Parkinson's disease and bladder and bowel

Incontinence is a common condition that can be treated, better managed, and sometimes cured.

Many people with Parkinson's Disease may find it affects their bladder and bowel control.

Incontinence is a loss of bladder or bowel control that leads to wee (urine) leaking from the bladder or poo (bowel motions) from the bowel.

How does Parkinson's Disease affect bladder and bowel health?

Many people experience incontinence several years after being diagnosed with Parkinson's Disease.

Symptoms from Parkinson's is mainly due to low or changing levels of dopamine (a chemical messenger). The role of dopamine is to send messages to the part of the brain that controls your movement and coordination.

This can impact what and how often messages are sent to the bladder and bowel to help them to work.

Medications that affect bladder and bowel control

Symptoms may come and go depending on your medication level. When your Parkinson's medication starts 'wearing off', you may experience some of these symptoms:

- Passing urine more frequently and often only a little at a time (frequency). This can happen day or night, but you may notice it more in the evening or at night
- Rushing to the toilet with little warning (urgency or overactive bladder)
- Leaking urine on the way to the toilet (urge incontinence)
- Waking up several times during the night to wee (nocturia).

It is important to follow your medication schedule and make sure you take your medications on time.

Moving slowly

You may find your muscles and joints used for walking and exercise are more difficult to move. This means you may have trouble getting to the

toilet in time and accidentally leak. You may also find it difficult to remove clothes to use the toilet. This is called functional incontinence.

Slow bowel movement

The movement in the muscles of the bowel often slows down for people with Parkinson's. This means poo (bowel motion) stay in the bowel for longer. The longer the bowel motion stays in the bowel the more water is taken out. The poo (bowel motion) then becomes hard and dry, and difficult to pass. This is constipation. You may only pass small amounts at a time or leave the toilet feeling that your bowel is not completely empty.

With Parkinson's sometimes emptying the bowel can be difficult because the muscles in the anus (where poo leaves the body) does not work well. These muscles may squeeze shut (contract) instead of relaxing when you are trying to poo, making it difficult to pass the poo completely.

Sometimes constipation can be due to the medications you are taking for Parkinson's. So, if you think you do have constipation, see your health professional at once.

To manage constipation, make sure that you have regular bowel movements. How often you poo can vary. Most people do a poo anywhere from three times a day to once every three days. Poo or bowel motions should be like a soft sausage and easy to pass. You should feel like you have completely emptied your bowel. If you are concerned, see your health professional.

Problems with chewing and swallowing

Some people have problems with chewing and swallowing. This can mean that you need to eat different foods. This can also mean changes to what you drink or how much you drink. This could lead to:

- Constipation
- Overactive Bladder – when you have to rush to the toilet and go more often than usual. Having drinks with caffeine e.g., tea, coffee and cola, alcohol, or not drinking enough may make the bladder uncomfortable and make you go to the toilet more often.

Poor breakdown of food

Like in the brain, the nerve cells in the digestive system also need dopamine to work. The digestive system (from the mouth to the anus or bottom hole) is where food and fluid travels through until it leaves the body. These cells may be affected in the same way that the cells in the brain are. It causes the bowel to slow down, with the risk of constipation.

Low blood pressure

You may experience low blood pressure (hypotension) due to having Parkinson's or as a side effect from medication used to manage it. This causes fluid to be stored, mostly in your legs and feet. When you lie down at night, your blood pressure usually returns to normal. Your body will take up the fluid that is stored and use it to make more wee (urine). This often means you will have a strong need to go to the toilet. This usually happens in the first few hours after you have gone to bed and can cause you to wake up several times during the night.

Low blood pressure can also make you feel dizzy when you stand up suddenly. This can be difficult if you feel like you need to go to the toilet in a hurry.

What can I do?

Talk to someone

If you are experiencing incontinence, talk about it with someone you trust. Many people find they

cope better with the changes to their body once they have spoken to someone about their feelings and concerns.

Speak to your doctor or neurologist (specialist) about the problems you are having with your bladder and bowel control. They may be able to treat the problems once they have done tests and looked at the medicines you are on that may be affecting your bladder and bowel control.

Call the National Continence Helpline on 1800 33 00 66 and speak with a nurse continence specialist for free and confidential advice and information about your bladder and bowel health. They can also help find a continence health professional near you.

If you need help with managing symptoms of Parkinson's, call Parkinson's Australia on 1800 644 189.

Get a continence check up

The first step is to have regular checkups with your doctor, specialist and anyone who is involved in managing Parkinson's. Each person experiences Parkinson's differently and symptoms can change overtime. Have your medicines regularly checked and talk to them about your treatment plan.

The next step is to get your bladder and bowel control checked by a health professional such as a nurse continence specialist or a pelvic health physiotherapist. They will ask you about:

- your bladder and/or bowel symptoms e.g., urgency, nocturia, constipation
- your diet and how much fluid you drink
- how much you can exercise and move about
- medications you are taking
- your medical history or any illness and operations you have had
- other things that could affect bladder or bowel control, such as an enlarged prostate, weak pelvic floor muscles, childbirth experiences.

You may need to have some tests to better understand how your bladder and bowel are working. These can be scans, urine tests and keeping a bladder and bowel diary.

They will tell you how your bladder and bowel problem can be helped. This may be:

- pelvic floor muscle exercises
- learning how to hold on when you need to rush to the toilet (bladder training)
- working on ways to empty your bladder and bowel as much as possible when you need to use the toilet
- medications.

Tips that can help

- Wear clothes that are easy to undo. Replace buttons with velcro fastenings or elastic waists instead of buttons or zips
- Make sure the toilet is easy to get to, especially at night. Leave a soft light on. Remove anything that can trip you such as floor rugs or bathmats
- If the toilet is too difficult to get to or use, there are other options such as handrails, commodes and hand-held urinals. Talk to an occupational therapist who can help you with this
- Speak to a nurse continence specialist to help choose:
  - continence products (such as pads or pull ups) for leaking wee or poo
  - products to empty your bladder (such as catheters)
  - protectors for chairs and beds.

They may be able help you find ways to reduce the costs of products or find your nearest suppliers.

Lifestyle changes that can help

- Have plenty of fluid throughout the day. Drink well. Water is the best choice. Soup, yoghurt, milk on cereal and custard are also fluid. However, protein is found in milk, yoghurt and custard and can cause Parkinson's medications not to work well. Wait for 30 minutes before or after taking the medication
- Keep away from alcohol and drinks with caffeine (such as coffee, tea and cola) as it can make your bladder feel uncomfortable

- If you need to go to the toilet more than 1–2 times during the night (nocturia), then:
  - limit your drinks for at least 2–4 hours before bed and
  - drink more earlier in the day.
- Eat a variety of foods. Eat more plant foods with high fibre, such as wholegrains, vegetables, fruit, legumes (beans, lentils), nuts and seeds. This may keep you going to the toilet regularly for a poo or bowel motion
- If you have swelling in your legs (fluid retention/ oedema):
  - lift the feet above hip height if possible while you sit during the day
  - spend an hour in the late afternoon lying flat on the bed with your feet lifted above the level of your heart
  - wear compression garments (tight stockings) to stop extra fluid storing in your legs.
- Move as much as you can and keep a healthy weight. Exercise is shown to be very good in reducing the impact of Parkinson's symptoms, and for your bladder and bowel health. Try walking, strength training, stretching and balance exercises. A physiotherapist or exercise. physiologist can show which exercises you can do
- Try to exercise your pelvic floor muscles every day to help your bladder and bowel control. It is important to know how to strengthen these muscles and how to relax them. A pelvic health physiotherapist or a nurse continence can show you how
- Take your medication on time every time. Bladder problems can be a sign when your medication is wearing off. Try using an alarm to remind you when your medications are due such as on a smart phone, tablet or pill box
- Go to the toilet only when you need to go. Going to the toilet 'just in case' is a habit that overtime can reduce how much your bladder can hold
- Relax and take your time on the toilet so you can empty your bladder or bowel as much as possible.

More information

- Continence Health Australia – for information on incontinence and how to prevent and better manage it **continence.org.au**
  National Continence Helpline **1800 33 00 66**
- Parkinson's Australia
  parkinsons.org.au
  Parkinson's Helpline **1800 644 189**
- National Public Toilet Map – shows the location of public toilet facilities across Australia
  toiletmap.gov.au
- Invisible Disabilities Australia – toilet access cards **invisibledisabilities.com.au**
- MLAK key – 24/7 access to public toilets
  masterlocksmiths.com.au/mlak

Other fact sheets

- Nocturia – going to the toilet at night
- Urinary Tract Infection
- Healthy Diet and Bowels
- A Guide to Continence Products and Aids
- Help to Pay for Your Continence Products
- Toilet Help Business Card

Acknowledgement

We acknowledge Parkinson's Australia in developing this fact sheet.

parkinson's australia

Call the National Continence Helpline on 1800 33 00 66 (free call)

Speak with a nurse continence specialist for free and confidential advice on resources, details for local continence services, products and financial assistance.

For more information, you can also visit:

continence.org.au
toiletmap.gov.au

Note: This fact sheet gives general information and does not replace professional checks and care.

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