URINARY PROBLEMS IN PARKINSON'S DISEASE

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Urinary incontinence (involuntary loss of urine), is a common symptom in Parkinson's disease. A person's embarrassment about this condition may lead to an incomplete medical evaluation, social isolation, depression and sometimes unwarranted institutionalization. If you have problems with urinary incontinence, here are some ways to help yourself:

- Learn more about urinary problems in PD.
- Carefully document symptoms and report them to your health care provider.
- Be knowledgeable about incontinence aids and use them.

How does the bladder work? The bladder is a muscle which gradually expands as urine collects. At the opening there is a muscle called the sphincter which is closed except when urinating. Both muscles are controlled by the brain. When 1-2 cups of urine have collected in the bladder, the bladder may begin to have small contractions that signal the brain that the bladder is filling up. The brain can suppress the contractions until it is convenient for the person to go to the bathroom. At that time the brain allows the bladder to contract while the sphincter relaxes, thereby allowing the urine to leave the bladder.

People with PD may have problems holding and/or eliminating urine. Difficulty holding urine is the most common problem. Normal control from the brain is disturbed and the bladder becomes overactive, wanting to empty even when there is just a small amount of urine present. This results in symptoms of urgency, frequency, incontinence and repeated nighttime urination. Drugs are available (e.g. ditropan, probanthine, hytrin) which help by relaxing the bladder muscle.

Difficulty eliminating urine can be caused by a sphincter which wants to close when the bladder is ready to empty, or by a bladder muscle which is too weak to expel the urine. The concern is that with incomplete bladder emptying, urine will accumulate, bacteria will grow, and infections will result. The symptoms of difficulty eliminating urine are weak urinary stream, dribbling or leaking, or feeling that the bladder is not completely emptied. These problems must be carefully evaluated by a urologist to determine their cause. If

the symptoms are PD-related, the most successful management is intermittent catheterization.

The following signs of bladder problems should be reported to your health care provider:

1. Leakage of urine significant to cause embarrassment.
2. Inability to urinate when bladder is full - requires immediate attention.
3. Unusually frequent urination without a proven bladder infection.
4. Needing to rush to the bathroom or losing urine if you do not "arrive in time" (urgency).
5. Pain related to urination.
6. Progressive weakness of the urinary stream which may be accompanied by a feeling that the bladder is not emptying completely.

Note how often you urinate in 24 hours, how often you are incontinent, how many times you urinate at night, and over what period of time these changes have occurred.

Although urinary incontinence can often be treated, there are times when incontinence aids are needed. Knowing which aids work best for you and where to get them can restore your freedom and confidence. Incontinence aids are primarily chosen by the degree of absorbency required and the ease of use. During the night, high absorbency pads are usually required. Briefs with elastic around the legs and sticky tabs on the side are the most absorbent. Gel briefs are more absorbent than cellulose and can hold 2-3 voidings. For daytime use, "undergarments" which button at the hip or underwear shields may be sufficient and are easy to pull up and down.

HIP (Help of Incontinent People) is an organization which provides a resource guide for a nominal fee as well a other self-help information: HIP, PO Box 544, Union, SC 29379.

CONSTIPATION
IN PARKINSON'S DISEASE

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Many people with PD have constipation. Usually it can be corrected with time, patience and dietary changes. Constipation is not failure to have a daily bowel movement. It is normal for some people to have a bowel movement every 3-4 days. The key is to know what is normal for you. Constipation is bowel movements that become more infrequent and are dry and difficult to pass.

The key to relief is patience and consistency. Constipation takes time to develop as it takes time to restore normal bowel function. Bowel training usually takes 2 to 3 months. Often you will see no change for the first week or two. Do not be discouraged; this is normal.

It is tempting to try to control bowel function with enemas or laxatives. However, these can damage the lining and function of the bowel. You should avoid them if at all possible. Some medicines, both prescription and non-prescription, cause constipation as a side effect. Have your health care provider evaluate all of your drugs.

Following is a series of steps to restore normal bowel function. Begin with STEP 1 **for two weeks**. If there is no significant improvement after two weeks, **add** to your STEP 1 routine, the items in STEP 2 and if needed, STEP 3. STEPS 4 and 5 are to be used as a temporary last resort.

STEPS TO GOOD BOWEL MANAGEMENT:

STEP 1 - Diet and fluid intake

- Eat meals at the same times each day.
- Include fruits, vegetables, whole grain breads and cereals in daily meals.
- Drink 6 to 8 glasses (8oz each) of fluid daily. (This does not include caffeine or alcohol, which act as diuretics and can aggravate constipation.)
- Drink warm liquids on rising and with breakfast. (Warm liquid and food starts bowel activity.)
- Establish a relaxed, regular time of the day for bowel movements. (About 1/2 hour after a meal is

best as there is normally greater bowel activity at this time.)

If there is no improvement **after two weeks**, add:

STEP 2 - Bulk formers

Bulk formers can be purchased without a prescription. Examples are bran, metamucil and fibercon. They are not habit- forming. For best results, do the following:

- Use bulk formers daily.
- Add 1 to 2 teaspoons to bran or metamucil to your morning or evening meal each day. For fibercon, 2 tablets per day as a starting dose.
- Drink 6-8 cups of liquid daily with bulk formers. If you do not, your constipation may actually worsen.
- DO NOT increase the amount of bulk former too quickly. Gas formation or stomach fullness may result.
- BE PATIENT. Bulk formers may take 2 to 3 months to correct constipation.

STEP 3 - Stool softeners

While working on a bowel routine, you may need to use a softener if your stools are very hard. Stool softeners, like bulk formers, are not habit-forming and may be purchased without a prescription. Examples are colace and surfax. For best results, do the following:

- Use stool softener daily.
- Begin with one a day. Increase to one each morning and evening if needed.

STEPS 4 and 5 are to be **used sparingly**.

STEP 4 - Laxatives and suppositories

Laxatives should be used with caution. They activate the bowel by chemical irritation. Long-term use may actually harm the bowel. Some laxatives are especially harsh, including Ex-lax, Ducolax, Feenamint, Correctal and Castor Oil. DO NOT use these while trying to establish a bowel program.

Relatively mild laxatives may be used while establishing a bowel program, but they are NOT a replacement for diet and bulk formers. Use them sparingly while you continue with your

program. Mild laxatives that may be used are : Milk of Magnesia (2 tablespoons at night), Doxidan (1 tablet at night), Pericolace (1 tablet at night) or Senokot-S (2 tablets at night).

Suppositories provide rectal stimulation to empty the bowel. Stool must be present in the rectum for suppositories to be effective. Suppositories must make contact with the inside wall of the rectum to work. You may need to use suppositories while establishing a bowel program. If needed, use Glycerin daily or every other day. DO NOT use Ducolax, as it is habit-forming and irritates the bowel.

STEP 5 - Enemas

The bowel can easily become dependent on enemas. We recommend that you use enemas only when nothing else works.

REMEMBER: CONSISTENCY AND PATIENCE ARE THE KEYS TO MANAGEMENT OF CONSTIPATION.