

IBS Patients Report a Lack of Symptom Control, HCP-Prescribed Options

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Introduction

Irritable bowel syndrome (IBS) is often under-recognized by patients and healthcare providers (HCPs). Many patients do not consult an HCP and are not formally diagnosed. Even with a formal diagnosis and treatment, IBS is hard to control. We aim to understand how IBS patients who report a lack of symptom control perceive their quality of care and HCP relationships.

Methods

We surveyed 1,930 IBS patients online from June to August 2020 (Table 1). The survey measured treatment experiences, quality of life, and HCP engagement. Responses were evaluated using descriptive statistics and comparison tests.

Results

Of all patients surveyed, only 4% consider their IBS mild, while 55% describe their IBS as moderate and 40% as severe (Figure 1). Despite the availability of various drugs to treat IBS, only 12% of patients felt their current treatment plan keeps their IBS under control. Most patients report seeing a PCP (n=403) or gastroenterologist (n=1,047). Compared to patients with uncontrolled IBS, those with controlled IBS are more likely to report they are satisfied with the care received from their HCP (68% vs 48%, $p<0.0005$) and that their HCP clearly explains treatment options (70% vs. 49%, $p<0.0005$) (Figures 2,3).

Overall, 51% of patients who see an HCP for their IBS are satisfied with their care. Of those who see an HCP, patients who report themselves as satisfied with their care are more likely to report they feel comfortable discussing all aspects of IBS with an HCP (92% vs 59% of those not satisfied, $p<0.0005$) and that their HCP agrees with them on the severity of their IBS (80% vs 26%, $p<0.0005$), clearly explains treatment options (84% vs 18%, $p<0.0005$), and regularly discusses quality of life (74% vs 17%, $p<0.0005$). Of the 739 patients who characterized their IBS as severe, 51% see an HCP and are not satisfied with their care. This is a statistically significant difference from those who see an HCP and are satisfied with their care (38%) and those who do not see an HCP (37%, $p<0.0005$) (Figure 4).

Conclusion

Despite IBS treatment availability, few report their IBS is controlled by their treatment plan. Patients who experience greater IBS control report more positive HCP relationships. Those who characterize their IBS as severe report less satisfaction with their care. Cultivating positive HCP relationships is instrumental in improving quality of life for IBS patients. Future research should examine factors that facilitate patient-provider relationships and close the gap in treatment dissatisfaction.

Table 1. Demographics

Gender	Female	1,784 (92%)
	Male	128 (7%)
	Non-binary/Gender non-conforming	18 (1%)
Age	18-34	254 (13%)
	35-44	147 (8%)
	45-54	280 (15%)
	55-64	521 (27%)
	65-74	728 (38%)
Type of IBS	IBS with constipation (IBS-C)	332 (17%)
	IBS with diarrhea (IBS-D)	702 (36%)
	IBS with alternative constipation and diarrhea (IBS-M/A)	798 (41%)
	I don't know	98 (5%)
Frequency of episodes	Daily	710 (37%)
	Weekly	790 (41%)
	Monthly	284 (15%)
	Every few months	128 (7%)
	Once every 6 months or less	18 (1%)

Figure 1. Perceived Severity of IBS

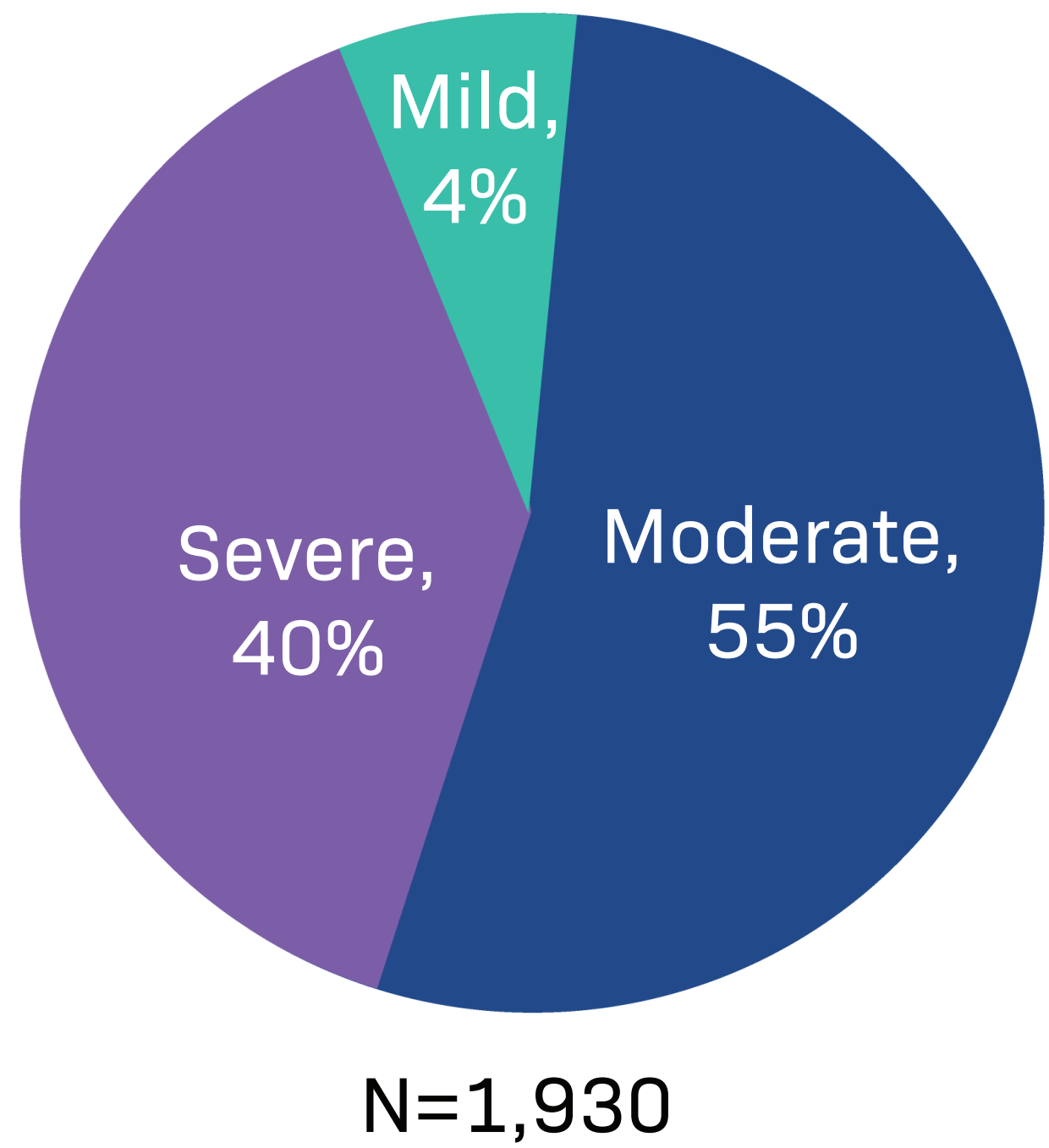


Figure 2. Satisfaction With HCP Care, by Level of Control

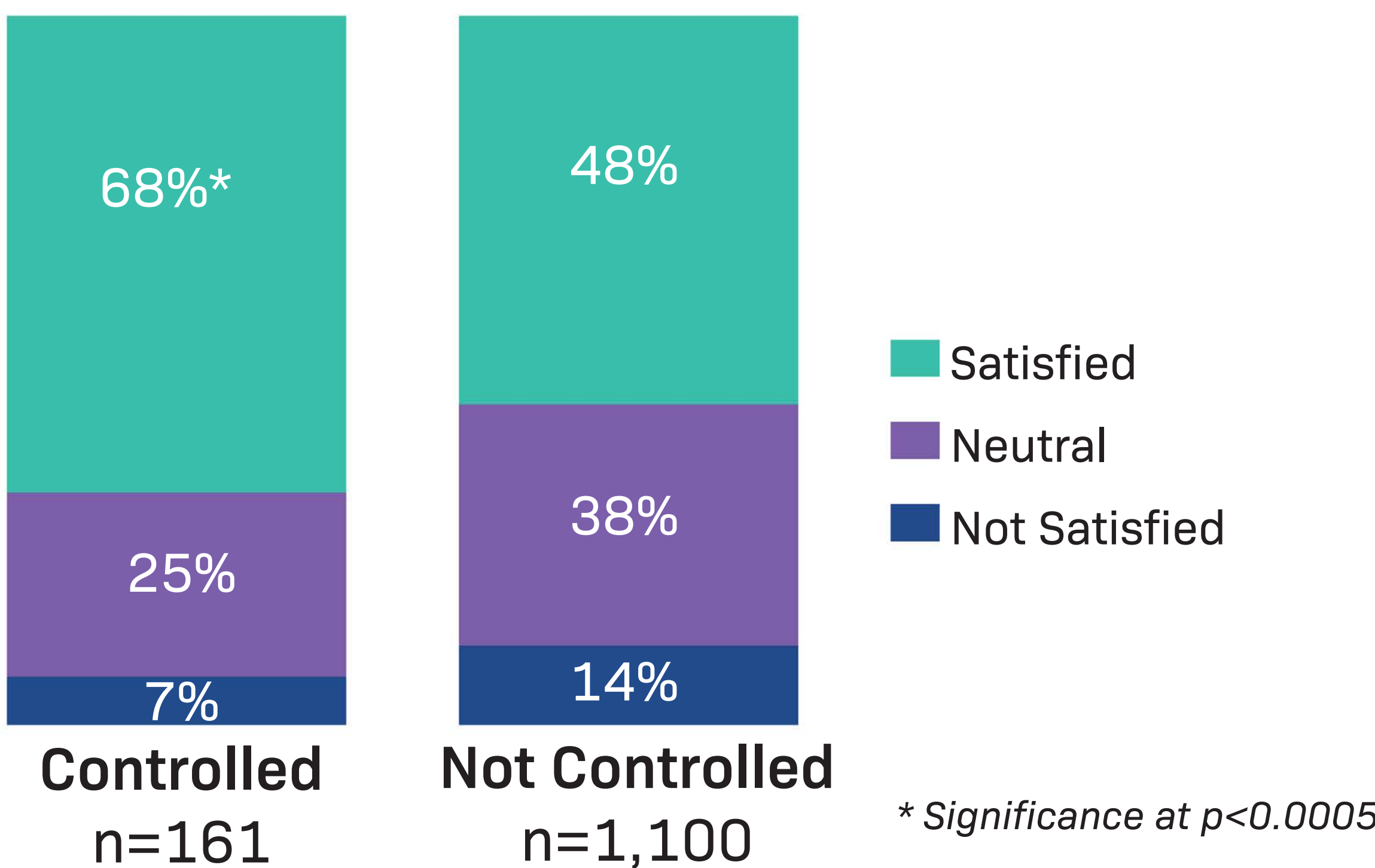


Figure 3. HCP Explains Treatment Options, by Level of Control

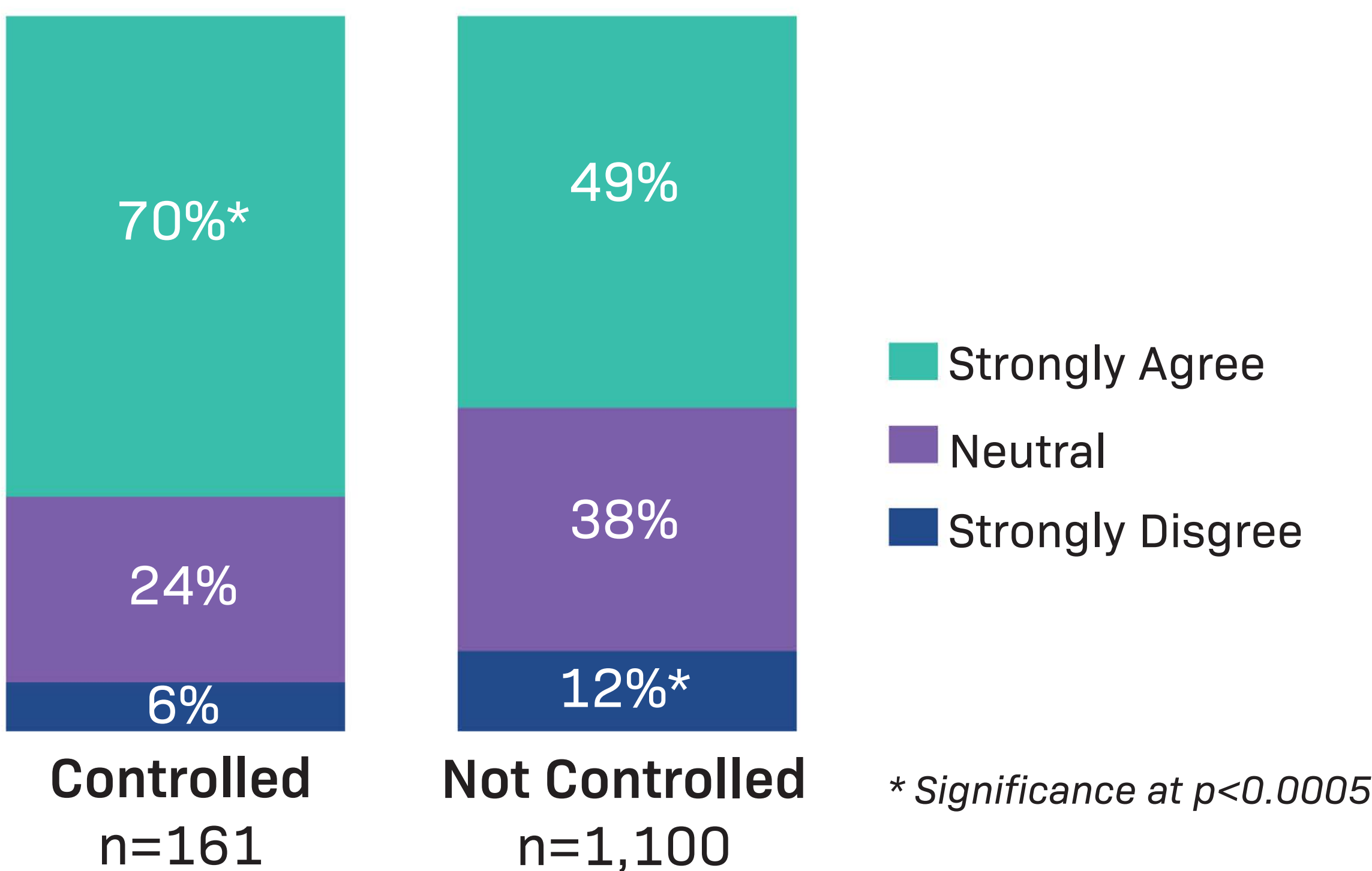


Figure 4. Severity of IBS by Satisfaction with HCP

