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Supporting you through your journey

For people living with primary biliary cholangitis (PB()

Living with a long-term condition like <u>PBC</u> can be both physically and emotionally challenging. Adjusting to life with PBC takes time and can bring up many emotions.

This guide has been given to you as you have been prescribed IQIRVO®▼(elafibranor) by your doctor. In it, you'll find general lifestyle advice and a list of resources to

help you navigate difficult times. Don't feel obliged to do everything on this list — these are options for you to consider that may help you find something that works for you.



Emotional support

Living with PBC can be emotionally turbulent at times, and it can be difficult to process all of your thoughts and emotions.



Some people find that setting aside some time in their day to meditate or journal can help them relax and work through their thoughts at a more managable pace.



Others find that **self-help** and **management books** offer them perspectives and guidance that they may not have otherwise considered.

Please refer to the **Glossary** if you are unsure of any of the technical terms used in this resource. Terms that are defined in the Glossary are <u>underlined</u> throughout.



Some people prefer the individualised and personal conversations that **counselling or therapy** may provide.*

*If you wish to try counselling or therapy, mention this to your doctor, as they may be able to refer you to a specialist.

No matter which appeals to you, it is important to give yourself space to take care of your emotional health throughout your journey with PBC.



This medicine is subject to additional monitoring. This will allow quick identification of new safety information.

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet.

You can help by reporting any side effects you may get. See www.mhra.gov.uk/yellowcard/ for how to report side effects.

Side effects should also be reported to Ipsen via email at pharmacovigilance.uk-ie@ipsen.com or phone on 01753 627777.

Community support

Knowing that there is a community of people with the same (or similar) condition as you can be reassuring — being able to talk about something you struggle with to someone who understands it on a personal level can be very powerful. In the UK, you may wish to try one or more of the following patient support organisations:

PB(Foundation

pbcfoundation.org.uk

Liver4Life

liver4life.org.uk

British Liver Trust

britishlivertrust.org.uk





General advice

There are some things you can try throughout your PBC experience to help you adjust and limit the emotional impact.

Please note that these are only recommendations; you should consult your doctor or nurse about how to best manage living with PBC and any symptoms you may experience.

- Adopt a healthy, balanced diet this includes avoiding things like cigarettes and excessive amounts of alcohol.¹
- Keep active it may sound illogical, but it can help with fatigue.¹ The Exercise Guide provides more detail about how you can keep active within the bounds of PBC symptoms you may be experiencing.
- Keep track of your symptoms and any questions you have for your next medical appointment — the Symptom tracker and Making the most of your appointment Guide resources are ready and available for you to use!
- 4. Talk about PBC with your friends and family ultimately, this is a personal choice (some people choose not to share their diagnosis) but if those closest to you understand PBC and how they can support you, it can help to make daily life easier. If you choose to share your diagnosis with those around you, refer them to the Friends, family, and workplace guide that contains information on what PBC is and how each individual can support you.

- 5. Ask for help when you need it many people feel worried about doing so, but it's the most effective way to resolve any hurdles you may face!
- Talk to your doctor or nurse; they may be able to refer you for specialised support.

Reference

1. Hirschfield GM et al. Gut 2018;67:1568–1594.

