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your
treatment
options

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Breakfasts
to start
your day
right!

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Health Monitor[®]

Living



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“I’m leading
a normal
life—and it’s
amazing!”

IBS-C

For years, Heather McIlwain’s IBS-C controlled her life. Today, thanks to her doctor and effective treatment, she’s working out again, planning vacations and looking forward to a healthy future.

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SPECIAL THANKS TO OUR MEDICAL REVIEWER



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THE BASICS

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!



aving chronic, significant gastric issues can affect every aspect of your life.

Just ask Heather Mcilwain (see p. 8), whose bloating, pain, constipation and other bowel symptoms were so challenging that she had to leave her teaching job, and eventually needed a feeding tube to

receive nutrition. Finding a new gastroenterologist—and finally receiving a diagnosis of irritable bowel syndrome with constipation (IBS-C)—led to trying several treatments until she and her doctor landed on an NHE3 inhibitor, which changed everything for her. She’s now able to enjoy food again and is even planning a cruise vacation.

Or read about Mariah Van De Carr and Olla Powell (starting on p. 16), who share their insights on, and strategies for, dealing with the many day-to-day challenges of living with IBS-C.

Continued on next page ►



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 Heather, Mariah and Olla inspire you with their stories 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 improve—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 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 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 proven in studies to help speed waste through the intestines and improve



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

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 suspect you may have IBS, report your symptoms to your doctor as soon as possible so you can find a treatment that works.



stool consistency, making them easier to pass. Probiotics 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 dyssyner-

gic 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.)

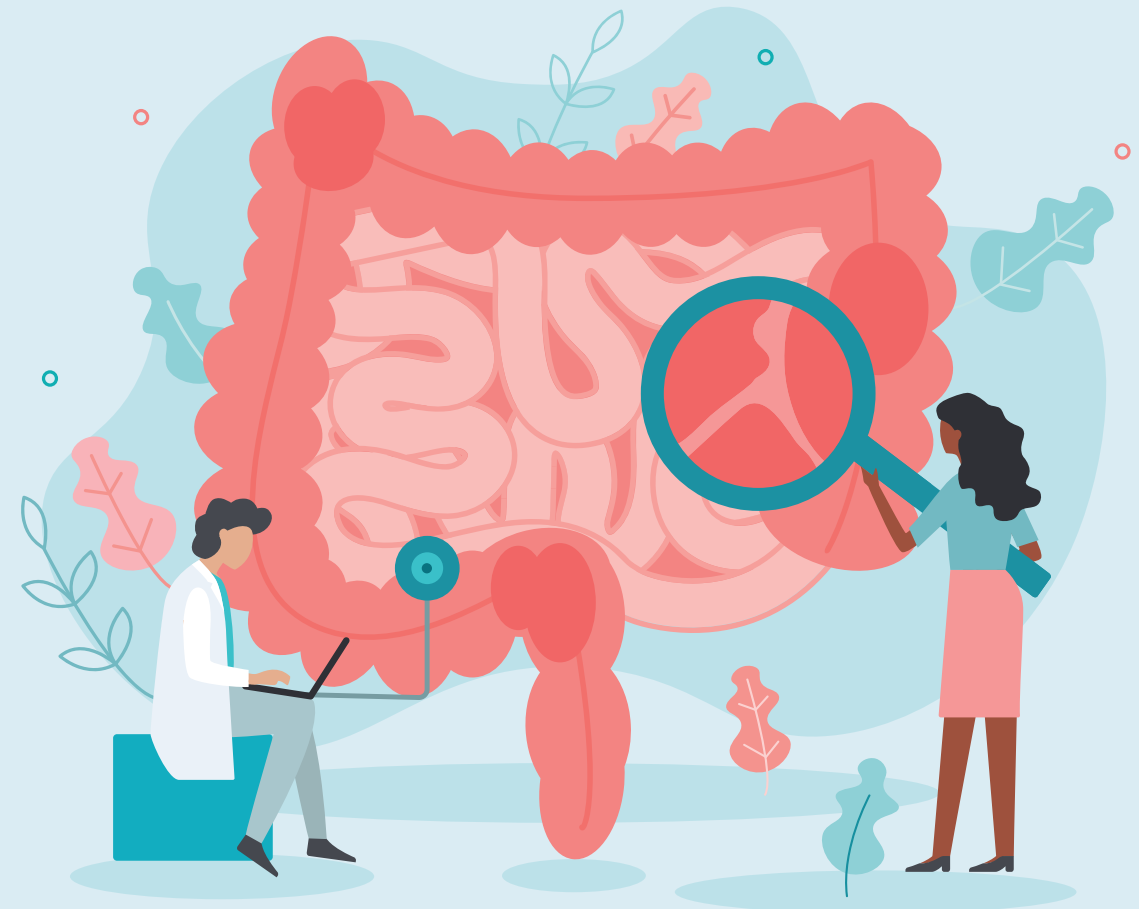
- **Lubricants** work by coating the surface of stool so it can hold in fluid and pass more easily.
- **Stool softeners** help push fluid into stools to soften them.

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. ●

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.



Your healthcare team

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

Gastroenterologist:

A physician who specializes in treating digestive disorders of the gastrointestinal tract, such as IBS-C.

Primary care physician (PCP):

Specializing in internal or family medicine, this healthcare provider—who can be an MD, a

nurse practitioner (NP) or a physician associate (PA), may refer you to and coordinate care with a gastroenterologist.

Registered dietitian

(RD): This nutrition professional can counsel you on dietary changes to help ease symptoms and find ways to avoid nutrient deficiencies.

Physical therapist:

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

Social worker/counselor: Can help you navigate the healthcare system and assist with mental health needs.



— COVER STORY —

“I’M LEADING A NORMAL LIFE—AND IT’S *AMAZING!*”

For years, Heather McIlwain’s IBS-C controlled her life. Today, thanks to her doctor and effective treatment, she’s working out again, planning vacations and looking forward to a healthy future.

—BY DANIELLE TUCKER

CONTINUED ON NEXT PAGE



When Heather McIlwain was diagnosed in 2020 with gastroparesis, a digestive disorder that inhibits emptying the stomach, she thought she had uncovered the root of the stomach issues that had plagued her for years. In fact, she thought she may have solved a long-time family mystery, as many of her relatives battled digestive ailments, too.

Unfortunately, despite being treated for the gastroparesis, the bloating, nausea and fatigue persisted. Slow motility was still making Heather miserable.

“My constipation was so bad I would have rather had a baby naturally,” the 40-year-old former school

counselor recalls. “I had no regularity. I’ve gone up to 13 days without a bowel movement.”

Having a bowel movement would help her feel better temporarily; however, the process was often inconvenient. She was either in the bathroom for prolonged periods trying to go, which involved “sweating, nausea, breathing exercises and even taking clothes off,” or she would run back and forth to the bathroom every 20 minutes with urgency.

She recalls a time on her 45-minute commute when she soiled herself and had to ask one of her son’s classmates to alert the principal, who brought a change of clothes from the

student-need bin. Working in the classroom with that type of irregularity eventually became impossible and led to her resigning from her position.

In addition to bloating, Heather also dealt with a lot of pain that often made eating a challenge. “It seemed like my trigger foods were constantly changing. One time, I’d be able to eat food with no issues, then the next time, I’d be in distress. The only constant was potatoes. I could tolerate some gluten-free breads, almond milk and dairy-free yogurt. I couldn’t eat raw fruit, but I could handle blended fruits.”

Food avoidance caused Heather to lose weight to the point she need-

ed feeding tubes. She was in and out of the emergency room getting electrolytes so often that she was put on palliative care, where a nurse and social worker went to her home to aid with medical and housekeeping needs.

“I needed answers!”

A turning point in Heather’s health journey coincided with a move to Ohio. Research led Heather to Michael Cline, DO, a board-certified gastroenterologist and motility specialist at The Cleveland Clinic. It took nine months for Heather to be accepted as a patient with Dr. Cline’s clinic, but it was worth the wait. Through extensive blood testing and the swallowing of a smart pill—an ingestible device that records and collects real-time digestive data—Heather received a new diagnosis: irritable bowel syndrome with predominant constipation (IBS-C).

Over the next few months, Heather and her doctor worked together to find an effective treatment. “I tried multiple medications. One caused uncontrollable twitching, another caused numbness in my face. Others were tolerable but quit working after three to six months. I was starting to think I’d never get relief.”

But her doctor explained that some trial and error was common before finding the right treatment. Heather reluctantly agreed to try the next option, an NHE3 inhibitor. And suddenly, everything changed.

“Unlike the other medications I tried, I’m not experiencing distressing side effects on this one and the constipation and discomfort finally stopped. I do get some diarrhea with it, but it’s manageable

and even that might go away after I stay on this for some time.” Heather also works with both gastroparesis and IBS counselors for help with dietary changes and motility exercises.

“I can concentrate on living now!”

Because it took so long for Heather to receive a definitive diagnosis and get on treatment, she has experienced some permanent damage to her GI system, including sphincter damage that forces her to rely on a battery-operated device to alert her when she needs to eliminate. Since it’s hard to feel the urge when sleeping, she wears incontinence products occasionally at night.

“My advice to anyone suffering would be to demand testing by your primary care doctor early so you can get referred to a specialist as soon as possible.”

Despite the challenges, thanks to her new treatment, Heather is gaining weight and getting stronger daily. “I just started easing into workouts again! I love to travel and am planning a cruise.” This trip will be a celebration of sorts, since Heather will be free from her feeding tubes. She’s excited about the cruise buffets’ wide range of food choices.

“I love food! I still have restrictions, but sometimes I give in and have favorites, knowing I might regret it.” With the love and support of her family and Bear, her beloved mini Australian shepherd, Heather is optimistic about what lies ahead and revels in each healing milestone. “I’m looking forward to reaching the next step in recovery and enjoying the freedom to lead a normal life!” ●

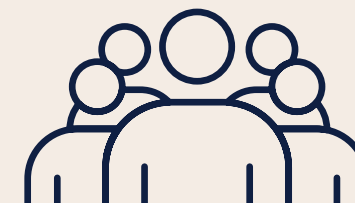
DON’T GO IT ALONE!

In the United States, 63 million people suffer from chronic constipation, while irritable bowel syndrome affects over 15 million. Yet gastrointestinal problems can still be embarrassing to talk about.

Heather finds online support groups a welcome resource in an isolating situation. “It’s helpful to read through posts of others dealing with the same type of illness.” She also shares her experiences to help support others.

If you’re seeking encouragement on your IBS-C journey, try searching #IBSC on Facebook or Instagram. You can also find support and educational resources by visiting:

- 1 **The American Gastrointestinal Association**
patient.gastro.org
- 2 **IBS Patient Support Group**
ibspatient.org
- 3 **International Foundation for Gastrointestinal Disorders**
iffgd.org
- 4 **Girls With Guts**
girlswithguts.org



Photos by coreyann.com

IBSRELA PROVIDES IBS-C SYMPTOM RELIEF SO YOU CAN GET BACK TO DOING WHAT YOU ENJOY

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).

Patient portrayal.

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 children 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, although IBSRELA is not expected to pass into your breast milk and to harm your baby. 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.

TRY SOMETHING DIFFERENT: ASK YOUR HEALTHCARE PROVIDER ABOUT IBSRELA

IBSRELA provides quick and lasting relief of IBS-C symptoms*

- ✓ People taking IBSRELA typically begin to experience relief from constipation, bloating, belly pain, and/or discomfort within one week of treatment
- ✓ Additional improvement in abdominal pain happens over the first 3-4 months of treatment
- ✓ Improvements in IBS-C symptoms are typically maintained with continued use of IBSRELA

Diarrhea is the most common side effect of IBSRELA, and it can sometimes be severe. Stop taking IBSRELA and call your healthcare provider if you experience severe diarrhea while taking IBSRELA. Other common side effects of IBSRELA may include swelling, or a feeling of fullness or pressure in your belly, gas, and dizziness.

*Improvements seen through end of 26-week trial.



**SIGN UP TO LEARN IF
IBSRELA COULD BE THE
DIFFERENCE FOR YOU**



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IBSRELA[®]
(tenapanor) tablets
50 mg

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 children 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, although IBSRELA is not expected to pass into your breast milk and to harm your baby. Talk to 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 to 77°F (20°C to 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 boxes 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, missing your child’s school or sports activities, work meetings you had to suffer through or dates you had to cancel—to 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: _____



“WE BROKE THE CYCLE!”

Mariah and Olla know firsthand that a correct diagnosis and a personalized treatment plan can put a stop to constipation. Read on to see if their tips could help you. —BY DANIELLE TUCKER AND WHITNEY HARRIS

“Make mealtime an event!”

MARIAH VAN DE CARR, 32
CHICAGO, IL

Mariah’s digestive issues started soon after her mother’s passing in June 2023. “I fell into a dark depression and couldn’t eat. When I tried, I would throw up.”

Lack of food and nutrients was making it challenging to eliminate properly. “I would strain but couldn’t go. I was reaching out left and right for help because I was so miserable.”

She was referred to a gastroenterologist, who diagnosed her with irritable bowel syndrome with constipation (IBS-C). While she was relieved to get a diagnosis, the medications she was prescribed didn’t help.

“It was a scary time. It felt like my body had given up on me.” After months of suffering, Mariah found a functional health strategist, Kim Heintz, who helped her get to the root of her constipation issues and finally

begin to heal. Here are Mariah’s top tips for improved motility.

Find a health partner.

“Trusting someone else with your health is hard, but I was desperate by the time I found Kim, since I felt like I was only getting half the answers I needed at my other exams. Kim and I worked together to retrain my body on how to eat and eliminate again. Instead of asking Google, I can call or text Kim with questions or concerns. It’s been a wonderful journey, and I’m so thankful to have found her.”

Assess your fiber intake.

The biggest thing Kim taught Mariah? She wasn’t eating enough fiber. “I now eat 30-40 grams daily, consistently. I follow a whole-food, paleo-style diet, eating a variety of fiber-rich fruits and vegetables. And when shopping, I stick to the perimeter of the grocery store, avoiding the middle aisles.” It’s important to note, however, that fiber needs can vary from person to person, and adding too much to your diet—especially all at once—can actually worsen constipation, so it’s best to work with a nutrition specialist.

Drink plenty of water.

“I aim to drink my body weight in ounces of water daily.” In fact, studies confirm that hydration is essential to gut motility as it lubricates the digestive tract, aids in the breakdown and ab-

sorption of macronutrients and helps maintain a healthy gut biome. However, as with fiber, individual water needs vary, so it’s best to consult with a nutrition specialist before chugging down a gallon jug of water each day.

Slow down and savor.

Mariah prioritizes mealtimes, making them an event instead of a speedy afterthought. “I make sure to chew each bite to an applesauce consistency. I try to be present with my food and enjoy each bite.” Mariah also finds she feels better when she sticks to a gluten-free diet. She follows the recipes of health advocate and gluten-free chef, Danielle Walker, saying they are simple and delicious. “I can enjoy favorites like pizza even with food restrictions. The recipes are so good that my husband enjoys them, too,” says Mariah, who can be found on Instagram [@maya.holistic.healing](#).

Take a breather.

“Kim taught me to do deep breathing exercises—breathing in for three seconds, then out for six—immediately after every meal to rest and tell my body it’s time to enter digestion mode.” In fact, deep breathing has long been known to help improve digestive health. Try this instructional video on diaphragmatic breathing from University of Michigan Medicine to get started: [youtube.com/watch?v=UB3tSaiEbNY](#).

Continued on p. 18 ►

“I try to be present with my food and enjoy each bite.”

Photo by RoGina Montgomery



“Don’t put off getting diagnosed!”

OLLA POWELL, 50
TALLADEGA, AL

When Olla Powell went to the gastroenterologist with severe constipation about five years ago, she was also vomiting and experiencing symptoms of severe GERD (gastroesophageal reflux disease). Soon after, she was diagnosed with irritable bowel syndrome with constipation (IBS-C). The diagnosis made Olla feel hopeful. “I thought, *Okay, I’ll go to the bathroom and things will be normal again. No big deal.*” Unfortunately, she was, as she puts it, “way off—this is something I am going to have to live with and manage likely for the rest of my life.”

Over time, Olla has learned the ins and outs of her chronic illness, and now her treatment plan includes tak-

ing medication twice daily, which has helped her feel much better. Here she shares her top tips for managing daily life with IBS-C.

Keep a food journal.

Writing down what you ate, when you ate it and any symptoms you experienced afterward not only can help you identify foods that worsen your IBS-C, it also can help to share with your medical team to pinpoint your diagnosis and ideal treatment plan. “Thanks to my journal, I have learned to avoid tomato sauce, spicy foods, pesto, too much coffee, most dairy and legumes. Drinking Gatorade daily also really helps me. And now I also take an iron supplement, magnesium, potassium, and vitamin D3 to help make up for some of the nutrients I miss out on due to avoiding my trigger foods.”

Connect with the IBS-C community.

“Emotionally, having a condition like this can get lonely, and having to go to the bathroom six or more times in the morning is embarrassing when I’m at work. I joined Facebook groups to help me find others going through what I was, people who would understand and not judge. And I can see what others are doing to help manage the

condition at home or if they’re experiencing side effects from their medications.”

Stay in motion.

“Exercise does help out with getting things moving, but I can’t walk too far from my house in case I have to go to the bathroom, so you have to figure out what works for you. That might be getting a treadmill you can use at home, taking virtual classes, or planning a walking route that has bathroom stops.”

Advocate for yourself.

“I wish I’d known earlier in this process what was physically going on with my body. Why I was getting nausea and couldn’t go to the bathroom. Ask questions and keep asking them until you get answers you’re satisfied with. Don’t be embarrassed to talk about poop. I was embarrassed at first, and I think it slowed down my understanding. Also, don’t be afraid to find a healthcare provider who will explain everything to you if you feel like you’re not getting the support you need.”

Protect your mental health.

“I try not to let this illness control my life, but I know my limitations and I’m blessed and know life could be much worse. I work full time and enjoy gardening, traveling, hanging out with my family and entertaining friends and family on the weekend. It’s important to remember to live!” ●

Health Monitor

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First appointment jitters I have been dealing with what feels like non-stop constipation for months and am becoming increasingly uncomfortable. My primary care provider finally referred me to a gastroenterologist. I’m nervous for my first appointment and want to be fully prepared. What can I expect at that appointment and how should I prepare?

Q
A

Answers to
your questions
about IBS-C

A: Going into a doctor’s appointment fully prepared with what you want to say is important, especially if it’s your first time. Your gastroenterologist will want to know about your bowel habits, including daily and weekly frequency of your bowel movements. They are also going to want to know if you have ever undergone a workup, which includes a colonoscopy. If you have, bringing those records and results to the appointment will be very helpful to the discussion. Prepare yourself to undergo a full physical exam, possibly including a rectal examination, but rest assured this is something your doctor has done many, many times. There is nothing to be nervous about—instead try to remain hopeful that meeting with a specialist

will help you discover whatever treatment you may need to start feeling better.

EXERCISING AND BLOATING

Q: My doctor told me that exercising can help with my bloating and other symptoms of IBS-C. The problem is, sometimes my bloating can be so uncomfortable that it makes it hard to move or feel any motivation to exercise. What forms of exercise could work for me?

A: Bloating is a very prominent symptom associated with IBS-C, but it should not prevent you from partaking in exercise that you enjoy, including cardio. A couple of options for your exercise routine center around the timing and tracking of your bloating. One way you can address this issue is by exercising at a time

of day when your bloating is at its lowest point. You can also keep a diary that tracks your IBS-C symptoms to get a clearer understanding of the foods that trigger bloating as well as the time of day your bloating is at its worst. Implementing these methods will allow you maintain an active lifestyle in spite of your IBS-C symptoms.

PROGRESS OF CONDITION MANAGEMENT

Q: I was recently diagnosed with IBS-C, and my doctor suggested I do an elimination diet to find my “trigger foods.” Even after cutting some culprits out, I still have bloating and constipation. What else can I try that can help me go back to living normally?

A: Adding exercise into your daily routine could be very helpful. Discuss with your GI doctor and PCP the best exercises that would be a good fit for you. If you don’t see changes in your IBS-C symptoms after adjusting your diet and exercise routine, talk with your doctors about treatment options. Opening a dialogue around treatments could introduce you to some safe and efficient medications that can treat your IBS-C. After discussing possible medications with your doctor, hopefully you will start to see a difference in your symptoms. ●

OUR EXPERT: Julius M. Wilder, MD, PhD, Associate Professor of Medicine; Vice Chair, Culture, Engagement, and Community, Duke Department of Medicine; Co-Director, Duke CTSI-Community Engaged Research Initiative



Discover the healing power of *journaling*

Six methods that can help improve your mental well-being. —BY AMANDA PROST

J

ournaling, at its most basic, is creating a record of your thoughts and feelings. And as simple as that may sound, research shows it can have a surprisingly profound impact, especially for those dealing with depression caused by IBS-C. A study in the *Journal of Neurogastroenterology and Motility* found that depression and anxiety levels were significantly higher in IBS-C patients.

The good news? Journaling helped lower depression scores more than those who did no journaling—and the benefit was long-lasting according to the *Journal of Consulting and Clinical Psychology*.

Why it works? Journalers report that putting their feelings on paper can make them seem more manageable. Journaling also lets you recognize patterns of behavior—for instance, you may notice certain situations make your depression symptoms worse. That can help you come up with coping mechanisms to better deal with or avoid triggers.

Journaling also helps you see how your depression treatment has progressed, and looking back on past entries can help you celebrate your accomplishments and create new goals for yourself.

Even more good news: There are so many ways to journal that it's easy to find an approach that will work for you. Not sure where to start? Grab a blank journal and figure out which of these six options suits you best.

1. Not a wordsmith?

Choose art journaling.

This method involves painting, collages, doodles, even cartoons...it doesn't matter the medium, just that you're expressing your thoughts and emotions visually. And no need for fancy supplies (or skills!)—you can gather images from magazines or old photos that speak to how you're feeling at the moment and paste them in your journal.

2. Overly critical of yourself?

Opt for stream-of-consciousness journaling.

If self-analysis often leads you down a path of negativity, this style can be really beneficial. Simply jot down whatever comes to your mind without giving it any thought—let your mind and words wander. Don't pay attention to spelling or grammar or worry if your thoughts seem to be all over the place. You can try writing a specific number of pages a day, or write for a certain period of time (say, 15 minutes) a day. This allows you to express yourself organically, without having time to overthink or self-edit.

3. Tend to focus on the negative?

Go for a gratitude journal.

For this style, simply write down things you're thankful for that day—it can be as simple as “the sunrise was pretty today” or “my lunch was tasty.” Try to choose a set number of things to write—you may want to start with just one thing you're grateful for each day and then expand your list over time. Doing this regularly can actually rewire your brain to turn your focus from the negative to the positive, according to studies. What's more, Brazilian researchers have shown that practicing gratitude specifically helps ease depression symptoms.

4. Have trouble expressing yourself to others?

Try an unsent letter journal.

Instead of “Dear Diary,” write to someone to whom you have things to say but, for whatever reason, can't express those sentiments. Or write a letter to your younger self or someone who has passed away. The notes can be positive or negative, appreciative or angry. Studies show that just getting out the words without sending the letter can be cathartic and help trigger the healing process.

5. Struggling with everyday chores?

Start a bullet journal.

Avolition is when depression causes a persistent lack of motivation or ability to complete tasks—it's why someone struggling with depression can wind up with a sink full of dirty dishes or a pile of unwashed laundry. And that's where the bullet journal can help: Part calendar, part journal, this approach involves creating short, bulleted logs of tasks, goals and feelings that can make tackling a to-do list feel easier—even fun!—and more emotionally rewarding. Many bullet journalers use a gridded notebook to create organized layouts, and make it visually appealing by using colored pens, stickers and more. Learn more about this method at bulletjournal.com.

6. Stuck with writer's block?

Keep a video diary.

If you find staring at a blank page intimidating, don't—simply use your cell phone and speak your thoughts into a video. You can also use it as a “show-and-tell” to record, say, a craft project that has you inspired. Check out the free video journaling app Happyfeed to get started (happyfeed.co). ●

READY? SET? WRITE, DRAW, OR COLOR!

The tricks below can help you get the most out of journaling:

Pick the right notebook.

It's your dedicated space to express yourself, and there is no right or wrong choice here—whether it's a cheap spiral or a fancy leather-bound version, it only matters that you like it. Things to consider: how many pages the journal has, the page size, whether you want lined pages or blank and how easy it will be to write in it. Look for options at bookstores, Target, Walmart or on Amazon.com. And if you would prefer to have your journal on-hand, consider a journaling app like MindDoc or Daylio.

Find a quiet place and time.

It's best to journal when you're relaxed and free from distractions, so set aside a special time for it, such as when you first wake up, during your lunch break or right before bed.

Make it a habit.

Whether it's daily, weekly or monthly, the key to gaining benefits from journaling is to do it regularly. Set a reminder on your phone for the first few weeks; once journaling becomes a habit, you'll no longer need the prompts! It can also be helpful to stash your journal somewhere handy, like next to your bed. That way, it'll serve as a reminder to keep up your practice.

Go easy on yourself.

You don't need to write a manifesto each time you journal—a sentence or two or a quick doodle can suffice, as long as you're taking the opportunity to express your feelings.



FEEL YOUR BEST

START YOUR DAY *RIGHT!*

These delicious breakfasts not only can help boost your energy all day—they also can help you combat constipation.
—BY CAITLIN BEALE, MS, RDN

That old saying “breakfast is the most important meal of the day” may ring especially true if you live with IBS-C. That’s because starting your morning with a consistent intake of calories—featuring the right balance of nutrients—can help your body “learn” to eliminate more consistently, according to a study in the journal *Medicine*. In fact, scientists have found that natural rhythms that control the body’s digestive system tend to be more active in the morning, and breakfast helps kickstart that process.

So what does a balanced breakfast for IBS-C look like? First, reach for foods with fiber, especially soluble fiber, such as oats, fruit, beans, avocado, whole grains, flax and chia seeds. Fiber stimulates the digestive system while adding bulk to stools so they’re easier to pass. Then add some lean protein like eggs or lactose-free yogurt and healthy fats like olive oil or peanut butter to build a satisfying meal.

Need inspiration? Check out the six mini-meals on the next page.

What about coffee?

For some with IBS-C, a cup of joe in the morning can help encourage a bowel movement due to caffeine’s ability to stimulate the colon—but it doesn’t have the same effect for everyone. Coffee (and caffeine in general) can trigger stomach discomfort, heartburn and even diarrhea in some folks, so it’s important to experiment with small amounts before committing to drinking it daily.

Coffee is also a diuretic, meaning it encourages your body to remove excess fluids—if you drink too much of it, it can actually dehydrate you and make constipation worse. With that in mind, if you do enjoy java, just keep it to a cup or two a day!



Why mini-meals?

Eating smaller, more frequent meals may actually be more beneficial for people with IBS-C to reduce bloating and discomfort.



To satisfy a sweet tooth, mix up some...

Chia-seed pudding: In a jar, combine 2 Tbsp chia seeds with 1/2 cup unsweetened almond milk, 1 tsp honey and a splash of vanilla extract. Refrigerate overnight, then eat the next morning in a bowl topped with fresh berries and a drizzle of peanut butter.

Strawberry shortcake oatmeal: Place 1/2 cup rolled oats in a small pot. In a blender, mix 1/2 cup chopped strawberries, 1/2 cup unsweetened almond milk, 2 Tbsp flax seeds and a splash of vanilla extract until blended. Add strawberry mixture to oats in the pot and cook over medium-low heat until oatmeal thickens. Serve immediately topped with a dollop of lactose-free vanilla yogurt.



For a savory option, whip up a...

Breakfast taco: Heat a pan over medium heat. Add nonstick cooking spray, then 1/2 diced bell pepper and 1/4 diced white onion. Cook until onion is translucent, about 5 minutes. Add a handful of baby spinach and cook until wilted, about a minute. Add two eggs, scramble and cook until solid, about 2 minutes. Add egg and veggie mixture to a warm corn tortilla and top with a sprinkle of Cheddar cheese and a dollop of your favorite salsa.

Quinoa breakfast bowl: Make 1/2 cup quinoa according to package directions. Add to a bowl and top with 1/2 cup sautéed kale, 1/2 cup sliced cherry tomatoes and a poached egg. Garnish with chopped green onion and a drizzle of olive oil.



For mornings when you’re on-the-go...

Instant egg sandwich: In advance, whisk a dozen eggs and 2 Tbsp unsweetened almond milk in a bowl. Pour onto a greased 9x13 sheet pan and bake at 325°F until eggs are cooked through, about 20 minutes. Let cool, then cut into 12 evenly sized squares. Mash an avocado and spread on one half each of 12 whole-wheat English muffins. Top with an egg square and a slice of your favorite cheese. Wrap each sandwich in plastic wrap and place in the freezer—they will be good for two months! In the morning, just pop a sandwich in the microwave for 45 seconds and you’re ready to be on your way!

Breakfast “charcuterie”: Pack 2-3 hard-boiled eggs, 1 Tbsp peanuts, 1/4 cup fresh raspberries or grapes and 2-3 seed crackers in a to-go container the night before, then just grab on your way out the door.

Health Monitor Living

Questions to ask at today's exam



Scan this QR code for a free digital copy or home delivery

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?



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?



When should I make my next appointment to see you?



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.