

HEALTHY BOWELS

Good bowel health is important for everyone, especially if you have Parkinson's. The bowel processes the food we eat, extracts the nutrients that the body needs and then expels the waste products. Bowel problems are common in people of all ages, whether or not they have Parkinson's, and are something people are often embarrassed to talk about. As a result of this, many people don't seek the help they need to cure or manage problems as they occur.

It is by no means inevitable that all people with Parkinson's will experience problems

What types of bowel problems can occur in Parkinson's?

Constipation

Constipation is one of the most common digestive disorders and the rate increases with age. Older adults are five times more likely to have problems with constipation than young people. The most common form of bowel problem caused by Parkinson's is constipation.

People have different ideas of what constipation is and can be unsure of what the normal number of bowel movements should be. Although there is no definitive answer, it is important to realise that healthy people can have between three bowel movements a week and three a day. As long as the stool is soft and easy to pass without undue straining there is nothing to worry about. People with Parkinson's should watch for regular bowel movements, not frequent ones.

Constipation is when stools are hard and difficult to pass – they can be either too small, too hard, too difficult to expel, or too infrequent. Some people use the term constipation to describe a feeling of incomplete emptying.

Diarrhoea

If you have Parkinson's you can still get diarrhoea for the same reasons as anyone else, eg a reaction to food, 'holiday tummy' or as part of an illness or infection. Diarrhoea may be more difficult to deal with if you have Parkinson's as it may not be easy to hurry to the toilet. You may also find you can't squeeze the sphincter muscles in your bottom to stop leakage on the way to the toilet. This means you may be more likely than other people to have an accidental leakage if you have diarrhoea.

Weak Sphincter

The anal sphincter muscle is easily damaged, especially during childbirth or minor operations in the area for piles or other conditions. A weak sphincter will usually cause difficulty in holding stools in once the urge to empty the bowl is felt and incontinence may result if the toilet is not reached quickly. Pelvic floor exercises may help if you have a weak sphincter.

What are the causes of constipation in Parkinson's

The stiffness and slowness of Parkinson's can affect the muscles of the bowel wall. As dopamine is lost from the body, including the bowel, the movement of the gut propelling waste material out of the body, is slowed down and constipation results.

The relative lack of movement and exercise experienced by people with Parkinson's means the bowel doesn't get the stimulation to function as it should.

Some people with Parkinson's have problems with chewing and swallowing food. This can make it difficult to have a diet with plenty of fibre. Reducing your food intake, especially at breakfast, may make the bowel less active. Having something to eat early in the day triggers the emptying reflex, particularly if followed by a hot drink.

Some Parkinson's medications may cause constipation. These include drugs such as disipal (Orphenadrine) and cogentin (benatropine) that belong to the anticholinergic group and may be used in the early stages of Parkinson's.

Check with your doctor if you are taking anything in this group of medication. Some psychiatric medications may also cause or worsen constipation.

How can I prevent problems?

Although many bowel problems are difficult to avoid, you can help make them less likely to lead to constipation or incontinence.

Get plenty of exercise. Living a healthy lifestyle and keeping active and mobile is important for people with Parkinson's. Exercise will stimulate your bowel to help prevent constipation and contribute to stronger pelvic floor muscles. Aim to do at least 30 minutes exercise each day.

PARKINSON'S FACT SHEET

Drink 8 cups of fluid a day. Water is best, but milk, juice, tea, coffee, soup, jelly and iceblocks are also counted as fluids. You should increase your fluid intake if you drink alcohol as it is dehydrating.

Add more fibre to your diet by eating more

- Bran based cereals such as weetbix, porridge and muesli
- Fruit and vegetables, with the skin on
- Replacing white bread and pasta with wholemeal and whole grain bread and pasta
- Legumes - dried beans, lentils, split peas and nuts can be added to casseroles, curries, pasta, boil up, soups and other dishes

It is important to add more fibre to your diet gradually to give your body an opportunity to adjust to your new diet. It is normal when increasing fibre to experience minor side effects such as bloating and gas. As your body gets used to the increased fibre these symptoms should subside.

Eat 5 servings of fruit and vegetables each day. Fruit and vegetables, especially if eaten with the skin on, are a great source of natural fibre. Fruit and vegetables can be fresh, frozen, dried or canned.

Eat regular meals. Have your meals at regular times and make sure you don't skip breakfast as this is a common trigger for the bowel to move.

Eat foods with a natural laxative effect. In a study by Auckland University, eating 2 or 3 kiwifruit a day was shown to improve the regularity and consistency of stools. Other foods with a laxative effect include prunes and chilli. Kiwi Crush is a frozen drink concentrate that is convenient and contains all the goodness of kiwifruit.

What are the treatments for Constipation?

It may be necessary to use laxatives or a combination of laxatives. We recommend that you discuss this with your doctor or dietician as some laxatives, such as liquid paraffin should be avoided as they can interfere with the absorption of some Parkinson's drugs. Treatment options available include:

Establish a bowel routine

Relax and give yourself time in the bathroom. Many people find that around 20 minutes after breakfast or a hot drink in the morning is a good

time to empty their bowel. Using a foot stool to improve your seating position on the toilet can also help, especially if your feet don't sit flat on the floor when you are using the toilet.

Bulk forming laxatives

Bulk-forming laxatives contain wheat bran, cellulose, psyllium or other dietary fibre that pass through the digestive system undigested, but assist the movement of the waste through the bowel by increasing stool size and weight. Drinking adequate fluid is necessary if these fibre-based laxatives are used. While these bulk-forming laxatives may help you establish regularity, they usually take from 12 hours to several days to work. Bulking type laxatives are safe, and help prevent the complications of recurring constipation such as diverticular disease, rectal prolapse and anal damage.

Stool Softeners

Sometimes you may find that you are straining or even have pain when you try to move your bowels. This could be the result of constipation associated with a medication you are taking, or it may be a side effect from recent surgery. When constipation is accompanied by pain or straining a stool softener makes the stools softer and easier to pass. They work by drawing more moisture into the stool while it is in the bowel.

Suppositories

Suppositories provide fast relief from constipation and act by drawing water into the bowel or stimulating the walls of the colon and rectum to aid in passing the faeces. Talk to your doctor or pharmacist for more information about suppositories.

Microlette

Microlette is a fast acting enema which increases the water content and volume of the stools and lubricates the bowel making stools softer and easier to pass. Microlette is available over the counter from your Chemist.

The information in this factsheet is intended as a general guide. If you find that the above tips are not helping, please consult your doctor.



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