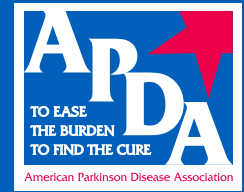


Incontinence and Parkinson's Disease



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Urinary incontinence is defined as a loss of bladder control, resulting in the leakage of urine; it is a symptom and not a disease. Even the healthiest among us can experience incontinence and nearly 25 million Americans live with incontinence every day.

Incontinence can end when the cause is removed, or it can be managed in various ways to fit your lifestyle and personal preferences. Normal continence and bladder emptying are part of a complex process involving signals from the brain and the spinal cord to the bladder and surrounding pelvic floor muscles. A great degree of coordination must be present so that the bladder stays relaxed while it is filling and storing urine and it only contracts when its owner is in a socially acceptable place for urinating (a lavatory). Likewise, the pelvic floor muscles and sphincter muscles must stay "contracted" until such time as a person is ready to urinate.

Urinary Incontinence and PD: Since Parkinson's disease (PD) affects motor or muscle functions throughout the body, excretory problems are the result of malfunctions of the various sphincter muscles which control the voiding of urine.

Due to muscle rigidity, this area may not relax as quickly or completely and may lead to a slowing down of urine flow or to a decrease in the ability of the bladder to empty. PD may also affect the bladder by making it "overactive" and leaving it with a tendency to squeeze down more frequently than normal. At times the bladder can contract with very little or no warning. Even in a person with good mobility this can lead to an inability to reach a toilet before urine begins to leak out. In someone who

does not move around as quickly, this problem is greatly magnified and can make getting to a toilet in time close to impossible.

It is estimated that two-thirds of all patients with PD have some degree of bladder problems ranging from complete inability to empty the bladder (urinary retention) to the more common problem of urinating too often (increased frequency) and to the ability to make it to the bathroom in time (incontinence). The most common symptoms are first, the need to urinate extremely frequently, and second, difficulty in delaying urination once the need is perceived. These symptoms usually indicate an irritable or overactive bladder that is signaling the brain that it is full and needs to empty when, in fact, it is not.

Impairment of bladder emptying is a less frequent but still troublesome feature of urinary dysfunction. This dysfunction may be produced by a delay or difficulty in relaxation of the urethral sphincter muscles, which is necessary to allow the bladder to empty. This can result in hesitancy in initiating urination, difficulty in generating a stream and incomplete emptying of the bladder. Whether the symptoms are urgency, increased frequency or incontinence, all will worsen with the progression of the disease.

Urinary retention and incontinence can occur and are manifestations of the autonomic (automatic) nervous system dysfunction that often develops, usually to a mild degree, with PD. Other urinary symptoms of urgency, frequency, and hesitancy are common. A number of other potential causes exists for these symptoms, too. Some of the potential side effects of medications used for PD or for other conditions can cause them. Such problems hamper

social activity and negatively affect the quality of life. Clinicians may attempt to treat symptoms like increased frequency with anticholinergic drugs, but they are not always successful. Surgical options exist in extreme cases, but the treatment is invasive and not a guaranteed success.

At certain times, dryness is not a realistic goal and focusing attention on areas such as skin care, high quality absorbent products, and the use of external/internal drainage devices may be more appropriate. Preventing skin breakdown before it begins is an important concern for anyone experiencing incontinence. The use of a good quality perineal cleansing product can help eliminate the problems that are caused by soap and water. Soap and a washcloth are the worst enemies to fragile and/or damaged skin. Soap is not recommended because of the drying effect, and soap residue left on the skin can cause irritation and sensitization. Critic Aid®, is a moisture barrier designed to heal skin breakdown.

When urine gets on your bed linens or clothing, wash them immediately. If you depend on a helper to do your wash or you take it to a laundromat, store the soiled items in an airtight container. Baking soda or white vinegar added to the wash water may eliminate odor in clothes and linens. Use one or the other, not a combination of the two. If you are using white vinegar in the wash water, follow it with one or two cold water rinses to avoid smelling like a salad bowl! The air around you deserves attention. Use air fresheners that neutralize odors, not the ones that leave a strong smell of perfume.

There is no “diet” to cure incontinence. However, there are certain dietary matters you should know about. Many people who have bladder control problems reduce the amount of liquids they drink in the hope that they will need to urinate less. While it’s tempting to cut down on liquids, doing so concentrates the urine and makes it harder on the bladder. Highly concentrated urine may cause you to go to the bathroom more frequently and it also encourages growth of bacteria. When bacteria begin to grow, infection sets in, and incontinence may be the result.

Do not restrict fluids to control incontinence without the advice of your physician and always follow your doctor’s instructions.

And, watch what you drink! Some foods and beverages are alleged to contribute to bladder leakage.

Common bladder irritants include:

- Alcoholic beverages, including beer, and wine
- Carbonated beverages
- Soft drinks with caffeine
- Milk/milk products
- Coffee, even decaffeinated
- Tea
- Citrus juices and fruits
- Tomatoes and tomato-based products
- Highly spiced foods
- Sugar
- Honey
- Chocolate
- Corn syrup
- Artificial sweeteners

Cranberry, cherry and apple juice, and pear nectar are thirst quenchers that usually are not irritating to a normal bladder. Cranberry juice and cherry juice may help control urine odor. Noncarbonated water is always best. Since urinary problems are common in PD, awareness of their existence is the first necessary step for adequate management. People with Parkinson’s should not hesitate to present these problems to the attention of their physicians, especially because effective treatment is often available.

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The information contained in this supplement is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient’s own physician.

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