

# Parkinsons New Zealand fact sheet



## PARKINSON'S AND THE BLADDER

Bladder problems are common in people of all ages and both sexes, with or without Parkinson's. However, having Parkinson's can cause particular problems.

### How Parkinson's affects the bladder

While the bladder is being filled a person is not conscious of the process. Only when the bladder is full does it send a signal to the brain that it's time for emptying. The brain – consciously now - keeps the bladder from emptying until the person has found a toilet. Then, the brain gives the bladder the go ahead to release. Part of the brain that controls this process is in the basal ganglia, where Parkinson's symptoms originate.

But because the basal ganglia are faulty, the bladder/brain connection goes awry. The result is an unstable or irritable bladder that contracts when it contains low amounts of urine. These contractions aren't strong enough to directly cause the bladder to empty, but they do create a strong urge to urinate. This is called urinary urgency.

There are two main problems that can occur with the bladder in Parkinson's:

- An overactive or 'unstable' bladder
- Difficulty in emptying

Not everyone with Parkinson's will have these problems and some may only have them mildly or intermittently.

### The unstable bladder

This happens when messages from the brain telling the bladder to hang on and relax are not getting through properly. Instead of being able to delay finding a toilet, you experience urgency, and **have** to go. If you can't reach the toilet in time, incontinence may result. This is called 'urge incontinence'.

Your bladder may also need emptying more often than before, and may wake you at night, or even empty while you sleep.

### Difficulty emptying

Your Parkinson's may give you problems with starting to empty your bladder, either because:

- You may have trouble keeping a bladder contraction going till the bladder is quite empty
- The bladder doesn't start contracting when you want it to
- The sphincter doesn't relax to allow urine out; or
- A combination of these.

This means a residual amount of urine is often left in the bladder. This can cause a feeling of needing to empty the bladder very often, and, if the residue is large enough, it may overflow as a dribbling incontinence you can't control.

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This incomplete emptying can be made worse if you are taking anticholinergic drugs such as Artane or Disipal.

## Practical problems

Mobility problems can make getting to the toilet a slow process. At night people with Parkinson's often have reduced dopamine levels which can make it even more difficult to get out of bed, get to the toilet or finally start to pass urine. Your sleep may be interrupted by several fruitless trips to the toilet.

There may also be problems in using the toilet. It may be too high or too low and may not have grab rails. Undoing clothing may also be an issue.

## Other bladder problems

There are several other problems common to many people, and not just those with Parkinson's.

### *Stress incontinence*

Many people experience leakage of urine upon physical stress or exertion such as coughing, laughing or exercise. Stress incontinence is more common in women, especially after childbirth and menopause.

### *Prostate problems*

As men get older a small gland around the neck of the bladder (the prostate) gradually gets bigger. This is normal in all men over 50, but for some it causes problems by blocking the outflow of urine and making it difficult or slow to empty the bladder.

It may be difficult to distinguish between an enlarged prostate and the problems caused by Parkinson's without specific tests.

## Tips to help yourself

It's important not to cut down too much on the amount of fluid you drink. However you may find that it helps to cut out caffeine (which acts as a diuretic) and some types of alcohol.

If you have stress incontinence pelvic floor exercises may help. However, sometimes it may be best to seek professional help.

There are several adjustments you can make to enable you to go to the toilet easier:

*Height:* If the toilet is too low, it can be very hard to get down onto it and up again afterwards. A raised toilet seat can make the toilet up to 15 cm higher. It's important to get a seat that has adjustable clips to fix it securely and directly to the bowl.

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*Rails:* Rails can be fixed to the walls or floor. It's important that the right design is chosen to help with each person's difficulties.

*Clothing:* Clothing is easier to remove if it is not too tight-fitting and has as few fastenings and layers as possible. Velcro fasteners are easier to use than buttons and zips, and many people find tracksuit trousers very useful. Talk to a Parkinson's Field Officer or occupational therapist for other suggestions.

*Alternative toilet arrangements:* If getting to the toilet, especially at night, is a major problem then a commode in the bedroom may be a solution. There is also a variety of hand held urinals for men and women that may be useful if you can't get out of bed quickly and there is no-one to help.

*Incontinence aids:* Although urinary incontinence can often be treated, there are times when incontinence aids are needed. Knowing which aids work best for you and where to get them can restore your freedom and confidence.

Incontinence aids are primarily chosen by the degree of absorbency required and the ease of use. During the night, high absorbency pads are usually required. Briefs with elastic around the legs and sticky tabs on the side are the most absorbent. For daytime use, underwear with Velcro or domed fastenings or underwear shields may be sufficient and are easy to pull up and down.

## What can be done about it?

It is important to realise that in many cases, urinary incontinence can be helped. However a proper assessment is needed. This can be initiated by your family doctor, who may refer you to a continence clinic.

## Options for treatment

*Drug treatment:* For an unstable bladder which works too often and too urgently, drugs are available that calm unwanted bladder contractions and allow the bladder to relax more during filling.

For people troubled by being woken at night to pass urine a drug is available that cuts down urine production for 8-10 hours after it is taken.

*Bladder training:* This involves keeping a record for several days of how often you pass urine, and then trying to hold back when you feel the urge to go. It demands a lot of willpower and may be impossible for some people.

*Pelvic floor exercises:* As stress incontinence is mostly caused by weak pelvic floor muscles, the first type of treatment is usually pelvic floor exercises. These are designed to strengthen the internal muscles around the bladder outlet.

Your doctor or physiotherapist will be able to advise you.

*Surgical procedures:* For women with stress incontinence and men with enlarged prostates, there are surgical options available. However, these may not be the best treatment for people with Parkinson's. Your neurologist/urologist would advise.

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## Useful contacts

Your Field Officer, Doctor or Neurologist may be able to give you further advice or you may like to contact the New Zealand Continence Association, Freephone 0800 650 659

### **Last reviewed: March 2006**

Please do not interpret anything in this fact sheet as personal medical advice, always check any medical problem with your Doctor.

Further information may be obtained from your local branch of Parkinsons New Zealand or Freephone 0800 473 463

