

Continence and Parkinson's

For many people with Parkinson's, continence challenges are a common symptom affecting the muscles responsible for bladder and bowel function. While continence issues can negatively impact a person's quality of life, effective management can alleviate symptoms to support a full and active life.

Bladder control

Parkinson's can impact bladder control in several ways, including:

- **Frequency:** The need to urinate frequently, often with only small amounts passed each time.
- **Urgency:** Experiencing sudden and strong urges to urinate, often with little warning.
- **Retention:** Having difficulty fully emptying your bladder, with over 100ml of urine remaining after you have voided.
- **Nocturia:** The frequent need to empty the bladder, often during the first few hours after going to bed. This symptom may be related to reduced Blood pressure caused by Parkinson's

Causes of bladder difficulties in Parkinson's

Bladder symptoms in Parkinson's can be attributed to various factors, including:

- **Nerve pathway disruptions:** Issues in the nerve pathway connecting the bladder and the part of the brain responsible for bladder function can be disrupted, causing frequency

and urgency. These symptoms may fluctuate with medication (Dopamine) levels.

- **Underlying conditions:** Conditions like weak pelvic floor muscles or an enlarged prostate can exacerbate bladder symptoms in Parkinson's.
- **Constipation:** Constipation can put pressure on the bladder, making its bladder symptoms more pronounced.

Note that bladder difficulties can be a sign of 'wearing off'. Wearing off refers to when certain Parkinson's symptoms either emerge or intensify in the period between medication doses due to medication levels dropping too low. This sensation commonly occurs shortly before your next scheduled medication dose.

Managing bladder control

It is best to discuss bladder concerns with your treating doctor, who may run tests or refer you to a bladder specialist (Urologist). Some targeted pelvic floor exercises can reduce the impact of symptoms. Pelvic floor exercises improve the strength of the muscles surrounding the bladder, increasing bladder control. Consult a Physiotherapist or continence nurse for personalised exercise guidance.

Note that different bladder issues require specific strategies. For example, to manage frequency, establish consistent medication routines and try pelvic floor exercises. For Nocturia, elevate your feet in the afternoon, reduce evening fluid intake, avoid caffeine after 5 pm, elevating the top of the bed may reduce

urine production at night. Maintaining good fluid intake will assist bladder function by keeping urine dilute and will reduce the symptoms of constipation. A commode or bottle in your bedroom can assist if walking to the toilet at night is difficult.

If you struggle with retention, you need to consult your treating doctor or get referred to a specialist.

Additional tools for bladder control

Various tools such as medications, devices and aids can help with bladder control. Incontinence products like pads and condom drainage for males can be useful when you're away from home and do not have access to a bathroom. Your treating doctor can advise you on the most suitable continence product for you. Funding assistance to support the cost of incontinence aids may be available and your healthcare provider can help facilitate this.

Certain medications can improve bladder control but may have adverse side effects, including worsening Parkinson's symptoms, confusion, or a dry mouth. Be cautious when considering these medications and consult your healthcare provider for guidance.

Constipation

Constipation is the infrequent passage of dry, hard-to-pass bowel movements. A normal bowel movement is soft and easy to pass, making you feel like you have completely emptied your bowel.

If you are straining, or have hard, dry bowel movements, you might be constipated. While constipation may initially seem like a minor issue,

untreated constipation can lead to several problems, such as incontinence.

Causes of constipation in Parkinson's

Parkinson's can cause constipation in several ways:

- Parkinson's affects Dopamine-producing cells in the nerves controlling the gut, slowing down bowel muscles. When the bowel moves slowly, too much water may be reabsorbed by the intestine, causing the stool to become dry and hard to pass.
- Parkinson's medications can directly slow bowel function, or indirectly by affecting appetite.
- Coordination issues with anal muscles can make emptying the bowel challenging. Chewing and swallowing difficulties may limit your daily fluid and fibre intake, which is crucial for soft bowel movements.

For many people constipation is a very early symptom, often occurring several years before movement is affected.

Managing constipation

The following steps can make a significant difference in preventing and managing constipation, contributing to your overall well-being.

Eat a fibre-rich diet

Aim for at least 30 grams of fibre daily, including two servings of fruit. Add 5-6 servings of vegetables, three to six servings of whole grains, and legumes, nuts, and seeds into your diet.

Balance fibre and fluid

Maintain the right balance between dietary fibre and hydration to avoid constipation. Consume 1.5 – 2 litres (6–8 glasses) of fluids daily, primarily water. Limit caffeine, alcohol, and sugary drinks to prevent bladder irritation.

Exercise regularly

Stay active with 30 minutes of daily exercise, like walking, to promote healthy bowel function.

Adopt good toilet habits

Aim to use the toilet when you feel the urge and ensure the correct sitting position. Sit on the toilet, elbows on knees, lean forward, and support your feet with a stool. Relax,

bulge your tummy and gently release. Don't hold your breath. Afterwards, gently contract your back passage.

If you have been trying the above steps, but haven't seen improvement after about three weeks, reach out for assistance. Your treating doctor, General Practitioner, Practice Nurse, or Community Nurse can provide you with next steps.

Additional tools for managing constipation

If you're struggling with constipation, consult your treating doctor for potential solutions, including a dietitian referral. It is important to note that laxatives aren't always the initial solution but may become necessary if the previous steps don't yield results.

Laxatives are medications that can soften bowel movements or increase bowel activity. The specific laxative that's best for you depends on factors like your mobility, fluid intake, fibre consumption and bowel function.

Many people living with Parkinson's may need to take a laxative on a regular basis to maintain regular bowel motions, a Continence Nurse can advise you on the most suitable regime for your individual circumstances.

Additional resources

Fight Parkinson's 1800 644 189

National Continence Helpline: 1800 33 00 66

Continence Foundation of Australia:
continence.org.au

Bladder and Bowel website: bladderbowel.gov.au

Public Toilet Map: toiletmap.gov.au

Fight Parkinson's is a leading source of specialised health information, advice services. Through research, education and support, we strive to improve the lives of people living with Parkinson's, PSP, MSA and CBS.

Any medial information provided is for general information purposes only. You should always talk to your doctor and qualified healthcare providers for personal medical and health-related instructions.

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