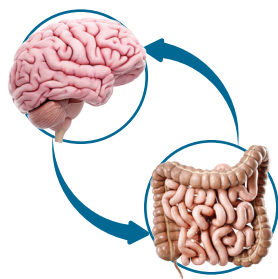


Irritable Bowel Syndrome (IBS) Overview



Irritable bowel syndrome (IBS) is a disorder of gut-brain interaction defined by abdominal pain and disordered defecation.¹ Bloating and distension are also common symptoms, but not required for diagnosis.¹ IBS affects ~5% of the US population, with higher rates in women.^{2,3}

Symptoms and Diagnosis

SYMPTOMS (ROME IV)¹

- Recurrent abdominal pain ≥ 1 day/week on average, associated with ≥ 2 of the following: defecation, change in stool form, change in stool frequency
- Bloating and distension are frequently reported, but not required for diagnosis

ONSET AND DURATION (ROME IV)¹

- Onset ≥ 6 months before diagnosis
- Present during previous 3 months

MODIFIED DIAGNOSTIC CRITERIA FOR CLINICAL PRACTICE

- Nature of symptoms corresponds with those in Rome IV criteria⁴
- If symptoms are bothersome and other conditions have been sufficiently ruled out, only ≥ 8 -week duration is required for diagnosis⁴

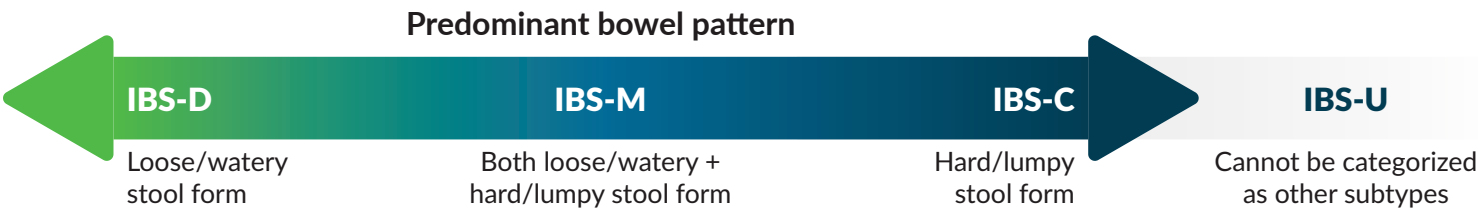


Positive diagnostic strategy is strongly recommended to improve time to initiate appropriate therapy and cost effectiveness⁵

Subtype Classification

Classified as **IBS with diarrhea (IBS-D)**, **mixed bowel habits (IBS-M)**, **constipation (IBS-C)**, or **unclassified (IBS-U)**¹

- Determined based on patient's predominant bowel habit on days with ≥ 1 abnormal bowel movement¹
- An estimated 35% of US IBS cases are IBS-D, 30% are IBS-M, 29% are IBS-C, and 5% are IBS-U³



Treatment Patterns^{6*}

43%

of adults with GI symptoms consistent with IBS-D met diagnostic criteria for IBS-D but had not received a diagnosis[†]

26% AND 43%

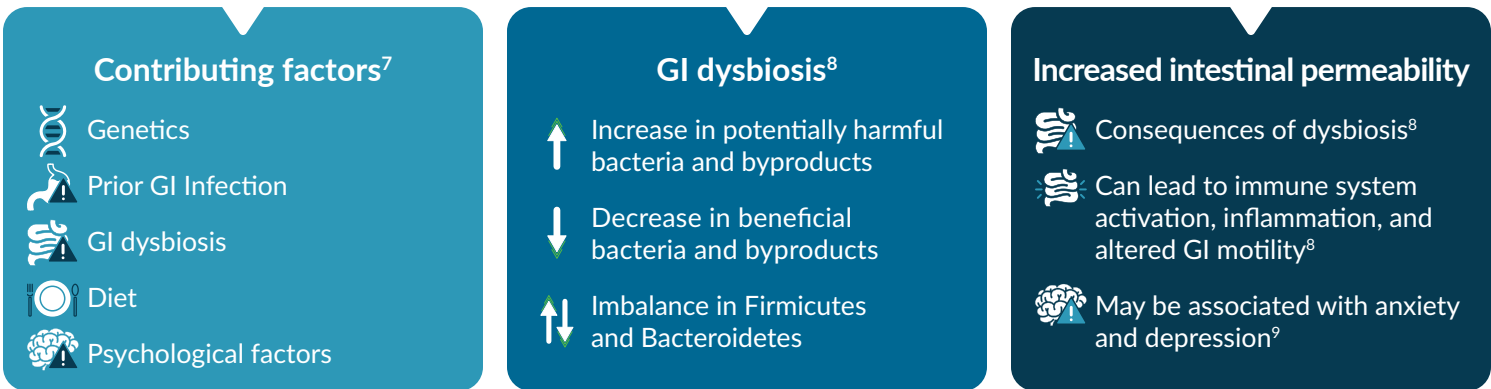
of diagnosed[‡] and undiagnosed patients, respectively, were not currently receiving treatment

20% AND 18%

of diagnosed[‡] and undiagnosed patients, respectively, reported satisfaction with treatment

Pathophysiology of IBS

Involves changes in the interactions between the GI tract, GI microbiome, immune system, and nervous system⁷



GI = gastrointestinal.

*Survey data (September 1-15, 2014) from 1924 US individuals aged ≥ 18 years who had experienced GI symptoms consistent with IBS-D. [†]Individuals who had symptoms consistent with IBS (Rome III criteria) based on survey responses but had not received a diagnosis from a healthcare provider (43%; n/N=830/1924). [‡]Individuals who had received a diagnosis from a healthcare provider (57%; n/N=1094/1924).

1. Lacy BE, et al. *Gastroenterology*. 2016;150(6):1393-1407. 2. Sperber AD, et al. *Gastroenterology*. 2021;160(1):99-114.e3. 3. Palsson OS, et al. *Gastroenterology*. 2020;158(5):1262-1273.e3. 4. Drossman DA, Tack J. *Gastroenterology*. 2022;162(3):675-679. 5. Lacy BE, et al. *Am J Gastroenterol*. 2021;116(1):17-44. 6. Sayuk GS, et al. *Am J Gastroenterol*. 2017;112(6):892-899. 7. Ghaffari P, et al. *J Transl Med*. 2022;20(1):173. 8. Saleem MM, et al. *Cureus*. 2025;17(4):e83084. 9. Holtmann GJ, et al. *Lancet Gastroenterol Hepatol*. 2016;1(2):133-146.