

NUTRITION IN PARKINSON'S DISEASE: COMMONLY ASKED QUESTIONS

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This chapter is a synopsis of some of the key dietary issues for a person who has Parkinson's disease. For a more comprehensive guide, the American Parkinson's Disease Association (APDA) and the National Parkinson's Foundation (NPF) have free nutritional booklets

Can diet help constipation?

Fiber and water are essential in keeping the bowel functioning. Fiber is part of the structural material in plants; whole grains, dried beans, fruits and vegetables are common sources of fiber. Some fiber is insoluble, meaning it does not dissolve in water. It remains in the bowel, soaking up water and adding bulk to the stool. This bulk stimulates the bowel and promotes easy evacuation of the stool. Water becomes essential in keeping the stool soft.

To prevent constipation, a person should eat 15-25 gms of insoluble fiber a day. In addition, drinking 6-8 glasses of water a day will keep the stool soft and easy to evacuate. For additional information, see the unit on constipation.

Should I take my Parkinson medication with food?

All Parkinson medication has the potential for causing nausea. Taking medication with food decreases the possibility of nausea or other gastrointestinal side effects. Carbidopa/levodopa is the one exception to taking medication with meals. To achieve the most predictable absorption, carbidopa/levodopa should be taken 15-30 minutes before meals. When taken on an empty stomach, it quickly enters the large intestine and is absorbed into the blood stream. If taken with meals, it does not enter the intestine until the entire meal has been digested which may take 2-3 hours. The one exception to this rule is when carbidopa/levodopa is first being started. In the early stages of taking this medication, a person may experience nausea and therefore the drug should be taken with meals. Over approximately 1-2 months, the side effect of nausea subsides and the medication should then be taken on an empty stomach.

Should I eat a low protein diet?

Protein is made up of amino acids. One group of amino acids called large neutral amino acids (LNAA) can compete with levodopa and prevent it from entering the brain where it is turned into dopamine. Altering protein in the diet is usually only necessary in later stage disease when motor fluctuations are prominent. It has been shown that people who experience periods of being Aon@ and Aoff@ multiple times

throughout the day can benefit from regulating the protein in their diet. If protein restriction is thought to be beneficial, careful attention should be made to reducing it to the recommended daily allowance. Most Americans eat far more than this on a daily basis. The recommended daily allowance (RDA) for protein is 0.8 gms per kg ideal body weight or more simply 0.4 gms per pound. As an example, if a person weighs 150 pounds the RDA for protein is 60 grams per day. This daily protein can be evenly distributed across the day or reserved primarily for the evening meal. From the experience of people eating a lower protein diet, it has been found that evenly distributing across the day provides for a diet that is easier to manage.

I am worried about falling. What should I know about strong bones?

Calcium is the most important factor in maintaining bone strength. The recommendation for adults over the age of 50 is 1200-1500 mg/day. Calcium is found in all milk products. For a person who is reducing protein, an undesirable result can be the loss of calcium rich foods.

For many people, it is desirable to take a calcium supplement. Calcium carbonate is the best source for calcium but in some people, it causes gastrointestinal side effects. Calcium citrate is better tolerated. It should be noted that to absorb calcium, adequate amounts of Vitamin D need to be taken. Vitamin D is found in fortified milk and sunshine. All multi-vitamins have the recommended amount of vitamin D, which is 400 IU=s daily.

For post-menopausal women, estrogen replacement plays an important role in maintaining bone strength and for all people, weight bearing exercise also contributes to bone strength.

Should I take a multi-vitamin?

Vitamins are essential as regulators of body processes such as metabolism of protein, carbohydrates, and fats. In Parkinson=s disease where there is a risk for nutritional deficiencies, a multi-vitamin is

recommended. A multi-vitamin with a balance of vitamins and minerals and no additional iron is a good choice. Extra iron should only be taken if there is a history of iron deficiency, anemia. Iron can interfere with the absorption of levodopa. If iron is recommended, it should be taken 1-2 hours away from a dose of Sinemet.

What should I know about taking herbs or other nutritional supplements?

Currently there are no specific nutritional supplements that have been proven to delay the progression of Parkinson's disease or treat the motor symptoms. If you decide to take herbal or nutritional supplements it is very important that you inform your health care provider. Some herbs may interact with prescription drugs.