

# information

## BLADDER CONTROL AND PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

The bladder is more usually affected by Parkinson's several years after diagnosis. If bladder symptoms occur early an Atypical Parkinsonism may be considered as a diagnosis. The most common ways that Parkinson's can affect bladder control are:

**Urinary urgency-** having little warning that you need to pass urine.

**Urinary frequency-** having the desire to pass urine more frequently and often only passing a small amount of urine at a time.

**Urinary retention-** not being able to completely empty the bladder and often being unaware that the bladder is not emptied. Developing urinary retention can occur in Parkinson's but is uncommon. It is diagnosed by having a post-urination bladder ultrasound. Some medications used to assist in managing urinary urgency can cause retention. If you experience urinary retention your Doctor will advise on management or refer you to a specialist.

**Nocturia-** the desire to empty frequently overnight.

### Why do Urinary Urgency and Frequency Occur?

Bladder difficulties in Parkinson's are related to fluctuations in the level of dopamine affecting the

function of the bladder muscles so the symptoms affecting the bladder may fluctuate depending on your medication level.

Parkinson's affects the detrusor muscles in the bladder and also the nerve pathway between the bladder and the brain which results in urinary urgency and frequency.

Underlying conditions such as weak pelvic floor muscles or an enlarged prostate will contribute to bladder symptoms. Constipation can also worsen bladder problems by putting pressure on the bladder.

### What to Do?

Discuss bladder problems with your General Practitioner who may perform some tests to rule out urinary tract infections, or other problems which may impact on normal bladder function.

Speak to your General Practitioner or Neurologist about a referral to an Urologist, a Doctor who specializes in bladder function, or a Continence Nurse Specialist. They will be able to look into any bladder symptoms and provide treatment plans.

Be aware that bladder difficulties can be a sign of 'wearing off'. 'Wearing off' is when some of the symptoms of Parkinson's occur or worsen between doses of medication, and are related to the level of medication being low. This sensation most often occurs not long before your next medication is due. Taking your medication on time every time will help in reducing fluctuations and may in turn help reduce some bladder difficulties.

For further information contact  
your state Parkinson's organisation:  
**Freecall 1800 644 189 [www.parkinsons.org.au](http://www.parkinsons.org.au)**

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## Can Exercise Help?

Bladder problems in Parkinson's are related to changes in muscle function and the way the brain interprets signals from the bladder. Pelvic floor exercises will help improve bladder tone and potentially increase the control you have in the muscles surrounding the bladder neck. Speaking to a Physiotherapist or Continence Nurse Specialist can help in developing some pelvic floor exercises specifically for your needs.

## Medication

There are medications available which can assist with bladder control, these medications have an anti muscarinic or anti cholinergic effect that improves bladder control. They may however have some adverse side effects, including a worsening of Parkinson's symptoms, confusion and developing a dry mouth, so caution may need to be taken when considering these medications.

## Nocturia

Nocturia is needing to pass urine often during the night. In Parkinson's this commonly occurs in the first few hours after going to bed, often affecting a person's ability to sleep. This occurs because of 'wearing off' and blood pressure fluctuations causing fluid retention during the day- this retained fluid is reabsorbed by the body when we lie down with our feet elevated and is then processed as urine, causing the need to pass urine on several occasions through the night.

This symptom should be discussed with your Doctor. A simple way that nocturia may be managed is by having a rest in the afternoon with your feet elevated allowing some of the excess fluid to be reabsorbed and passed during the day.

Reducing your fluid intake after 5pm may be tempting but it is important not to reduce the overall daily fluid intake. Insufficient fluid intake results in concentrated urine which irritates the bladder wall thus making the nocturia worse.

Having a bedroom close to the toilet, or using a commode or bottle in the bedroom can be beneficial.

## Management Aids

There are many products that can assist with managing incontinence. Some people find it reassuring to wear an incontinence product if they are away from home and are worried they may not access a toilet in time. Funding assistance may be available to support the cost of incontinence aids and a Continence Nurse Specialist Parkinson's Nurse Specialist or the GP Practice nurse can assist with accessing these.

## For More Information

The best person to speak with in regard to obtaining the correct continence product is a Continence Nurse Specialist (available through your GP, Community Health Centre or local Hospital).

The National Continence Helpline (1800 33 00 66) can assist by providing you with details of the nearest services. The Helpline is an Australian government initiative managed by the Continence Foundation of Australia. It provides free information about bladder and bowel control problems as well as advice about continence products and clinics. For further information visit [www.continence.org.au](http://www.continence.org.au)

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