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## Personalized Care in IBS-C: Empowering Patients Through Education and Self-Management

### Announcer:

You're listening to *GI Insights* on ReachMD, and this episode is sponsored by Ardelyx Inc. Here's your host, Dr. Charles Turck.

### Dr. Turck:

This is *GI Insights* on ReachMD, and I'm Dr. Charles Turck. Today, I'm joined by Dr. Harish Gagneja to discuss personalized care and education for patients with irritable bowel syndrome with constipation, otherwise known as IBS-C. Dr. Gagneja is a board-certified gastroenterologist at Austin Gastroenterology in Texas and Vice Chair of the American College of Gastroenterology Board of Governors. He is also a member of the Board of Trustees of the American College of Gastroenterology, the past President of the Texas Society of Gastroenterology and Endoscopy, and a board member of the Physician Executive Board of the GI Alliance. Dr. Gagneja, welcome to the program.

### Dr. Gagneja:

Thank you, Dr. Turck, I appreciate it.

### Dr. Turck:

Well, to start us off, why is patient education so important in IBS-C care?

### Dr. Gagneja:

Patient education is important in IBS and in any disease where we are taking care of the patient. Because without patient education, they really will not adhere to their treatment plan, and treatment plan will fail. So with IBS, it will improve the symptom management. It will enhance their dietary awareness. It also promotes their medication adherence, whether they're taking osmotic laxatives, fiber supplements, or any secretagogues, which are the prescription medications we prescribe. It also reduces anxiety and stress and encourages lifestyle modifications. The most important thing is that it prevents unnecessary medical visits. If they know what's going on, in this day and age of very costly healthcare, if you can prevent unnecessary medical visits, that really helps the patient, family, and society as a whole.

### Dr. Turck:

And how can personalized care plans help empower patients and improve outcomes?

### Dr. Gagneja:

It's important that if you have patient's individual symptoms, and their medication use, their stress management, and resources are personalized to them, it really helps. They will know what the symptom triggers are. It will improve symptom management. People would think that, "Oh, all fiber produces gas." That's not true. Soluble fiber produces less gas than insoluble fiber. So if they know that, they will work through that, right? Also, they're likely to follow through the treatments if it is tailored to their routines. We need to also focus on their holistic health and not just symptoms only.

An important part is early detection of complications. If it is really personalized to the patient, they will know more to get medical care as early as possible. And in addition to that, it also increases your patient satisfaction and trust. And a satisfied patient who trusts their medical professional will follow through with their recommendations better than anybody else.

### Dr. Turck:

For those just tuning in, you're listening to *GI Insights* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Harish Gagneja

about the role of personalized care and education in the management of irritable bowel syndrome constipation, or IBS-C.

So Dr. Gagneja, now that we understand why patient-centered care and education are so important, let's discuss how we can apply them in clinical practice. What is an example of a personalized care plan we could share with our IBS-C patients?

**Dr. Gagneja:**

Number one will be a dietary plan. You tell them about the low FODMAP diet and fiber, which is soluble versus insoluble. How does that work? Limit insoluble fiber because that causes more gas and bloating. Hydration along with fiber is extremely important. Trigger foods to avoid—for some people, artificial sweeteners excessive caffeine, and processed foods—that'll be personalized in that plan as well. We also talk about meal timing and portion control—frequent, small meals, timing, avoiding eating too late, and things like that. So that will be the dietary plan.

In addition to that, we will do lifestyle and behavioral modifications. Physical activities, 30 minutes—we really go for 150 to 300 minutes in one week. It can be any time of the week. Stress management, like mindfulness, meditation, deep breathing exercises. Give them some apps. Cognitive behavioral therapy if they need it, like some gut and directed hypnotherapy. Then bowel routine—just go to bathroom routinely. Then medication plan, what are the first-line medications? What are the second-line medications? And how do you monitor and follow up? So all that is given in one plan.

**Dr. Turck:**

And what are some ways we can facilitate adherence to therapy and the management strategies you just talked about?

**Dr. Gagneja:**

It's very, very important that you educate and empower your patients so that they can really adhere to their therapy. We really need to explain them why. We need to help them understand each aspect of their care and why are we saying this needs to be done. So they need to understand the why part.

We also need to give them some written and visual resources, like charts. Nowadays, lots of apps are available. There are symptom tracking apps available. One is called mySymptoms.

We also need to adapt to patients' routines—what patients are doing. If they're having trouble getting fiber, maybe we can say, you can have fiber in the smoothies and take it with you at work if you're not having fiber. So you really adapt to them. Gradual changes are better than just an overhaul change all at once. Again, offer a flexible option with diet, exercise, and stress management.

An important thing, which is we as clinicians all forget, is we need to encourage small wins. If a patient is coming to my office and they had a 5-pound weight loss, we just need to encourage that, right? It's important that you really acknowledge what they're doing and where they're going. Also, sometimes you need to tell them to celebrate these changes in their lifestyle with non-food rewards, like buying a new book or a relaxing activity like a spa or something like that.

One other thing that I learned is habit stacking. What is that? Let's say you are asking them to increase water intake. Say, you know what, you're brushing your teeth in the morning every day anyway. Okay, now you say, drink water before brushing your teeth. Now you're habits stacking, so that will stick. Take your probiotic with the morning coffee or something like that, right?

Another thing is social support, which is important. Some IBS communities are available, and families or partners too. So if you combine all of these and simplify the regimen, whatever you're doing, that will really foster adherence to therapy for our patients.

**Dr. Turck:**

And what else can you tell us about the educational resources out there that can be helpful for these patients?

**Dr. Gagneja:**

I can tell you that there is the International Foundation for Gastrointestinal Disorders, which is IFFGD. It's an extremely good resource. The American College of Gastroenterology has a lot of guidelines, FAQs, and patient resources on the website for IBS—extremely good. Mayo Clinic has one of the best resources you will see. For diet, there is an app called Monash app, especially for the FODMAP. American Gastroenterology Association has some lot of patient guidelines. The Rome Foundation is an excellent resource for gut-brain connection, stress management, all that.

There's three apps which I really recommend. One is Headspace, second is Calm, and third is Chopra's meditation app. That's a very, very good app. And also, of course, your patient support groups. So those are the few resources I would recommend for my patients for IBS.

**Dr. Turck:**

Well, with those final thoughts in mind, I want to thank my guest, Dr. Harish Gagneja, for joining me to discuss how we can educate and

empower patients with irritable bowel syndrome with constipation. Dr. Gagneja, it was great having you on the program.

**Dr. Gagneja:**

Thank you, Dr. Turck. Thank you having me.

**Announcer:**

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