

An Association Between Irritable Bowel Syndrome Quality of Life Score and Symptoms of Abdominal Pain, Bloating, and Cramping in IBS With Constipation: A Pooled Phase 3 Trial Correlation Analysis

INTRODUCTION

- Although recurrent abdominal pain and altered stool consistency/frequency are irritable bowel syndrome (IBS) diagnostic criteria,¹ other symptoms such as bloating are among the most common and bothersome^{2,3}
- The Rome Foundation has suggested that symptom bothersomeness (eg, severe enough to impact patient quality of life) should be included as a clinical criterion for diagnosis of disorders of gut-brain interaction, such as IBS⁴
- Despite these notions, data suggest that these bothersome symptoms have limited ability to predict the burden and impact of IBS²

AIM

 To assess potential relationships between the IBS with constipation (IBS-C) symptoms of abdominal pain, bloating, and cramping, and irritable bowel syndrome quality of life (IBS-QOL) and treatment satisfaction using data from two phase 3 trials of plecanatide

METHODS

- Data were pooled and analyzed post hoc from 2 identically designed, phase 3, randomized, placebo-controlled trials⁵
- Patient population included adults with IBS-C (Rome III criteria) with a worst abdominal pain intensity mean score ≥ 3 (score range, 0 [none] to 10 [worst possible]) during a 2-week pretreatment (baseline) period who were randomly assigned to receive plecanatide (Trulance[®], Salix Pharmaceuticals, Bridgewater, NJ) 3 mg, plecanatide 6 mg, or placebo for 12 weeks
- Assessments
- Abdominal pain, bloating, and cramping (score range for each, 0 ["no"] to 10 ["worst possible"]) were assessed daily via an electronic diary
- The IBS-QOL questionnaire (total score range, 0-100) was completed on Day 1 (Week 0) and Weeks 4, 8, 12 (end of treatment), and Week 14 (2-week post-treatment follow-up)
- Treatment satisfaction (score range, 1 [not at all satisfied] to 5 [very satisfied]) was determined on Weeks 4, 8, and 12
- Pearson correlation analyses compared IBS-QOL total score and treatment satisfaction score with abdominal pain, bloating, and cramping weekly mean scores (over 12-week treatment period and by week)
- A coefficient (r) value (positive or negative) of 0.40 to < 0.70 was considered of moderate strength $(0.10 \text{ to} < 0.40 \text{ [weak]}; \geq 0.70 \text{ [strong to very strong]})$

REFERENCES: 1. Lacy BE, et al. Gastroenterology. 2016;150(6):1393-1407. 2. Khasawneh M, et al. Neurogastroenterol Motil. 2014;26(1):36-45. 4. Drossman DA, Tack J. Gastroenterology. 2022;162(3):675-679. 5. Brenner DM, et al. Neurogastroenterol. 2018;113(5):735-745. ACKNOWLEDGMENTS: The post hoc analyses were supported by Salix Pharmaceuticals. Technical editorial and medical writing assistance was provided by Salix Pharmaceuticals. Technical editorial and medical writing assistance were supported by Salix Pharmaceuticals. **DISCLOSURES:** EDS reports being a consultant for Salix Pharmaceuticals. APL and PH are employees of Salix Pharmaceuticals. AM is an employee of Bausch Health US, LLC. DG reports having nothing to disclose.

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Data from 2176 patients with IBS-C were included in the analysis (Table 1)

Table 1. Demographics and Baseline Characteristics

Characteristic	Plecanatide 3 mg (n=724)	Plecanatide 6 mg (n=723)	Placebo (n=729)
Age, y, mean (SD)	43.5 (14.2)	43.1 (13.8)	43.9 (14.2)
Female, n (%)	534 (73.8)	536 (74.1)	540 (74.1)
Race, n (%) White Black Asian Other	527 (72.8) 155 (21.4) 33 (4.6) 9 (1.2)	515 (71.2) 177 (24.5) 25 (3.5) 6 (0.8)	536 (73.5) 160 (21.9) 25 (3.4) 8 (1.1)
Abdominal pain score, mean (SD)*	6.3 (1.7) ⁺	6.2 (1.8) [‡]	6.3 (1.7)§
Bloating score, mean (SD)*	6.5 (1.7)†	6.4 (1.8) [‡]	6.5 (1.8)§
Cramping score, mean (SD)*	6.0 (1.9)+	5.9 (2.0) [‡]	6.0 (2.0) [‡]
IBS-QOL total score, mean (SD)	46.5 (24.5)¶	45.3 (24.4)#	44.4 (24.9)¶

*Abdominal pain, bloating, and cramping were measured using an 11-point scale (range, 0 ["no"] to 10 ["worst possible"]). †n=719. [‡]n=716. [§]n=717. [¶]n=691. [#]n=687.

when assessed by week ($r \leq 41$; Figure 1)

Table 2. Correlations Between Symptoms and IBS-QOL or Treatment Satisfaction* **Pearson Correlation Coefficient**, *r*

IBS-C Symptom	IBS-QOL Tot	
Abdominal pain weekly mean score	+0.3	
Bloating weekly mean score	+0.4	
Cramping weekly mean score	+0.39	

*Over 12-week treatment period. IBS-C = irritable bowel syndrome with constipation; IBS-QOL = irritable bowel syndrome quality of life.

RESULTS

• A positive correlation between IBS-QOL total score and each of the 3 IBS-C symptoms (abdominal pain, bloating, cramping) was observed over the 12-week treatment period ($r \leq 0.41$; Table 2) and

Treatment Satisfaction
-0.30
-0.30
-0.27



IBS-QOL = irritable bowel syndrome quality of life.

Figure 2. Correlation Coefficients for Comparisons Between Treatment Satisfaction and Weekly Mean Symptom Scores, by Week*



*First treatment satisfaction assessment occurred at Week 4

• A negative correlation between treatment satisfaction and each of the 3 IBS-C symptoms (abdominal pain, bloating, cramping) was observed over the 12-week treatment period ($r \leq -0.30$; **Table 2**) and when assessed by week ($r \leq -0.32$; Figure 2)

CONCLUSIONS

• All three IBS-C symptoms of abdominal pain, bloating, and cramping correlated, albeit weakly/ moderately, with IBS-QOL and treatment satisfaction

 Data pooled from plecanatide phase 3 trials support that it is important to effectively treat multiple symptoms of IBS-C, not just abdominal pain and altered stool frequency