

Explore your
treatment
options

P. 6

Could fiber be
making your
symptoms
worse?

P. 22

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**“My
medication
has been a
lifesaver!”**

IBS-C

When Carley Hartings couldn't find relief from the pain, bloating and discomfort of irritable bowel syndrome with constipation (IBS-C), she developed an eating disorder. Luckily, a treatment switch made all the difference—and she's ready to share her story with the world.

Health Monitor Living **IBS-C**



8 “My treatment is a lifesaver!”

When Carley Hartings couldn't find relief from the pain, bloating and discomfort of irritable bowel syndrome with constipation (IBS-C), she developed an eating disorder. Today, thanks to the help of a treatment switch, her symptoms have subsided, she's eating healthier and she's ready to share her story with the world.

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SPECIAL THANKS TO OUR MEDICAL REVIEWER



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BEF24

Cover photo by Jacyn Willman Photography

Get back to the life you love!

Work, play, fun and family—you can enjoy it all, even if you're struggling with irritable bowel syndrome with constipation (IBS-C). Here's how!





Playing with her grandkids. Traveling to Europe. Hiking with her dogs. Trimming her prize rose garden. For Dara S., her days since retiring five years ago have been anything but dull. Yet just two years ago, she was finding herself more and more limited by uncomfortable stomach issues.

“All of a sudden it seemed like I couldn’t go to the bathroom regularly,” recalls the Kenosha, WI, resident. “I had painful bloating and cramping that only subsided for a short time if I had a bowel movement, which was only happening once or twice a week. I was also struggling with a lot of nausea.”

At first too embarrassed to talk to her

doctor, eventually Dara realized her symptoms were upsetting her quality of life. “I was canceling plans and avoiding hiking and other things I loved to do because I just felt too uncomfortable all the time,” she recalls. “That’s no way to live, so I finally made an appointment.” To help make the conversation with her doctor easier, Dara wrote down her symptoms and handed the paper to her doctor.

“He instantly reassured me that I was not even the first person that *day* he’d talked to about a similar issue and then I felt able to talk freely—he asked me more detailed questions about my symptoms and how long they’d been

going on and how much they were affecting my daily routine.”

Dara then had some tests, including a blood test to check her thyroid levels (all clear!), a fecal test and a colonoscopy, which she was overdue for anyway. She was cleared for cancer and other conditions and told she had irritable bowel syndrome with constipation, or IBS-C. “He then prescribed a twice-daily pill that he said would help my intestines hold onto water, which would make stool easier to pass and stop the cycle I’d been on.”

Dara immediately started on the medication, and within a week found she was having more regular bowel movements. Even better, the painful

bloating and cramping started to fade away. “Now that I’ve been on this medication for a few months, I am happy to report I feel 100% back to my old self! Now I can get back to doing the things I love, and that means everything to me!”

You can get relief, too!

If you haven’t opened up to your doctor about your bowel difficulties—things like infrequent and/or difficult bowel movements, bloating, gassiness and pain—let Dara’s story inspire you to start the conversation. And continue reading this guide: Not only does it contain other tips and tools to make working with your doctor easier, it will also help you better understand IBS-C and the many options you have to help you rein in constipation, feel more comfortable and get you back to enjoying life!

What is IBS-C?

IBS-C is a functional gastrointestinal (GI) disorder involving belly pain, cramping, gassiness, bloating and difficult or infrequent bowel movements. To be diagnosed with IBS-C, your symptoms must have been a problem for at least six months—and in the last three months, you’ll have noticed it at least one day per week.

What are the symptoms?

IBS-C symptoms can range from mild to severe and vary from person to person. They can worsen, then get better—or they can linger. In addition to infrequent and difficult bowel movements, sometimes producing little or no stool, you experience:

- Abdominal pain and cramps, which usually subside temporarily after you have a bowel movement
- Normal or watery movements between cycles of constipation
- A sensation of fullness
- Bloating
- Gas

People with IBS-C report mucus in the stool and some become nauseated or lose their appetite. Some report a sense of “incomplete” bowel emptying, while others may experience complications due to constipation, such as anal fissures (small tears in the lining of the anus), hemorrhoids, rectal prolapse and fecal impaction (blockage).

What causes it?

The cause of IBS-C is not known. It may be triggered by a bacterial infection or a parasitic infection (giardiasis) of the intestines. Symptoms may arise due to stress or other triggers.

How is IBS-C diagnosed?

To start, your doctor will take a medical history and ask about your symptoms. Provide as many details as you can—this information could help your doctor rule out other conditions that could potentially cause your constipation. (Fill out the symptom diary on p. 15, and share it with your doctor to get



WHEN IT ISN'T IBS-C

If you’ve been experiencing blood in the stool, fever, vomiting, weight loss or persistent severe pain, tell your doctor right away, as these may indicate a different condition.

started.) Be prepared to tell your doctor if you have a family history of any digestive issues, including colon cancer. And talk about anything you’ve done on your own to ease your IBS-C, such as eating more fiber or using over-the-counter laxatives. Let your doctor know about any health conditions you have, medications and supplements you take, and allergies to medications. There is no single laboratory test used to diagnose IBS-C. Your doctor will perform a physical examination and order tests, including a complete blood count (CBC) and stool cultures, to rule out conditions that are not responsible for your



IS IBS A WHITE PERSON'S DISEASE?

While a recent study published in *Gastroenterology* confirmed that White people are still more likely to be diagnosed with IBS—78% of IBS patients surveyed were White, 9% Black, 3% Hispanic and 10% Asian—Black and Hispanic patients were more likely to report severe symptoms, including bloating, gas and pain. The reasons haven’t been fully investigated, but researchers suspect that Black and Hispanic patients may be diagnosed later in the disease state, and may be undertreated for the condition.

Bottom line? If you’re a person of color and you suspect you may have IBS, report your symptoms to your doctor as soon as possible so you can find a treatment that works.

symptoms. Other lab tests can include lactose intolerance tests (to see if you digest the lactose in dairy products), a breath test to look for bacterial overgrowth in the intestine, and an upper endoscopy, in which the doctor inserts a tube with a camera down your throat to inspect for bacterial overgrowth. Your doctor may also order a colonoscopy, X-ray or other tests.

Can IBS-C be treated?

Yes! The key to getting relief from IBS-C? Perseverance! That means keeping all your doctor appointments, taking medication as directed and being honest about your symptoms. And if something you've tried hasn't helped, resist throwing your hands up and thinking *I'll just live with this*. With so many different treatment options available, finding what works for you is a matter of trial and error. At your next exam, ask your doctor to review the following:

SELF-HELP REMEDIES

- **Lifestyle changes.** Dietary tweaks, exercise, stress-relief techniques and bowel training can be an important part of your treatment plan. Establishing regular mealtimes, avoiding foods that aggravate symptoms, and consuming more fluids can help, too. And for its part, physical activity can boost intestinal function and also defuse stress, a common IBS-C trigger. In line with that, make sure you get enough sleep and consider tension-taming activities such as yoga, deep breathing and meditation. Also key: Always obey the urge to have a bowel movement!
- **Probiotics.** So-called good bacteria, probiotics have been study proven to help speed waste through the intestines and improve stool consistency, making them easier to pass. Probiot-

ics have also been shown to help you go more frequently and ease bothersome symptoms such as bloating and abdominal pain. However, more research is needed to identify the bacterial strains and dosages that may work best, so talk to your doctor first to see if probiotics are worth trying.

ANORECTAL BIOFEEDBACK THERAPY

This noninvasive therapy uses sensors to help people learn how to relax and tighten muscles so they can pass stool more easily. This therapy may be particularly useful in people with constipation who also have dyssynergic defecation, a condition in which the muscles in the pelvic floor don't completely relax.

OVER-THE-COUNTER PRODUCTS

- **Fiber supplements** increase the bulk of digested food and promote faster elimination of stool.
- **Laxatives**, which can provide short-

term relief of constipation symptoms, work in different ways: Bulk-forming laxatives absorb fluid in your intestines, making stool bulkier and triggering the bowel to contract and push out stool. Osmotic laxatives pull water into the bowel, softening stool so it can pass through the body more easily. Stimulant laxatives cause the intestines to contract and push stool through. (Saline laxatives are one type of stimulant laxative.)

- **Lubricants** work by coating the surface of stool so it can hold in fluid and pass more easily.
- **Stool softeners** help push fluid into stools to soften them.

PRESCRIPTION MEDICINES

Fortunately, there are also a variety of prescription medicines currently available to treat IBS-C, including options that relieve pain, discomfort, gas and bloating. Review the pros and cons of each option with your care provider and find out what makes sense for you. ●

CONSTIPATION CAN CAUSE MORE THAN DISCOMFORT

Untreated constipation may lead to:

Anal fissures	small tears in the skin around the anus
Fecal impaction	when a hard mass of stool gets stuck in the rectum or colon
Hemorrhoids	swollen veins around the anus
Rectal prolapse	when the lining of the rectum (the last part of the large intestine, or colon) protrudes out of the anus



YOU & YOUR CARE TEAM

Your healthcare team

These healthcare professionals can help you cope with IBS-C.

Gastroenterologist: This MD specializes in treating digestive disorders of the gastrointestinal tract.

Primary care physician (PCP): MD who checks your overall health. They may refer you to and coordinate care with a gastroenterologist.

Physician associate (PA)/nurse practitioner (NP): This healthcare professional has received specialized training and is licensed to provide routine care, including writing prescriptions.

Registered dietitian (RD): This nutrition professional can counsel you on dietary

changes to help ease your symptoms and find ways to avoid nutrient/vitamin deficiencies.

Physical therapist: A licensed healthcare professional who may help you prevent or manage your constipation through physical movement.



COVER STORY

“My medication has been a lifesaver!”

When Carley Hartings couldn't find relief from the pain, bloating and discomfort of IBS-C, she developed an eating disorder. Today, thanks to the help of a treatment switch, her symptoms have subsided, she's eating healthier and she's ready to share her story with the world.

—BY DANIELLE TUCKER

CONTINUED ON NEXT PAGE



When Carley Hartings isn't hiking the trails around her central Ohio home

or working out at the gym, you will likely find her playing with her foster cats or Siberian husky, Kato. The 40-year-old imaging scientist says she's always had a passion for helping animals—but these days, that passion has grown to helping people, too. That's because, not long ago, a decade-long bout with irritable bowel syndrome with constipation (IBS-C) was not only creating constant pain and discomfort, it was also disrupting her life.

Carley's GI issues started around 2014, when "out of nowhere" she began having nearly constant constipation and a swollen belly. Bounced be-

tween doctors, she endured multiple tests and procedures, with few answers.

"I had it all: bloodwork, colonoscopies, even a motility test where I swallowed a pill filled with tiny plastic letters that would show up on a CT scan. I would have a scan every day to see where each letter was along my digestive tract," she recalls.

Unfortunately, the tests found no clear cause for her GI issues. Desperate for relief, she turned to over-the-counter laxatives, but they didn't help.

"That's when I began with the disordered eating. I was massively restricting what I would eat, thinking everything and anything was going to trigger or worsen my symptoms," she recalls.

"It got to the point where I felt like the only thing that worked was not eating at all or eating a very limited amount."

"I needed answers—fast!"

Carley's eating disorder eventually caused her to drop so much weight, it put her health at risk—so much so that doctors had to get that under control before treating her IBS-C.

"The seriousness of my situation and talking about my struggles in therapy made it clear to me that my GI issues were seriously impacting—and even endangering—my life."

The first step in treating the eating disorder was getting Carley to increase her daily calorie count. To help with

that, she began an intuitive eating approach, which the National Eating Disorders Association defines as "trusting your body to make food choices that feel good for you, without judging yourself or the influence of diet culture."

"Basically, I was trained in how to listen to my body's hunger cues and when I feel those, I eat something without counting calories or worrying if it's a 'bad' or 'good' food. Strict meal planning is a no-no for me, and I avoid scales. I let my doctor worry about my weight," she explains. "It got me back on track."

"This treatment changed everything!"

With her eating disorder under control,

Carley could now get back to addressing the GI issues caused by her IBS-C.

Around this time, a friend in a similar situation referred Carley to a new gastroenterologist. "That's when I felt like I was finally going to get to the source of my problems—this doctor really listened to me."

First, the doctor addressed her fiber intake. Previously, Carley would try to regulate her symptoms by taking high amounts in supplement form, but that tended to just cause more gas and bloating. "Today I stick to the recommended daily amount—about 25 grams per day—and I get that through dietary sources like fresh fruit, vegetables and whole grains."

But the biggest game-changer? After a bit of trial and error with medication, Carley's doctor prescribed an oral pill that helps prevent constipation and even eliminates the bloating, discomfort and pain she was experiencing before—and that finally did the trick.

"I also take probiotics and digestive enzymes now, but it's the prescription medicine that was the real revelation. I notice quickly if I forget a dose, because my symptoms come roaring back. I'm like, *Whoa! I need this in my life.* I went from always feeling uncomfortable to finally feeling 'normal.'"

These days, Carley considers her life transformed. "I know that I am strong, determined and resilient. But one thing I emphasize to anyone going through a health issue is adaptability. The systems aren't perfect, and our bodies aren't perfect. It's not a one-size-fits-all process, and you're going to probably need to give a few treatments a try before finding one that works. Finding the right doctor is so important, as is being informed and advocating for yourself. But whenever I get down, I try to remember: I've successfully made it through 100% of my worst moments, I'll make it through this one, too." ●

Get the help you need

The relationships Carley formed along her IBS-C journey—particularly in her eating disorder groups—have also been an integral part of her healing process, and today she's paying that forward by offering advice and encouragement on her Instagram [@carley_unfiltered](#). "I know from experience that it's frustrating to feel alone or like you're the only one going through something, but the truth is there are lots of people out there with IBS-C—and connecting with them can change everything for you!"

If you're looking for more support from an IBS-C community, try searching for #IBSC on Instagram or X, or search for IBS-C support groups on Facebook. You can also try visiting some of the resources below:

The American Gastroenterological Association Patient Center
[patient.gastro.org](#)

The IBS Patient Support Group
[ibspatient.org](#)

The IBS Network
[theibsnetwork.org](#)

Girls With Guts
[girlswithguts.org](#)

LOOKING FOR SOMETHING DIFFERENT TO TREAT YOUR IBS-C?

IBSRELA is a prescription medication that works differently to relieve the constipation, belly pain, and bloating in adults with irritable bowel syndrome with constipation (IBS-C).



DIFFERENT MATTERS: BECAUSE ONE SIZE DOES NOT

FIT ALL WHEN IT COMES TO MEDICATIONS FOR IBS-C

IBSRELA PROVIDES QUICK AND LASTING RELIEF*



Quickly starts working to relieve symptoms within 1 week



Reduces constipation



Improves belly pain, bloating, and discomfort



Established safety profile

Diarrhea is the most common side effect of IBSRELA, and it can sometimes be severe.

*Improvement seen through end of 26-week trial.

IBSRELA[®]
(tenapanor) tablets
50 mg

ASK YOUR HEALTHCARE PROVIDER ABOUT IBSRELA



What is IBSRELA?

IBSRELA (tenapanor) is a prescription medicine used in adults to treat irritable bowel syndrome with constipation (IBS-C). **It is not known if IBSRELA is safe and effective in children less than 18 years of age.**

IMPORTANT RISK INFORMATION

- Do not give IBSRELA to children who are less than 6 years of age. It may harm them.
- You should not give IBSRELA to patients 6 years to less than 18 years of age. It may harm them. IBSRELA can cause severe diarrhea and your child could get severe dehydration (loss of a large amount of body water and salt).
- Do not take IBSRELA if a doctor has told you that you have a bowel blockage (intestinal obstruction).

Before you take IBSRELA, tell your doctor about your medical conditions, including if you are:

- Pregnant or plan to become pregnant. It is not known if IBSRELA will harm your unborn baby.
- Breastfeeding or plan to breastfeed. It is not known if IBSRELA passes into your breast milk. Talk with your doctor about the best way to feed your baby if you take IBSRELA.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Side Effects

Diarrhea is the most common side effect of IBSRELA, and it can sometimes be severe. Stop taking IBSRELA and call your doctor if you develop severe diarrhea.

Other common side effects of IBSRELA include swelling, or a feeling of fullness or pressure in your abdomen (distension), gas (flatulence), or dizziness.

These are not all the possible side effects of IBSRELA. Call your doctor for medical advice about side effects.

You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to www.fda.gov/medwatch.

Please see Medication Guide on the following page. Please see Boxed Warning within the full Prescribing Information at IBSRELA.com/pi



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Medication Guide

IBSRELA® (ibs rel`a)

(tenapanor) tablets, for oral use

What is the most important information I should know about IBSRELA?

- Do not give IBSRELA to children who are less than 6 years of age. It may harm them.
- You should not give IBSRELA to patients 6 years to less than 18 years of age. It may harm them. IBSRELA can cause severe diarrhea and your child could get severe dehydration (loss of a large amount of body water and salt).

See **“What are the possible side effects of IBSRELA?”** for more information about side effects.

What is IBSRELA?

IBSRELA is a prescription medicine used in adults to treat:

- Irritable bowel syndrome with constipation (IBS-C).

It is not known if IBSRELA is safe and effective in children less than 18 years of age.

Who should not take IBSRELA?

- **Do not give IBSRELA to children who are less than 6 years of age.** IBSRELA can cause severe diarrhea and your child could get severe dehydration (loss of a large amount of body water and salt).
- Do not take IBSRELA if a doctor has told you that you have a bowel blockage (intestinal obstruction).

Before you take IBSRELA, tell your doctor about all your medical conditions, including if you:

- are pregnant or plan to become pregnant. It is not known if IBSRELA will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if IBSRELA passes into your breast milk. Talk with your doctor about the best way to feed your baby if you take IBSRELA.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

How should I take IBSRELA?

- Take IBSRELA exactly as your doctor tells you to take it.
- Take 1 IBSRELA tablet by mouth, 2 times each day.
- Take IBSRELA immediately before breakfast or the first meal of the day and immediately before dinner.
- If a dose is missed, skip the missed dose and take the next dose at the regular time. **Do not** take 2 doses at the same time.

What are the possible side effects of IBSRELA?

IBSRELA can cause serious side effects, including:

- See **“What is the most important information I should know about IBSRELA?”**
- **Diarrhea is the most common side effect of IBSRELA, and it can sometimes be severe. Stop taking IBSRELA and call your doctor if you develop severe diarrhea.**

The other most common side effects of IBSRELA include:

- swelling, or a feeling of fullness or pressure in your abdomen (distension).
- gas (flatulence).
- dizziness.

These are not all the possible side effects of IBSRELA. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to www.fda.gov/medwatch.

How should I store IBSRELA?

- Store IBSRELA at room temperature, between 68°F and 77°F (20°C and 25°C).
- Keep IBSRELA in the original container and protect from moisture. Keep the container of IBSRELA tightly closed and in a dry place.
- Do not put IBSRELA in another container (repackage).
- The IBSRELA bottle contains a desiccant canister to help keep your medicine dry (protect it from moisture). Do not remove the desiccant from the bottle.

Keep IBSRELA and all medicines out of the reach of children.

General information about the safe and effective use of IBSRELA.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use IBSRELA for a condition for which it was not prescribed. Do not give IBSRELA to other people, even if they have the same symptoms that you have. It may harm them. You can ask your healthcare provider or pharmacist for information about IBSRELA that is written for health professionals.

What are the ingredients in IBSRELA?

Active ingredient: tenapanor hydrochloride
Inactive ingredients: colloidal silicon dioxide, hypromellose, low-substituted hydroxypropyl cellulose, microcrystalline cellulose, propyl gallate, stearic acid, tartaric acid, titanium dioxide, and triacetin.

Please see Boxed Warning included in the full Prescribing Information available at IBSRELA.com/PI.

YOU & YOUR CARE TEAM

HOW DOES IBS-C AFFECT YOUR LIFE?

Check the appropriate box and discuss the results with your doctor.

PROBLEM CAUSED BY CONSTIPATION	SOMETIMES	OFTEN	ALMOST ALWAYS
It affects my family life.			
It causes me embarrassment.			
It causes me anxiety or depression.			
It affects me at work.			
It affects my social life.			
It makes it hard to exercise.			
It affects my nutrition.			
It affects my romantic life.			
It affects my overall quality of life.			
I say “no” to things I’d like to do.			

Now, jot down other ways IBS-C has affected you—for example, if you had to miss your child’s school or sport activities, work meetings you had to suffer through or dates you had to cancel—and help your doctor understand how you feel.

- How it affects my family life: _____
- How it affects my work life: _____
- How it affects my social life: _____

“DON'T LET CONSTIPATION LIMIT YOUR LIFE!”

Crystal and Micaela know firsthand that with perseverance and the right plan, it's possible to lead a comfortable, active life despite IBS-C. Read on to see if their tips—from striving for a proper diagnosis to making dietary changes and seeking community—could help you.

—BY DANIELLE TUCKER

“Focus on the positives!”

MICAELA DUFFY
DENVER, CO

Fifty-three-year-old Micaela Duffy waited years to put a name to her digestive issues. “While I was in high school, a bowel movement once a week was normal for me, but then I would have these extremes where I would end up on the toilet and be throwing up in the tub at the same time,” she remembers. Multiple ER visits and tests didn't reveal any problems. It wasn't until Micaela was in her late twenties that she discovered the source of her suffering. “My regular doctor was out of town, so I saw his partner. He asked the right questions and told me I had the same problem he did: IBS-C.” Here, Micaela shares how she finally found relief.

Listen to your body.

Through trial and error, Micaela identified her trigger foods and sometimes uses them to her advantage. “As much as seeing what foods you react to, you must find what helps you. For me that's ice cream, certain spices and carbonated sodas, all of which will help me get things moving. And if I decide to indulge, my family adjusts. They know to sit back and chat at the Mexican restaurant while I'm occupied,” she laughs. Micaela also found that when

she drinks exogenous ketones (supplements that help a person achieve ketosis, a state where the body burns fat rather than carbohydrates for energy), they keep her regulated.

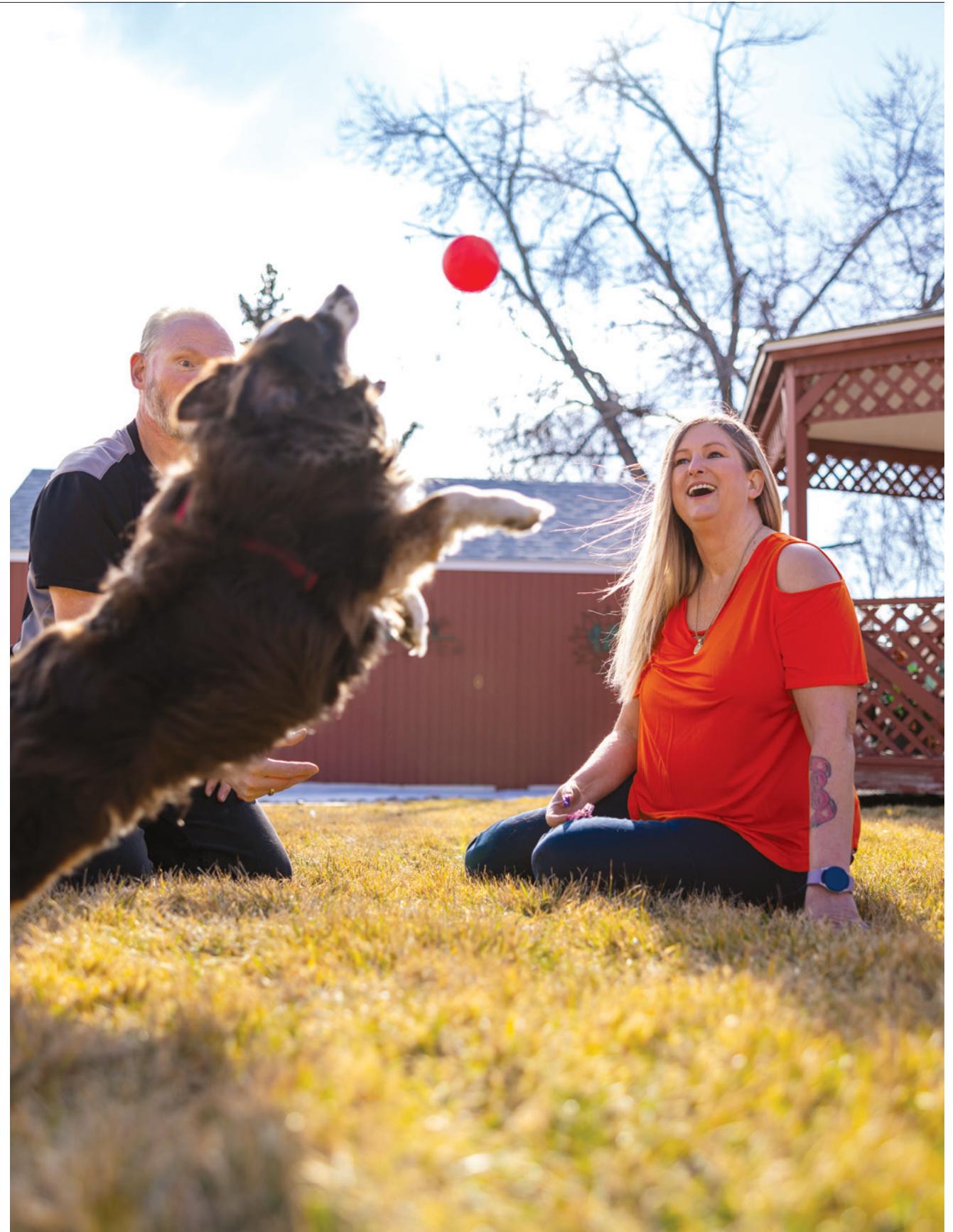
Be patient.

“You have to try different things to see what works for your body, and you have to give it time. I've tried things that worked initially and then stopped, but I've also tried things that worked only after taking them for a while, so it's important to stick with things and give them proper time to truly work or fail.”

Stay positive.

Known as “Micaela the Motivator” on her social accounts, Micaela's positive attitude contributes to managing her IBS-C. “I'm all about keeping the positivity no matter what you are going through. If you focus on the possibilities, it will keep you moving forward.” Dealing with digestive issues can be challenging, especially when you enjoy the outdoors as much as Micaela and her husband, Shawn. “We're looking forward to early retirement and traveling the world, but we may have to make a few pitstops along the way.”

Photo by JonRosePhoto





“Advocate for yourself!”

CRYSTAL AUSTIN, RD
GOLD COAST, AUSTRALIA

After seven years of feeling dismissed by doctors, Crystal Austin discovered the cause of her frequent constipation, abdominal discomfort and bloating almost by accident. She first saw a doctor about her symptoms in high school. “My school uniform skirt would put uncomfortable pressure on my stomach, and the buildup of gas would send me to the bathroom during lessons.” During her university years, the symptoms became more intermittent, but when a flare did hit, it was extreme; every time she sought help, the doctors “would just tell me, ‘eat some fruit’ or ‘you need to stress less’ and rush me out the door.” It wasn’t until she was studying to become a dietitian—and shadowing another practitioner during training—that Crystal heard the term irritable bowel syndrome with constipation (IBS-C). She listened to her boss discuss with a patient the exact symptoms she had been struggling with for years. “It’s like a light finally went on—in fact, my stomach was making loud gurgling sounds due to my own symptoms as they were talking. That’s when I realized I had IBS-C, too,” recalls the 29-year-old. With this knowl-

Photo by Charlotte Louise

edge, Crystal would dive into research and later specialize in IBS as a dietitian. Here she shares some of the tips she’s learned along the way.

Seek guidance.

Crystal’s research eventually led her to the low FODMAP diet. FODMAPs are foods that absorb slowly in the colon, and that can trigger IBS symptoms in some people. For Crystal, her trigger foods include onions, garlic and wheat. She discovered that on her own by doing an elimination diet—something she does not recommend. “Grocery shopping would take an hour and a half. I remember crying the first time I cooked spaghetti Bolognese because I didn’t know if I could add salt or seasonings. It was very overwhelming—and I was training to be a dietitian, so I at least had some knowledge at that point! It’s a very challenging way to eat and hard to stick to unless you have a professional guiding you.” While Crystal did see immediate relief from her efforts, she’s quick to point out it isn’t for everyone. “It helps some people but can actually aggravate symptoms in others. There isn’t a blanket approach to managing IBS-C, which is another reason it’s best to consult an expert.”

Find community.

“The nature of IBS with constipation is personal and often embarrassing. It’s easy to feel alone and isolated. Finding a community where no topic is off limits can make all the difference.” In 2020, Crystal took two months off from her job. Energized by the time away and relishing in her healing, a new plan was born: With her dietitian credentials and personal experience, she decided to fill a gap and build a community focused on empowerment. Today, she’s known as the *@ibsfodmapdietitian* on Instagram. “I’ve developed a holistic program that not only covers diet but puts the other puzzle pieces together. I want my clients to know they don’t have to complicate things. They need to get on the same team as their bodies by concentrating on the basics—good sleep, regular daily meals, gentle movement and stress management.” ●

Health Monitor[®]

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A: The use of OTC stimulant laxatives is safe, but side effects such as abdominal pain, cramping and bloating can progress in some patients who use these medications long-term. If laxatives have not addressed your IBS-C as a first-line solution, you may benefit from a second-line treatment, which includes linaclotide, lubiprostone, plecanatide and tenapanor.

OVERCOMING EMBARRASSMENT

Q: *Lately I've really had trouble "going," and I'm so uncomfortable—between the bloating and cramps it's beginning to impact my social life. But the thought of bringing this up to my doctor is just too much for me. How do I break through that barrier?*

A: Frequent constipation can have a significant impact on your well-being. Your doctor wants to know if you are having issues with "going," even if it does not come up as part of their routine questioning. There are many resources available, including diet and medications, that can help you feel better. Although it may seem embarrassing to discuss, it is nothing they haven't heard before. If you're still struggling, try writing down your issue and handing the paper to your doctor. ●

OUR EXPERT:

Julius M. Wilder, MD, PhD, Assistant Professor of Medicine; Chair, Duke Dept of Medicine Diversity, Equity, Inclusion, and Anti-racism Committee; Vice Chair, Duke Dept of Medicine Minority Retention and Recruitment Committee; Co-Director for the Duke CTSI-Community Engaged Research Initiative

and the related spasms that causes. Addressing the constipation and having regular bowel movements will usually help. Often our first-line treatment is osmotic laxatives such as milk of magnesia, lactulose, or even polyethylene glycol. These will help with the constipation. Many times we will combine the osmotic laxative with an antispasmodic medication such as hyoscyamine or peppermint oil to address the pain related to spasm. If you're still not feeling relief, there are also prescription medications available that can help with both the constipation and the discomfort you're experiencing.

STIMULANT SAFETY

Q: *My husband has IBS-C and has been taking an OTC stimulant laxative to manage it. He seems to be using it more and more—are these safe to use regularly and for the long term? If so, what are better options?*

A: This is a really important question. Often, the impact of diet on our bowel habits is underappreciated. One of the best ways to identify food triggers for your IBS-C is a food diary. Here, you keep a daily tally of what you eat for breakfast, lunch and dinner. Do this daily and also keep track of the frequency and consistency of bowel movements. Over time, this can help you begin to identify patterns related to what you eat and the frequency and consistency of your bowel movements.

HELP FOR DISCOMFORT

Q: *I was recently diagnosed with IBS-C and have been having a lot of pain and discomfort. Over-the-counter pain medication doesn't really seem to help. Is there any treatment that can fix both the constipation and the pain?*

A: Much of the discomfort from IBS-C is related to stool burden in your colon

IDENTIFYING TRIGGERS What are some ways I can find out if any foods are worsening my IBS-C? I really don't know where to start.

Q

A

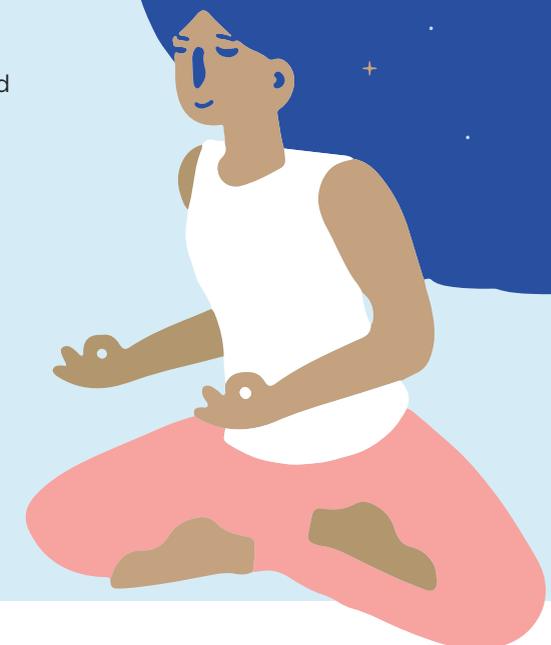
Answers to your top questions about IBS-C

Clear your mind with GUIDED MEDITATION

If you're one of the estimated 45 million people in the U.S. living with IBS, you know that staying relaxed can help keep flares in check. In addition to medication and eating a healthy diet, meditation is a research-proven way to help regulate your GI system and lower stress levels. Experts credit the effect to the combination of controlled breathing and the letting go of negative thoughts, emotions and distractions. If your healthcare provider gives the okay, try this guided meditation, which uses mental images to help relax the mind and body.

First, get into a comfortable sitting position, then:

- STEP 1: Breathe in deeply and hold your breath in the center of your stomach for a few seconds. Slowly exhale.
- STEP 2: Envision a relaxing environment, like the beach or a cabin in the woods.
- STEP 3: Vividly imagine the scene, using all your senses. What can you see, smell, hear and feel?
- STEP 4: Take a few minutes to immerse yourself in each sensory state.
- STEP 5: When you're ready to return to the present, count back from 10.
- STEP 6: Open your eyes slowly. Repeat as needed to start feeling relaxed. ●



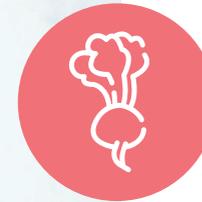
Make friends with **fiber**

Filling up on fiber in an effort to ease your constipation? It's a common strategy, but it could actually worsen some people's constipation. Here, five tips to help you determine the amount and type of fiber that's right for you!



1. Get a work-up!

“Whether fiber is helpful or hurtful depends on the cause of your constipation,” says Tamara D. Freuman, MS, RD, CDN, at East River Gastroenterology & Nutrition in New York City. For example, if you have trouble relaxing your pelvic muscles when trying to move your bowels, you may not tolerate much fiber at all, she says. Ask your doctor: Can adding fiber help or hurt me?



2. Know the difference...

between soluble fiber and insoluble fiber. They affect stool in different ways, says Freuman. “Soluble fiber-rich foods are less likely to make constipation worse, because soluble fiber holds water like a sponge and remains viscous and soft.” But a diet high in insoluble fiber, which doesn't absorb water, can bulk up and dry out, causing a blockage. Aim for a balance of both types of fiber, suggests Freuman. (See the box, *below*.)



3. Keep a symptom diary

Record your symptoms, such as hard stools and straining during bowel movements, along with what you've had to eat and drink. And really think about how constipation affects your life (use the tool on p. 15.). Share the results with your healthcare provider!



4. Pace yourself

If you want to add more fiber to your diet, proceed slowly, cautions Lori Zanini, RD, CDE, author of *Eat What You Love Diabetes Cookbook* (Sonoma Press, ©2016). Zanini recommends adding no more than four or five grams of fiber every three to four days. This allows your body time to adjust and reduces the likelihood of flatulence, bloating and cramping. Increase your water intake as you increase your fiber, too.



5. Check your stools

“The right balance of fiber should produce stools that are soft, formed and complete, and that are frequent enough to provide a feeling of relief,” says Freuman.

DO YOU KNOW YOUR FIBER?

Most foods contain both soluble fiber (which dissolves in water to form a gel-like substance) and insoluble fiber (which does not dissolve in water). Here, some good sources of each:

SOLUBLE	INSOLUBLE
oats, barley, peas, beans, apples, quinoa, mushrooms, squash, beets, sweet potato, carrots, winter squash, citrus fruits	popcorn, wheat bran, whole wheat flour, seeds, nuts, beans and certain vegetables (cauliflower, green beans, potatoes)

Health Monitor Living

Questions to ask at today's exam



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Could I have Irritable Bowel Syndrome with Constipation? What tests will I need to confirm?



What lifestyle changes might help to relieve my condition?



If over-the-counter medications aren't effective, is there a prescription medication I can try?



When should I make my next appointment to see you?



Will this medication just treat the constipation, or can it help with my other symptoms, like pain?



How will you monitor and assess my treatment?



What symptoms or side effects should I report to you right away?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.