



Parkinson's and the Bladder

Bladder problems are more common for people with Parkinson's than in the general population.

HOW DOES THE BLADDER WORK?

The bladder stores urine and empties when it's full. Most people become aware of the bladder filling when it's about half full, and wait until they find the best time to urinate. Someone with an "average" bladder needs to use the toilet four to six times a day and once or not at all at night.

The sphincter muscles around the bladder outlet (the urethra) and the muscles of the pelvic floor help to maintain a watertight seal, even when the bladder is put under pressure, for example, when coughing or jumping.

When the bladder is full, a signal is sent to the brain to tell it that the bladder needs emptying. Then the brain sends a message to the pelvic floor muscles and the sphincter to relax and to the bladder so it contracts and pushes the urine out.

This may sound simple, but the control of filling and emptying is very complex.

HOW PARKINSON'S AFFECTS THE BLADDER

While the bladder is being filled a person isn't conscious of the process. When the bladder is full it sends a signal to the brain that it's time for emptying. The brain - consciously now - keeps the bladder from emptying until the person is

ready. Then, the brain gives the bladder the go ahead to release. The part of the brain that controls this process is in the basal ganglia, where Parkinson's symptoms originate.

People with Parkinson's may experience an unstable or irritable bladder that contracts when it contains low amounts of urine. These contractions aren't strong enough to cause the bladder to empty, but they do create a strong urge to urinate - urinary urgency.

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

THE UNSTABLE BLADDER

Messages from the brain telling the bladder to hang on and relax don't get through properly. Instead of being able to delay finding a toilet, you experience urgency. 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 because you have trouble maintaining bladder contractions until 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 residual urine is often left in the bladder. This may cause a feeling of needing to empty the bladder very often, and, if the residue is large enough, overflow as an uncontrollable dribbling. This incomplete emptying can be worse for people taking anticholinergic drugs such as Artane or Disipal.

PRACTICALITIES

Mobility problems can make getting to the toilet slow. People with Parkinson's often have reduced dopamine levels at night which can make it even more difficult to get out of bed, get to the toilet or pass urine. Sleep may be interrupted by several pointless trips to the toilet.

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 making it difficult or slow to empty the bladder. It may be hard to distinguish between an enlarged prostate and the problems caused by Parkinson's without specific tests.

TIPS

It's important not to cut down excessively on fluids. However, it may help to eliminate caffeine and alcohol.

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

There are several options for making going to the toilet easier:

- If the toilet is too low, 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.
- 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 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 Community Educator or occupational therapist for other suggestions.
- If getting to the toilet, especially at night, is a major problem then a commode in the bedroom may help. 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's important to realise that in many cases, urinary incontinence can be helped. A proper assessment is needed. This can be initiated by your family doctor, who may refer you to a continence clinic.

TREATMENTS

Drugs are available to treat an unstable bladder which works too often and too urgently. For people whose sleep is comprised by night trips to the toilet, a drug that reduces down urine production for 8 to 10 hours is available.

Bladder training 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 considerable willpower and does not suit everyone.

Because 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.

Surgery: For women with stress incontinence and men with enlarged prostates, there are surgical options available. However it's important you talk with a neurologist, urologist, or other health professional

USEFUL CONTACTS

Your Parkinson's Educator, Doctor or Neurologist will be able to give you further advice or you may like to contact the **New Zealand Continence Association, Freephone 0800 650 659.**

Ask about a referral to an incontinence nurse. In many centres they will visit you at home.

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