

The slide features a blue background with four microscopic images of bacteria. In the top-left corner is a large, rod-shaped bacterium with many long, thin flagella. In the top-right corner is a long, curved, and somewhat irregularly shaped bacterium. In the bottom-left corner is a smaller, more rounded bacterium. In the bottom-right corner is a smooth, oval-shaped bacterium. The central text is in a bold, orange font.

# Short-term Therapy With Lasting Relief for Adults With Irritable Bowel Syndrome With Diarrhea

[Presenter name]

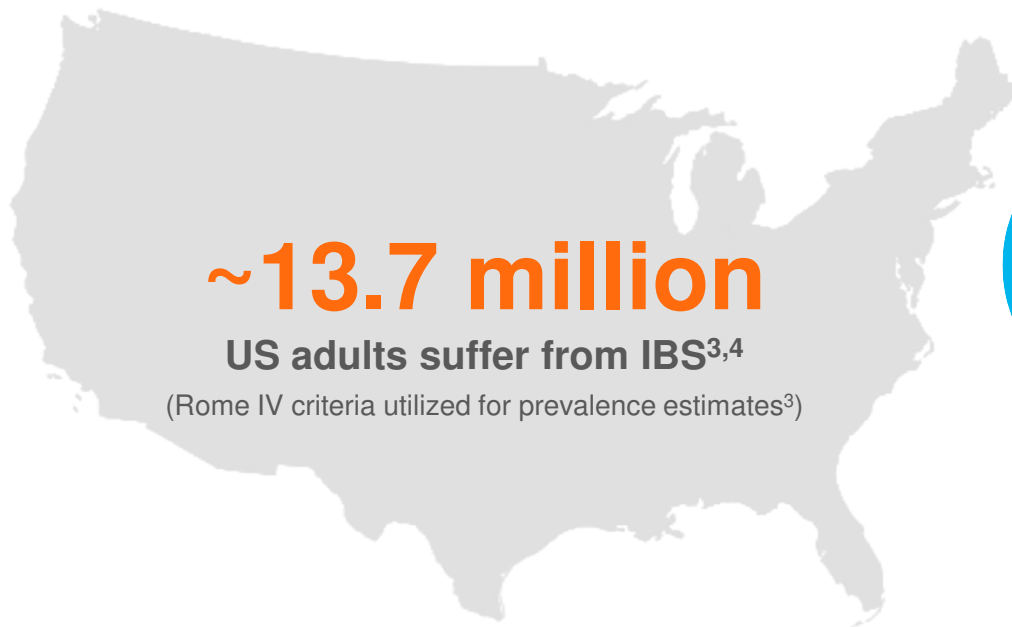
[Presenter title]

# Disclosures

- I am a paid speaker presenting on behalf of Salix Pharmaceuticals, and Salix is the sponsor of this program and event
- The content of this promotional slide deck and program was developed by Salix Pharmaceuticals
- This is not a continuing medical education (CME) event, and no CME credit will be provided

# Irritable Bowel Syndrome (IBS)

**IBS is a prevalent disorder of gut-brain interaction characterized by recurrent abdominal pain and altered bowel habits<sup>1,2</sup>**



**7<sup>TH</sup>**

**Most common diagnosis  
made in primary care<sup>5</sup>**

1. Ford AC et al. *Am J Gastroenterol*. 2018;113(Suppl 2):1-18. 2. Lacy BE et al. *Am J Gastroenterol*. 2021;116(1):17-44. 3. Sperber AD et al. *Gastroenterology*. 2021;160(1):99-114.e3.  
4. US Census Bureau. National Demographic Analysis Tables: 2020. 5. AGA. IBS in America: Survey Summary Findings. December 2015.

# Diagnosis of Irritable Bowel Syndrome With Diarrhea (IBS-D)

## DIAGNOSIS



### Patient Presentation and Chief Complaint

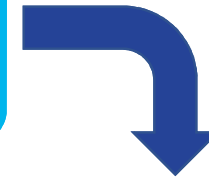
- 42-year-old woman
- Reports frequent diarrhea, abdominal pain, and bloating for the last 8 weeks that can be disruptive to her workday

# Diagnosis of Irritable Bowel Syndrome With Diarrhea (IBS-D)



## Patient Presentation and Chief Complaint

- 42-year-old woman
- Reports frequent diarrhea, abdominal pain, and bloating for the last 8 weeks that can be disruptive to her workday



## History, physical exam, and limited diagnostic testing<sup>1,\*</sup>

### Rome IV criteria for IBS<sup>1,\*</sup>

- Recurrent abdominal pain  $\geq 1$  day per week for the last 3 months associated with  $\geq 2$  of the following:
  - Defecation
  - Change in frequency of stool
  - Change in form (appearance) of stool
- Symptom onset  $\geq 6$  months before diagnosis

### 2021 Rome Foundation Clinical Diagnostic Criteria for Disorders of Gut-Brain Interaction (DGBI)<sup>2</sup>

- If the patient's symptoms are bothersome (require attention, interfere with daily activities, cause worry, interfere with quality of life), diagnosis can be made based on a lower frequency of symptoms and shorter duration (8 weeks or more)<sup>†</sup>

\*Specific laboratory and diagnostic testing recommendations have been proposed by the American College of Gastroenterology's (ACG) 2020 Clinical Guideline: Management of Irritable Bowel Syndrome as well as by the American Gastroenterological Association's (AGA) 2019 Clinical Practice Guidelines on the Laboratory Evaluation of Functional Diarrhea and Diarrhea Predominant Irritable Bowel Syndrome in Adults (IBS-D). These testing recommendations may help clinicians choose appropriate tests to exclude other diagnoses in the setting of suspected IBS.<sup>3,4</sup>

<sup>†</sup>Provided that there is clinical confidence that other diagnoses have been sufficiently ruled out based on presentation and additional investigations as needed.<sup>2</sup>

# Diagnosis of Irritable Bowel Syndrome With Diarrhea (IBS-D)



## Patient Presentation and Chief Complaint

- 42-year-old woman
- Reports frequent diarrhea, abdominal pain, and bloating for the last 8 weeks that can be disruptive to her workday

## History, physical exam, and limited diagnostic testing<sup>1,\*</sup>

- Rome IV criteria for IBS<sup>1</sup>
- 2021 Rome Foundation Clinical Diagnostic Criteria for Disorders of Gut-Brain Interaction (DGBI)<sup>2</sup>

— YES —

## Presence of alarm features?<sup>1,3,4,\*,‡</sup>

- Symptom onset after age 50
- Recent change in symptoms
- Unintended weight loss
- Nocturnal symptoms
- Rectal bleeding
- Iron-deficiency anemia
- Family history of colon cancer, celiac disease, IBD
- Fever

— NO —

**Diagnosis of IBS**

NO

No diagnosis of IBS

IBD, inflammatory bowel disease.

\*Specific laboratory and diagnostic testing recommendations have been proposed by the American College of Gastroenterology's (ACG) 2020 Clinical Guideline: Management of Irritable Bowel Syndrome as well as by the American Gastroenterological Association's (AGA) 2019 Clinical Practice Guidelines on the Laboratory Evaluation of Functional Diarrhea and Diarrhea Predominant Irritable Bowel Syndrome in Adults (IBS-D). These testing recommendations may help clinicians choose appropriate tests to exclude other diagnoses in the setting of suspected IBS.<sup>5,6</sup>

‡This is not an all-inclusive list of alarm features.

1. Lacy BE et al. *Gastroenterology*. 2016;150(6):1393-1407. 2. Drossman DA, Tack J. *Gastroenterology*. 2021;S0016-5085(21)03794-X. 3. Brandt LJ et al. *Am J Gastroenterol*. 2009;104(suppl 1):S1-S35. 4. Moayyedi P et al. *United European Gastroenterol J*. 2017;5(6):773-788. 5. Smalley W et al. *Gastroenterology*. 2019;157(3):851-854. 6. Lacy BE et al. *Am J Gastroenterol*. 2021;116(1):17-44.

# Diagnosis of Irritable Bowel Syndrome With Diarrhea (IBS-D)



## Patient Presentation and Chief Complaint

- 42-year-old woman
- Reports frequent diarrhea, abdominal pain, and bloating for the last 8 weeks that can be disruptive to her workday

### History, physical exam, and limited diagnostic testing<sup>1,\*</sup>

- Rome IV criteria for IBS<sup>1</sup>
- 2021 Rome Foundation Clinical Diagnostic Criteria for Disorders of Gut-Brain Interaction (DGBI)<sup>2</sup>

NO  
→ No diagnosis of IBS

— YES —→

### Presence of alarm features?<sup>1,3,4,\*,‡</sup>

- Symptom onset after age 50
- Recent change in symptoms
- Unintended weight loss
- Nocturnal symptoms
- Rectal bleeding
- Iron-deficiency anemia
- Family history of colon cancer, celiac disease, IBD
- Fever

NO  
→ Diagnosis of IBS

— YES —→

**Consider other organic pathology; additional testing may be indicated<sup>3,5,\*</sup>**

IBD, inflammatory bowel disease.

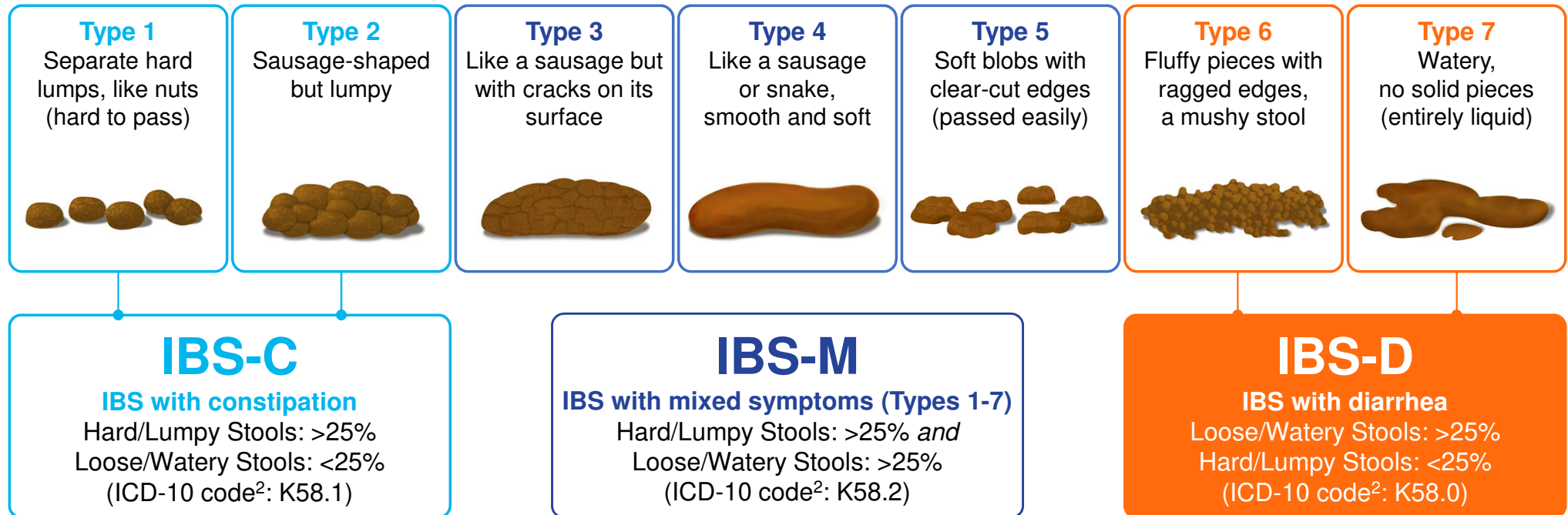
\*Specific laboratory and diagnostic testing recommendations have been proposed by the American College of Gastroenterology's (ACG) 2020 Clinical Guideline: Management of Irritable Bowel Syndrome as well as by the American Gastroenterological Association's (AGA) 2019 Clinical Practice Guidelines on the Laboratory Evaluation of Functional Diarrhea and Diarrhea Predominant Irritable Bowel Syndrome in Adults (IBS-D). These testing recommendations may help clinicians choose appropriate tests to exclude other diagnoses in the setting of suspected IBS.<sup>5,6</sup>

‡This is not an all-inclusive list of alarm features.

1. Lacy BE et al. *Gastroenterology*. 2016;150(6):1393-1407. 2. Drossman DA, Tack J. *Gastroenterology*. 2021;S0016-5085(21)03794-X. 3. Brandt LJ et al. *Am J Gastroenterol*. 2009;104(suppl 1):S1-S35. 4. Moayyedi P et al. *United European Gastroenterol J*. 2017;5(6):773-788. 5. Smalley W et al. *Gastroenterology*. 2019;157(3):851-854. 6. Lacy BE et al. *Am J Gastroenterol*. 2021;116(1):17-44.

# IBS Is Classified Into Subtypes Based on Bowel Habits<sup>1</sup>

## Bristol Stool Form Scale



Patients who meet diagnostic criteria for IBS but whose bowel habits cannot accurately be categorized into 1 of the 3 groups above should be categorized as having IBS unclassified (IBS-U).

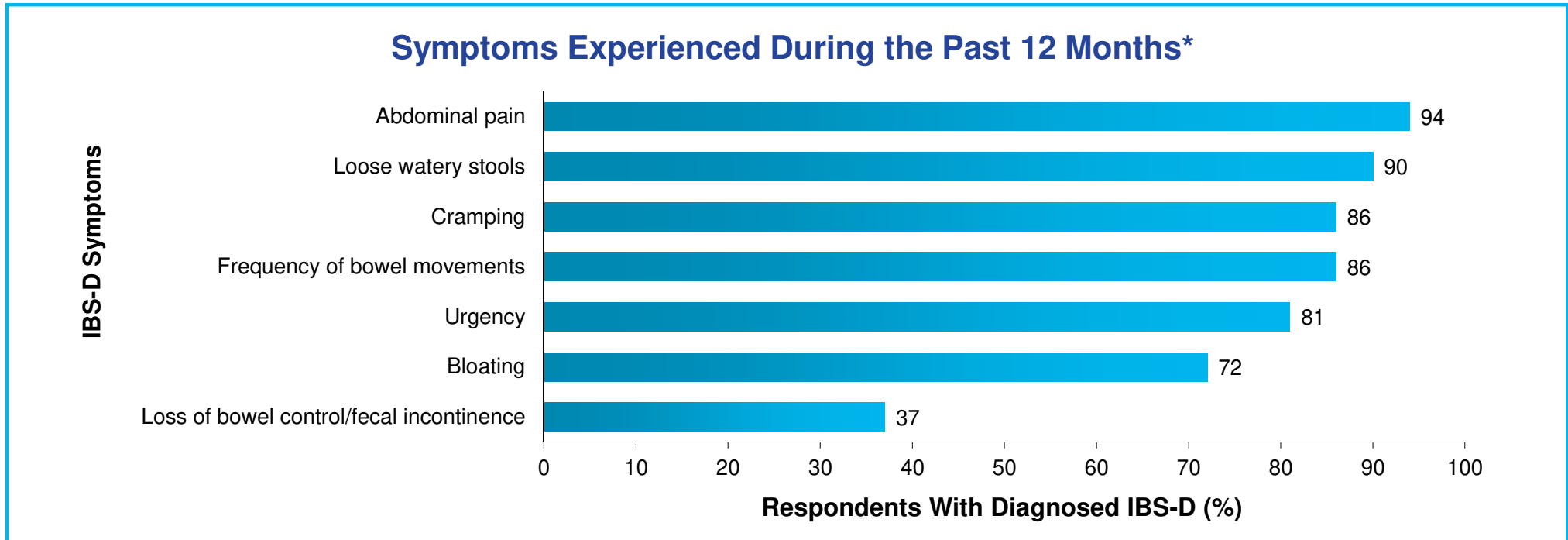
1. Lacy BE et al. *Gastroenterology*. 2016;150(6):1393-1407. 2. CMS ICD-10-CM. <https://www.cms.gov/medicare/icd-10/2022-icd-10-cm>. Accessed January 4, 2022.

Figure: Copyright 2011 Rome Foundation, Inc. All Rights Reserved.



# IBS-D Is Associated With Multiple Bothersome Symptoms

In a 2015 online survey that included 1001 respondents with an IBS-D diagnosis, more than 70% reported experience with nearly every symptom in the past 12 months\*

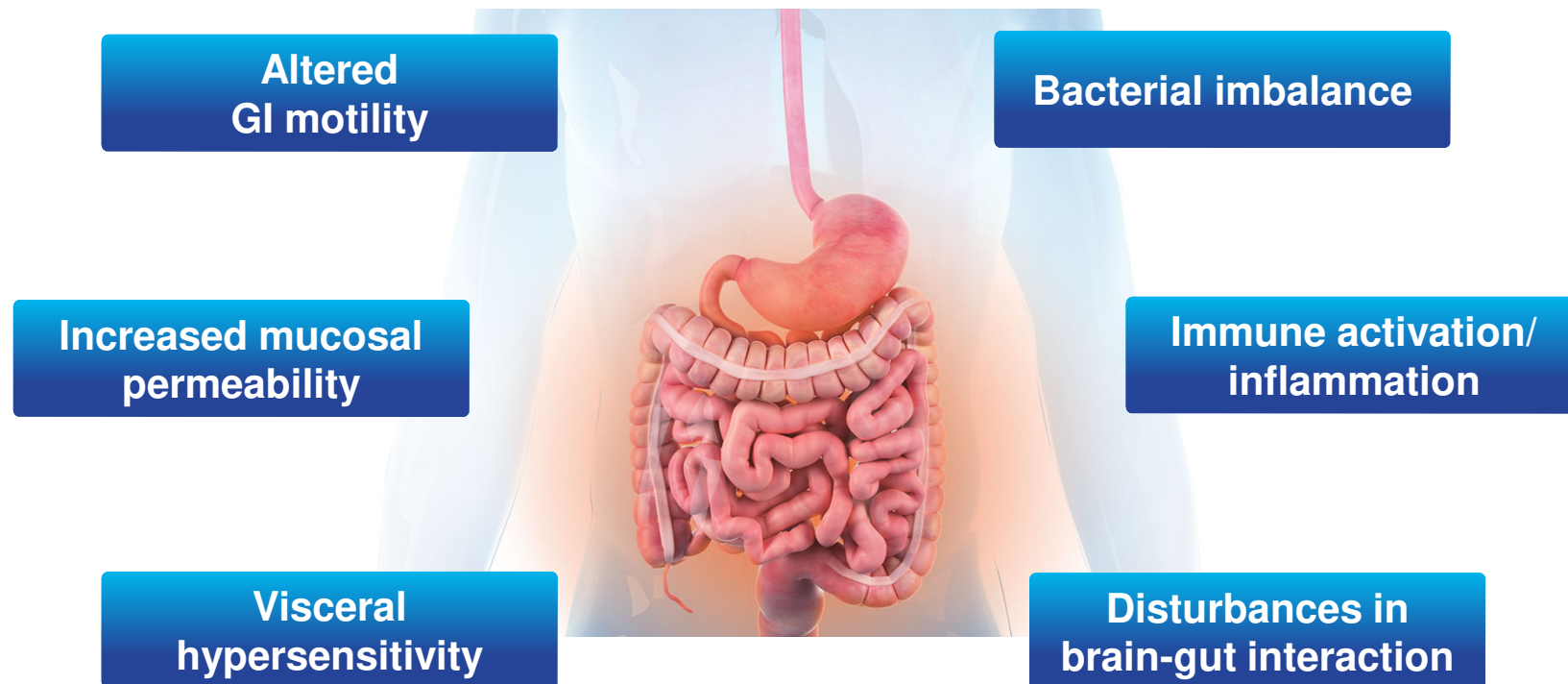


\*Data from the *IBS in America* online survey conducted September 14, 2015, through October 29, 2015, for the American Gastroenterological Association (AGA) by GfK Public Affairs & Corporate Communications with financial support from Ironwood Pharmaceuticals, Inc. and Allergan plc. Respondents with an IBS-D diagnosis (n=1001) and respondents without a formal IBS-D diagnosis (n=586) were asked the following question about a list of symptoms, "Which of the following symptoms have you experienced during the past 12 months?" Data shown reflect the responses of those with an IBS-D diagnosis.

AGA. IBS in America: Survey Summary Findings. December 2015.

# Pathophysiology of IBS-D

## The Pathophysiology of IBS-D Is Complex and Multifactorial<sup>1-3</sup>



1. Pimentel M. *Am J Manag Care*. 2018;24(3 Suppl):S35-S46. 2. Lacy BE et al. *Gastroenterology*. 2016;150(6):1393-1407. 3. Ohman L, Simrén M. *Curr Gastroenterol Rep*. 2013;15(5):323.



**Xifaxan**<sup>®</sup>  
rifaximin 550 mg tablets

**Thank You!**

**Please see Important Safety Information on slides 27 and 28  
and full Prescribing Information available at this presentation.**

**Salix**   
PHARMACEUTICALS

Salix Pharmaceuticals, 400 Somerset Corporate Blvd., Bridgewater, NJ 08807  
The XIFAXAN 550 mg product and the XIFAXAN trademark are licensed by Alfaisigma S.p.A. to Salix Pharmaceuticals or its affiliates.  
© 2022 Salix Pharmaceuticals or its affiliates. XIFI.0024.USA.20 V4.0

CONFIDENTIAL – DO NOT PRINT OR COPY – THESE MATERIALS ARE FOR YOUR VIEWING ONLY AND ARE NOT INTENDED FOR DISTRIBUTION – FOR PRESENTATION PURPOSES ONLY.