Constipation & GI issues

Some Parkinson's gastrointestinal (GI) issues are caused by your symptoms and/or the medications used to treat them. The most common complaints are constipation, slow gastric emptying, cramping and bloating.

The good news is that there are easy lifestyle changes that you can make to prevent and manage these issues and their impacts on your quality of life.

GI symptoms can significantly impact quality of life for anyone. Constipation is one of the most persistent symptoms of Parkinson's. It causes bloating, discomfort, and nausea; and can interfere with the absorption and effectiveness and reliability of your PD medications.

Some people don't recognise constipation as a problem because it is 'normal' for them to have less frequent bowel movements, e.g. waiting a week or longer.

However, GI symptoms are often present years, or even decades before Parkinson's motor symptoms and continues to affect people throughout their progression.

What is constipation?

Everyone is slightly different, but most health care professionals say constipation is when you have less than three bowel movements a week. However, your goal should be to maintain a daily poo.

You may feel the need to strain on the toilet or feel like you haven't completely emptied your bowels, even after going.

Constipation may make you feel bloated and nauseous even though you may not have eaten much.

Why is constipation a problem?

Parkinson's affects the muscles of the bowel and causes a slower movement of waste through your GI system (aka transit time). This slow movement of the digestive tract causes more water to be reabsorbed and stools harden.

Anal muscles may also contract instead of relax making it difficult to empty the bowel. Not emptying the bowels may affect uptake of medication (e.g., levodopa needs to be absorbed from the small intestine before it can cross the blood-brain barrier).

Changes in chewing and swallowing may also affect your eating and drinking habits.

If left untreated constipation can lead to:

- nausea and lethargy which can further reduce appetite and thirst
- bladder issues like urinary frequency, incontinence, UTIs and urgency
- severe constipation, diarrhoea and bowel incontinence
- bowel obstruction in the worst cases, which left untreated could be fatal.

Steps to prevent constipation

- It is recommended to have at least 2L of fluids per day.
- Get moving and it will help you get moving... exercise is great for constipation.
- Eat a balanced diet, increasing your fibre intake may actually bulk up your poos and cause further constipation.

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- Aim to eat 5 serves of vegetables and 2 serves of fruit a day. Smoothies are a great way to do this.
- Choose a breakfast cereal high in fibre (e.g., All Bran, Weetbix).
- Gradually add wholegrains into your diet. (e.g. use wholegrain or wholemeal bread and wraps, swap to brown rice instead of white, instead of white flour choose flour high in fibre).
- Add nuts and seeds into your diet. Put them into salads, on your yogurt and cereal or have small handfuls as a snack.
- Add lentils and other legumes into casseroles, bolognaise and soups.
- Drink at least 1.5 to 2 litres (6 to 8 glasses) of fluid daily unless advised otherwise by the doctor. The best drink is water. Your thirst mechanism may be impaired so set a timer or use other cues to remember to drink.
- Limit caffeine, alcohol, and sugary drinks as they can cause bladder irritation.
- Eat smaller meals throughout the day to allow more time for digestion.
- Develop good toileting habits. Go as soon as you get the urge as this is the most effective time to completely empty the bowel (e.g. most people get the urge first thing in the morning or following a meal when eating something has stimulated movement in the bowel).
- Be aware of the correct sitting position on the toilet. Sit on the toilet, elbows on knees, lean forward and support your feet with a footstool. Relax and bulge out your tummy, relax the back passage and let go, do not hold your breath.
- Exercise also plays an important role in the prevention and management of constipation. Aim to exercise more than 30 minutes per day and if possible, vary the types of exercise you do.

Medication

When hydration, diet and exercise are not enough, laxatives may be recommended by your health professional. Laxatives are medicines which help you pass a bowel action. They can make the bowel action softer and easier to expel or they may increase the motility of the bowel.

Laxatives are not regarded as the first step in the management of constipation, but they may be necessary if the steps outlined above have little or no result. The ideal laxative for an individual will depend on which of the factors are causing the problem. Talk to your Nurse, GP or neurologist before taking any laxatives.

Your care

Remember management of constipation for people living with Parkinson's is a forever problem.

The first step to improving your bowel control is to have a full continence assessment carried out by a health professional.

If your constipation is severe or acute help should be sought from your GP, a Continence Nurse, or a Parkinson's Nurse specialist as soon as possible.

For more Information contact Continence Health Australia's National Continence Helpline 1800 33 00 66. Continence Health of Australia is a peak body for awareness, education, and advocacy for those with continence issues and their carers. www.continence.org.au

For more information:

- www.invisibledisabilities.com.au
- www.continence.org.au
- www.bladderbowel.gov.au
- www.toiletmap.gov.au

Infosheet kindly reviewed by Australian Neuroscience Nurses Association www.anna.asn.au and Continence Health Australia www.continence.org.au.

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