

Parkinson's: It's not just about 'the shakes'

In this article, Parkinson's Nurse Specialist VICTOR MCCONVEY investigates symptoms of Parkinson's which affect the Autonomic Nervous System, as well as suggestions on how they can be managed.

Parkinson's disease can affect individuals in many different ways. The common perception is that symptoms mean stiffness, developing a tremor and the tendency to move more slowly – all symptoms which affect mobility and movement.

Many people however also experience more unusual symptoms, which may not initially appear related to Parkinson's. Many of these symptoms are the result of the condition's impact on the *Autonomic Nervous System* (ANS). The ANS is responsible for involuntary movement and affects heart rate, digestion, respiration rate, salivation, and perspiration, diameter of the pupils, micturition (urination), and sexual arousal. Whereas most of its actions are involuntary, some, such as breathing, work in tandem with the conscious mind.

Examples of some of the autonomic-based symptoms that may be experienced by people with Parkinson's are constipation, changes in blood pressure and increased perspiration.

Constipation and reflux

Constipation is a very common, and often early, symptom of the Autonomic Nervous System's involvement in Parkinson's.

Constipation in Parkinson's is related to a slowing of the nerve impulses that enable bowel muscles to function and the result is a slowing down of the gut action. This is often worsened by certain Parkinson's medications and sometimes by chewing and swallowing problems (also related to Parkinson's), which reduce the amount of food and fluid consumed.

Constipation typically responds well to simple measures such as increasing your exercise and the amount of fibre in your diet and fluid intake, both of which will help keep stools soft and easy to pass.

Sometimes, if the problem is persistent, using a mild aperient (laxative) can be helpful.

(For advice on the most appropriate aperients to use contact Parkinson's Victoria or the National Continence Help line: 1800 330 066.)

The slowing of gut motility (its ability to move spontaneously and actively) may also mean that food stays in the stomach for longer which can cause gastric reflux. Again, this can be managed with simple measures such as ensuring you sit up for meals and not lying down too soon after eating.

Many people who experience this symptom also find a gentle walk after meals helps.

If this problem is persistent, discuss it with your Neurologist or GP, who may consider prescribing medication to assist in managing the level of acid in your stomach.

Bladder and urinary difficulties

People with Parkinson's may experience difficulty emptying their bladder and this can occur for a variety of reasons. One of the common underlying causes is changes in the **basal ganglia**, caused by Parkinson's. Among its other functions, the basal ganglia also controls the detrusor muscle (located in the bladder wall) which is involved in urinary function.

In this instance, the effects of Parkinson's causes the brain to send frequent signals to the bladder with the urge to urinate, even though there is actually only a small amount of urine to pass. (This symptom may also be a part of the normal ageing process; women may develop a stiffened bladder neck and males may develop prostatic enlargement.)

As there may be other changes taking place in the body, this symptom needs to be thoroughly assessed for possible causes and a referral to a Urologist is recommended. Your Neurologist or Urologist may prescribe medication that can assist in managing these symptoms if they are thought to be related to Parkinson's. Some people living with Parkinson's also report difficulties in emptying their bladder effectively and develop a symptom called **urinary retention**. This most commonly occurs during "wearing off" (when an individual experiences reduced effectiveness of medication between doses) and to combat this, it is recommended that you ensure medication is administered on time.

If you are experiencing the symptoms of "wearing off" consult with your neurologist who will review your medication regime. **Nocturia** (needing to go to the toilet frequently once you have retired for the night) is a common symptom of Parkinson's.

This is typically caused by several medications used to control the symptoms of Parkinson's, which may also slightly lower blood pressure while we are up and about, reducing blood flow to the kidneys and their function. On lying down at night, blood pressure and flow of blood to the kidneys is normalised, and urine production increases.

Talk to your doctor about this symptom as there are medications available that increase bladder tone and will reduce the frequency of having to get up at night to visit the bathroom. Nocturia may also be related to other medical or urological conditions so a thorough assessment is common to ensure the correct cause is identified.

Low blood pressure

Many people with Parkinson's experience difficulty in regulating their blood pressure. This most commonly presents as feeling dizzy or even fainting when changing posture (such as moving from a seated to standing position) or after eating a meal.

Postural or Orthostatic Hypotension, as it is officially known, is caused by Parkinson's and also the medications used to treat the condition which slow the response rate of arteries and blood vessels. In a "normal" state (someone without Parkinson's), these arteries and blood vessels constrict to keep blood pressure at a constant level. When the mechanism is impaired you may experience episodes of dizziness or feeling faint as a result of your blood pressure dropping as you move about. You may even experience feeling faint or dizzy when eating as blood is diverted to the stomach and the arteries may not compensate adequately, causing the symptoms of lowered blood pressure.

It is important to note that experiencing dizziness related to low blood pressure can heighten your risk of falling and may also contribute to difficulties such as Nocturia. To manage low blood pressure, you should have your blood pressure checked regularly. Also, if you are taking anti-hypertensive medications (to combat high blood pressure) these many need to be reviewed, and possibly reduced.

Sensible measures such as staying well hydrated and avoiding large meals will also help.

There are some medications available to assist in increasing your blood pressure and your Neurologist or GP may consider these if the symptom is difficult to control.

Skin and perspiration difficulties

Many people with Parkinson's also have difficulty with oily facial skin, or a greasy scalp and dandruff.

The overproduction of oils on the face and head is thought to be triggered by the same area of the brain that is affected by Parkinson's (the basal ganglia). Sensible measures, such as washing your face twice daily with mild soap and using an anti dandruff shampoo regularly will assist. If your problems are persistent your GP may be able to prescribe medicated soap or shampoo.

Parkinson's may also cause an overproduction or underproduction of perspiration (some medications can also affect perspiration).

Perspiration is the body's natural cooling system, so if your ability to perspire is reduced as a result of Parkinson's, you may need to take some additional measures to ensure you don't overheat. Simple measures such as wearing lightweight cotton clothing and avoiding exercise in the heat are effective.

Excessive perspiration appears to be exacerbated when Parkinson's medication levels are lower and therefore may be more evident during "wearing off" or at night. Ensuring you take medication on time is important and other measures, such as wearing cotton clothing and taking regular lukewarm showers are also effective.

If you are experiencing excessive perspiration it is important to increase your fluid intake to compensate for the loss of fluid.

Sexual relations and intimacy

Other autonomic symptoms that can occur include erectile difficulties in males and loss of libido in females, as the vascular response to becoming aroused is altered by the effects of Parkinson's.

The reason for this is not fully understood but it is thought to be related to the fact that dopamine affects libido, therefore reduced levels of dopamine may reduce libido.

(Dopamine is a brain chemical "messenger" that affects brain processes which control movement, emotional response and the ability to experience pleasure and pain.)

These symptoms and other effects of Parkinson's on the body, such as slowness and stiffness can significantly impact on sexual relationships.

There has been some recent research to support the use of Viagra in treating erectile difficulties in males and ensuring medication is taken on time will also help.

The cause of changes in intimacy is typically more involved than simply Parkinson's-related autonomic symptoms, so seeking sexuality and relationship counseling is very important in addressing these issues. Parkinson's Victoria also stocks resources (DVD and Help Sheet) that can assist in managing changes in intimacy.

Parkinson's affects many aspects of life, and often the symptoms are unexpected or unusual.

Understanding that these symptoms may be the result of Parkinson's and employing some simple measures to address them are good first steps in managing them.

Discussing all of the symptoms you are experiencing, even if you think they are unrelated to Parkinson's, with your Neurologist or GP is important in developing a treatment plan to address them. You can also speak with one of the health professionals at Parkinson's Victoria, who will also be able to assist with information about these symptoms.

This article was originally printed on pg. 16-17 of the Summer 2008 issue of 'Signpost', our member newsletter.

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www.parkinsonsvic.org.au/about-ps/publications.htm#signposts

For more information about Parkinson's and non-motor symptoms, or if you have any question in relation to Parkinson's, please contact Parkinson's Victoria.