses and GIs, CME and CE courses along with peer-reviewed journal articles were the more useful options for staying updated on IBS. GI nurses also ranked colleagues and peers to be more useful as an information source than other HCPs.

Conclusions

- Overall, HCPs find cost and patient adherence to diet/lifestyle to be significant barriers to optimal IBS-C management.
- GI nurses play a key role in patient education, particularly in diet and lifestyle.
- When evaluating treatment effectiveness and pain, GI nurses place more significance on certain criteria than other HCPs.
- A team-based multidisciplinary approach could facilitate better management of patients with IBS-C.
- Future education on strategies to help patients understand their medications could be valuable.
- GI nurses and other HCPs find CME/CE courses and peer-reviewed journal articles to be useful in further education on IBS-C.

DISCLOSURES:

This study was funded by Ardelyx, Inc. This poster is intended for healthcare professionals. DW and DPR are employees of Ardelyx, Inc. Other authors have nothing to disclose.

For more information about this study, contact Emily Belcher at emily.belcher@ceoutcomes.com

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