

Bladder and Bowel Problems

Bladder and bowel problems are common to people of all ages in the general population. People with Parkinson's disease are more likely to suffer from some of these problems, particularly constipation. The problems which can affect people with Parkinson's are discussed in this leaflet.

You should tell your GP, Consultant or Parkinson's Disease Nurse Specialist (PDNS) about your problems and they will be able to provide advice on any additional support available to you.

Bowel problems

The most common bowel problem in Parkinson's is constipation. Other problems which can occur include diarrhoea and leakage due to a weak anal sphincter.

Constipation is the number one reason why a person's Parkinson's has become suddenly worse – the levodopa medications used to treat Parkinson's (Sinemet, Stalevo and Madopar) are absorbed by the bowel, so if it is filled to capacity, you are unlikely to get the full benefit from these drugs.

– Constipation

Constipation is when the stools are hard and difficult to pass. Ideally, you should be going every day, and a good amount, but it is not crucial. Many people go every other day and are not constipated. As long as the stool is soft and easy to pass without undue straining, there is nothing to worry about. Constipation has several different causes in Parkinson's. As with other muscles in the body, the muscles of the bowel wall can be affected by Parkinson's, with slowing and poverty of movement and rigidity. In addition, the relative lack of movement and exercise generally experienced by people with Parkinson's means that the bowel does not get these stimuli to function properly.

Also, people with Parkinson's often have a delay in gastric emptying, meaning that the contents take longer to leave the stomach and enter the bowel. This is another reason to ensure levodopa medication is taken without food.

Another cause of constipation is the medication itself – levodopa medication can cause constipation, so it is essential that you monitor your bowels, and manage a sluggish bowel.

Inadequate fluid intake or dehydration will result in stools being hard and difficult to pass. Fibre (found in many vegetables, fruits and grains) helps form soft bulky stools that are easy to pass.

If severe, it may make you feel unwell, lethargic and even nauseated. Some older people may become restless and confused if constipated. It can also disturb the bladder, either by increasing bladder urgency, or by making bladder emptying more difficult. If the bowel becomes very loaded with hard stools this is called 'impaction' and it can become impossible to pass anything. Speak to your GP, Consultant, or PDNS if you have concerns about your bowels.

– Diarrhoea

If you have Parkinson's, you can still get diarrhoea for the same reasons as anyone else, such as food reaction, 'holiday tummy' or infection. This may be difficult to cope with if you have Parkinson's – it is not easy to hurry to the toilet, and you may find that you cannot squeeze the sphincter muscles in your bottom very well to stop you leaking on the way to the toilet. This means that if you have diarrhoea, you may be more likely than other people to have an accidental leakage.

Also, please note if you are taking entacapone (Comtess or Stalevo), you can develop persistent diarrhoea at any time, and this may result in you having to change medications.

– Weak sphincter

This can cause a difficulty in holding onto stool once the urge to empty the bowel is felt. Urge incontinence of stool may result if the toilet is not reached quickly.

How can I prevent bowel problems or help myself?

As with Parkinson's generally, the more healthy your lifestyle, and the more active and mobile you can keep yourself, the better.

With bowel problems, it is important to make sure that you drink enough and eat a diet with plenty of fibre, such as fruit, vegetables and wholemeal bread and cereals. Drink plenty of fluids throughout the day to help the fibre work.

For more information, see the Parkinson's Association's Information Sheet: "Diet and Nutrition in Parkinson's".

Try to keep your bowels in a routine, especially if you are away from home and your usual environment. Many people find that 20 minutes after breakfast or after a hot drink is a good time to empty the bowel.

As stated earlier, a daily bowel motion is not crucial, so try not to become obsessed by your bowels. However, it is important not to let yourself become badly constipated.

You may find that you need to use a laxative regularly to stop yourself from becoming constipated. Speak to your GP, PDNS, consultant or pharmacist about a suitable laxative for you.

Bladder Problems

There are two main problems that can occur with the bladder in Parkinson's— an overactive bladder, and difficulty in emptying. Other problems that can occur include difficulties in getting to or using the toilet due to the movement problems in Parkinson's which can make coping with bladder problems more difficult, stress incontinence and prostate problems.

– The overactive bladder

This is caused when messages from the brain telling the bladder to hang on and relax are not getting through properly. Instead of being able to delay finding a toilet, urgency is experienced – when you've got to go, you've got to go!

If a toilet is not reached in time, incontinence may result. This is called urgency incontinence. The bladder may also need emptying more often than before (frequency), and may wake you up at night (nocturia). Increased frequency of urination may also lead to light-headedness while attempting to stand up. This is due to an abnormal fall in blood pressure when standing and is known as postural hypotension.

– Difficulty emptying

Parkinson's can cause difficulty with starting to empty the bladder, either because the bladder does not start to contract when you want it to, or the sphincter does not relax to allow urine out, or a combination of these. On the other hand, there may be difficulty in keeping a bladder contraction going until the bladder is completely empty.

Either way, a residual amount of urine is often left in the bladder all the time. This can cause a feeling of needing to empty the bladder very often and, if the residue becomes large enough, it may 'overflow' as a dribbling incontinence that you cannot control.

A person whose bladder does not empty completely may get urine infections as the residue of urine acts as a sort of stagnant pond which is ideal for growing bacteria.

– Practical problems getting to or using toilets

Often the problems which people with Parkinson's have in coping with the bladder are caused by difficulties in getting to or using the toilet rather than by incontinence. The physical difficulties with mobility and the slowness of movement which often occur in Parkinson's can make getting to, or onto, the toilet a slow process. For example, it may be difficult to get to an upstairs toilet when downstairs. The height of the toilet may be a problem, or grab rails may be needed to make the toilet safer and easier to use. If there are problems in getting to or using the toilet in addition to urgency, it may simply take too long and the bladder may start to empty before reaching the toilet.

At night, people with Parkinson's often experience reduced dopamine levels, and so are "Off" which can make it even more difficult to get out of bed. It can be very frustrating to struggle to the toilet and then not be able to start once there. Sleep may be interrupted by several fruitless trips to the toilet.

What specialist help is available for bladder problems?

Depending on the problems you are experiencing it may be helpful to seek advice from an Occupational Therapist (OT), Physiotherapist, PDNS, Public Health Nurse (PHN) or Continence Nurse. Some of the HSE areas and large hospitals offer continence advisory services run by continence nurses with special knowledge and expertise in continence problems and their management. This service can be contacted directly through the local HSE office or via a referral from a GP or PHN. The services are for people who have all types of incontinence. Where appropriate, the continence nurse may refer you to a consultant for specialist advice.

What can someone with Parkinson's do to help deal with bladder problems?

It is important not to cut down too much on the amount of fluid you drink as this will not help and may lead to bladder infections.

It may help to cut out caffeine, fizzy drinks and some types of alcohol. This is very individual, so it is worth experimenting to see what helps you.

Clothing should not be too tight-fitting and should have as few fastenings and layers as possible.

Consider modifying your clothing to make it easier to remove in a hurry:

- Avoid button fly openings or fiddly zips;
- Try simple adaptation such as adding a tab to the zip may help;
- Adding thumb loops on to pants and choosing styles that are not too tight (such as boxer shorts for men) can make it quicker and easier to pull them up and down;
- A wraparound skirt can be tucked into the waistband so that both hands are free for use with grab rails;
- Special braces can enable trousers to be lowered without losing them completely;
- Tracksuit trousers are found useful by many people.

If you have stress incontinence, doing pelvic floor exercises may help. It may be beneficial to seek assistance from a physiotherapist to ensure you are doing pelvic floor exercises correctly as they are quite tricky to do correctly.

There are medicines available to treat an overactive bladder. Discuss with your GP if drug treatment may help your specific problems.

It is worth thinking carefully about how to make independent use of the toilet as easy as possible. If the toilet is too low it can be very difficult to get down onto it, and even more difficult to get up again

afterwards, especially if you have stiff hips. If the seat is too high, it can put you in a poor position to empty your bowels completely.

There is a wide variety of grab rails and toilet frames designed to assist independent use of the toilet. Rails can be fixed to the walls or floor. Horizontal rails help with pushing up, while vertical rails can help you to pull yourself up. It is important that the right design is chosen to help with each individual's difficulties.

Any changes to aid you in the bathroom should be made under the direction of an Occupational Therapist (OT) as they are qualified to advise on the most appropriate equipment for your specific needs. Referral to an OT working in the HSE is usually via a GP, Consultant, PDNS or PHN. Self-referral to a private OT is also possible. Details of OT's with private practices can be obtained from the Association of Occupational Therapists in Ireland (see end of info sheet for contact details).

Consider using a bedside commode or portable urinal. Some designs look like normal furniture when not in use.

Occasionally a condom catheter can be used to prevent the soiling of bedclothes with urine.

If you have severe difficulties in getting to the toilet it may be possible to get a grant to build a new one, perhaps downstairs. Your OT can advise on this.

Special incontinence pads, pants or sheath appliances (for men) are available if you still have problems. There are also bed protection products available. A PHN or Continence Nurse will be able to provide further information on products available.

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Other Relevant Information Sheets:

EX1: Exercise in Parkinson's

Exercise Chart Illustrating Parkinson's Flexibility Programme

G8: Diet and Nutrition in Parkinson's

Further Information:

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DISCLAIMER – The information on these pages is not intended to be taken as advice. No changes to your treatment should be made without prior consultation with your doctor or allied health professional.

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