

Parkinson's disease and constipation

Constipation is a common problem for people with Parkinson's disease. At first glance, constipation may seem more of a nuisance than a real concern, yet constipation can add to the burden of having Parkinson's disease and may have a negative affect on your quality of life.

It is important that you seek help in managing your constipation because it can be effectively treated and managed and should not interfere with your enjoyment of life. For further information speak to your GP or call the National Continence Helpline on 1800 33 00 66.

What is constipation?

Constipation is the infrequent passage of hard dry bowel actions that are difficult to pass. The myth that you must open your bowel every day is simply not true. There is a wide variation in frequency from three times per day to three times per week. The normal bowel motion (not constipated) is soft, formed and easy to pass and you should feel like you have completely emptied your bowel. If you are straining to empty your bowel or your bowel action is hard and dry you may be constipated and need to take action.

Parkinson's disease and constipation

There are three main ways that Parkinson's disease can cause constipation:

- Changes to the muscles of the bowel and the muscles that assist with mobility.
- The medications used to treat Parkinson's disease.
- Chewing and swallowing difficulties which may prevent people from eating an adequate diet and drinking adequate amounts of fluids.

Parkinson's disease can affect the muscles of the bowel causing slowness and rigidity. The bowel is further robbed of stimulation if mobility is reduced, which results in the bowel action (faeces) not being propelled quickly enough through the bowel which can cause constipation. Emptying the bowel can be more difficult because of poor coordination of the back passage (anal) muscles. These muscles may contract instead of relaxing making it difficult to pass the bowel motion completely.

Some of the medications used to treat Parkinson's disease may cause constipation by directly affecting your bowel (slowing it down) or by affecting your appetite.

Anticholinergic drugs, (Benzhexol/Artane, Biperiden/Akineton, Procyclidine/Kemadrin and Benztropine/Cogentin) and COMT inhibitors (Entacopone/Comtan) in particular can cause constipation. If you notice a change in your bowel pattern when you commence or change your medications you should discuss this with your GP or neurologist.

Chewing and swallowing difficulties can make it hard to get a sufficient amount of fibre in your diet. Fibre is found in fruit, vegetables and grains and is important in ensuring your bowel action is formed and soft. Drinking sufficient amounts of fluid is essential in preventing constipation. You may find this difficult if your swallowing is affected.

Treating constipation

If left untreated constipation can lead to several problems. You may feel unwell, lethargic and nauseated - worsening the constipation as you will not feeling like eating and drinking adequately.

Severe constipation can mimic diarrhoea with loose bowel action from irritation caused by the hard stool in the bowel. The loose bowel action often results in bowel incontinence - leakage from the bowel before getting to the toilet.

Constipation can also disturb your bladder causing you to void more frequently and more urgently and may even result in you being incontinent (leaking urine before you reach the toilet). It may also be more difficult for you to empty your bladder and this may result in urinary tract infections.

Preventing and managing constipation

There are four simple steps to prevent and manage constipation. These are:

- Eat well

Eat a healthy diet rich in dietary fibre. We need at least 30gm of fibre each day. Eat at least 2-3 serves of fruit, 5 serves of vegetables and 5 serves of cereals and breads.

It is important to get the balance right as just adding fibre to your diet without increasing your fluids can cause or make constipation worse.

- Drink well

Drink 1.5 - 2 litres of fluid each day unless otherwise advised by your doctor. Spread your drinks evenly throughout the day avoid fizzy drinks as they may make you feel bloated. Remember, fluids and fibre go hand in hand in preventing constipation.

- Exercise regularly

Keep moving. Aim to exercise for 30 minutes most days and remember that walking is great exercise.

- Practice good bowel habits

Go to the toilet when you get the urge to open your bowels, this is the most effective time to completely empty your bowels. Most people get the urge first thing in the morning or following a meal when eating has stimulated the bowel.

Get into the correct sitting position on the toilet. Sit on the toilet, elbows on knees, lean forward and support feet with a footstool. Relax and bulge out your tummy, relax your back passage and let go (don't hold your breath). When you have finished firmly draw up your back passage.

If you have tried these four steps for about three weeks and your constipation has not improved seek help. The following health professionals will be able to offer you advice your next steps:

- Your GP or practice nurse
- Your community health nurse
- The National Continence Helpline on 1800 33 00 66

Laxatives

Laxatives are medicines that help you have a bowel action. Laxatives will make the bowel action softer and

easier to expel, or will increase the motility of your bowel. Laxatives are not the first step in the treatment of constipation but may be necessary if the four steps outlined above do not work.

There are four groups of laxatives and each have a different mode of action:

- Fibre supplements or bulking agents

Psyllium (Metamucil) and Isphaghula (Fybogel) are examples of fibre supplements. Fibre supplements should only be used if adequate fluid intake can be maintained.

- Softeners

Docusate Sodium (Coloxyl) is an example of a softener and is ideal for people with Parkinson's disease. It should be taken everyday.

- Stimulants

Bisocodyl (Dulolax) and Senna (Senokot) are examples of stimulants.

- Osmotics

Lactulose (Duphalac) and Sorbitol (Sorbilax) are examples of osmotics. Osmotic laxatives should only be used if adequate fluid intake can be maintained. Polyethylene Glycol (Movicol) is a new osmotic which may be useful if you are not able to drink up to 2 litres of fluid per day.

The laxative that best suits you will depend on your degree of mobility, fluid and fibre intake and bowel function. Talk to your GP before starting any of these medicines.

Who to contact for information, advice and support

Constipation is common problem for people with Parkinson's disease that can negatively impact your quality of life. It should not be dismissed as a trivial problem. Seek help if constipation is an issue for you. It can be cured or better managed and should not interfere with your enjoyment of life.

For further information and advice contact the following freecall services:

- National Continence Helpline: 1800 33 00 66
- Parkinson's Helpline 1800 644 189