

information

CONSTIPATION AND PARKINSON'S

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

Constipation is a common problem for many people with Parkinson's and while it may seem more of a nuisance than a real health concern it must not be ignored. In addition to having major potential health risks it has a negative impact on quality of life. It is vital that constipation is managed and help is sought. Discussion with a GP is an ideal starting point or contact the Continence Foundation of Australia (CFA) Helpline on 1800 33 00 66.

The myth that a bowel action must occur every day is simply not true and especially in the case of Parkinson's. There is a wide variation in frequency from three times a day to three times a week.

What is constipation?

Constipation is when bowel actions (or faeces) are less frequent and are difficult to pass because they are dry and hard. It may be that only small amounts of faeces are passed at a time or you leave the toilet feeling that the bowel is not completely empty. Other signs of constipation are pain, cramps or swelling in the abdominal area.

Why is Constipation a problem for people living with Parkinson's?

- The muscles of the bowel are often affected slowing the transit time and the longer the faeces stay in the bowel the more water is reabsorbed and a hard constipated bowel action is the result.

- Chewing and swallowing changes may affect the ability to eat an adequate diet and drink adequate fluids to ensure good bowel health.
- Exercise and general mobility may be slowed and lessened to a point where stimulation of the bowel is affected resulting in reduced bowel activity.
- Medications used to treat Parkinson's can affect the bowel thereby causing constipation.
- Emptying the bowel may become more difficult because of poor coordination of the anal (back passage) muscles. These muscles may contract instead of relax.

Why does constipation need to be avoided or treated?

If left untreated constipation can lead to several problems.

- Nausea and a feeling of lethargy can develop which leads to a reduction in appetite and thirst thus leading to poor dietary intake which in turn worsens the problem.
- Severe constipation can mimic diarrhea with loose bowel actions occurring. This loose bowel action can result in bowel incontinence (also known as overflow).
- Constipation may affect the bladder causing urinary frequency and urgency by adding pressure to the bladder. This can lead to urinary incontinence.
- Constipation may make it more difficult to empty the bladder properly and this can lead to urinary tract infections.
- The worst outcome from constipation may be bowel obstruction, which if untreated may be fatal.

For further information contact
your state Parkinson's organisation:
Freecall 1800 644 189 www.parkinsons.org.au

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Strategies to prevent and manage Constipation

There are simple steps to prevent constipation which also apply to the management.

- Eat a Balanced Diet rich in dietary fibre. At least 30 gms of fibre a day is recommended.
- A guide to adequate fibre intake is:- 2 serves of fruit: 5-6 serves of vegetables: 3-6 serves of grain - use wholemeal or wholegrain breads, high fibre breakfast cereals. Legumes, nuts and seeds are recommended.
- It is essential to maintain the correct balance between adequate fibre and drinking sufficient fluids to avoid further constipation.
- Drink at least 1.5 - 2 litres (6-8 glasses) of fluid daily unless advised otherwise by the Dr. Limit caffeine, alcohol and sugary drinks as they can cause bladder irritation. The best drink is water.
- Exercise daily - in addition to the recent research which identifies regular exercise as being probably disease modifying, exercise plays an important role in the prevention and management of constipation. Aim to exercise in excess of 30 minutes per day and if possible vary the types of exercise. Walking is an excellent start to an exercise routine.
- Develop good toilet habits - go to the toilet as soon as you get the urge to use your bowels as this is the most effective time to completely empty the bowel. Most people get the urge first thing in the morning or following a meal when eating has stimulated 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.

Utilizing these strategies for about three weeks should have a positive effect on bowel habits.

If the constipation is severe or acute help should be sought from your GP or discussed and advice sought from the Practice Nurse, or a Parkinson's Nurse Specialist.

Laxatives are medicines which help you pass a bowel action by several different methods. 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 the factors causing the problem. Talk to your GP or neurologist before starting any of these medicines.

For more Information:
Speak to your GP or contact
Continence Foundation of Australia
1800 33 00 66
info@continence.org.au

The Continence Foundation of Australia is a peak body for awareness, education and advocacy for those with continence and their carers.

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