Constipation in Parkinson's Disease

Constipation is an almost universal problem among patients with Parkinson's Disease. Constipation can vary from mild and bothersome to severe and very troubling. It is important to stay ahead in treating constipation so that patients require the use of laxatives or enemas less frequently and do not feel uncomfortable. Following is a series of actions that some patients have used to restore normal bowel function. Always consult with your primary care doctor or Parkinson’s disease doctor before making any major changes to your diet or medicine routine.

STAGE 1: *Lifestyle modifications*
   a) Drink LOTS of fluids, fruits and vegetables.
   b) Increase fiber intake (all-bran, Fiber-one cereals).
   c) Bulk forming laxatives (Metamucil, Citrucel, Fibercon)
   d) Heated Prune Juice.
   e) Decrease medications that worsen constipation (Benadryl, Artane, Opiates).
   f) Get adequate exercise.
   g) See our recipes below for constipation-relieving additions to your diet.

STAGE 2: *If you are unable to have regular bowel movement with lifestyle changes along, then try*
   a) Senokot and Docusate together: The starting dose is one Senna and two Docusate daily. These can be increased as necessary up to three times a day.

STAGE 3: *If you have gone more than three days without a bowel movement, then try*
   a) Bisacodyl (Dulcolax)-one to two tablets by mouth at bedtime until bowel movement.
   b) Lactulose (one to two tablespoons in a cup of juice daily as necessary). This is not available without a prescription.
   c) Miralax (Polyethylene glycol)- one heaping tablespoon into 8oz of water daily as needed.

STAGE 4: *If you have not had a bowel movement for several days, then try*
   a) Glycerin suppository (per rectum)-this is effective much sooner than the oral form so do not take at bedtime. Note that these are often rapidly effective.
   b) Fleets Enema-this is effective if there is not a large volume of stool impacted.

STAGE 5: *IMPACTION*
   a) Sometimes even an enema is not sufficient at low volumes to remove a large amount of impacted stool, and patients must come into the hospital for treatment.
SENNA PRUNE DIET

1 oz. senna leaves (get at health food store)
1 pound dried pitted prunes
2 quarts boiling water

Add senna leaves to boiling water and let simmer for one hour to make tea. Strain leaves (save the liquid). Add prunes to the tea and remove from heat. Cover, let stand for a couple of hours. Refrigerate.

Give 1 prune and 1/4 cup tea at each meal. (Heat if desired). If no relief, increase prune intake gradually. For example:

2 prunes + 1/4 cup tea in the morning
1 prune + 1/4 cup tea at lunch
1 prune + 1/4 cup tea at dinner

If diarrhea occurs, stop prunes till diarrhea subsides.
**Anti-Constipation Fruit Spread**

1 pound pitted prunes
1 pound raisins
3-4 pkg of senna tea (you may have to make own tea from senna leaves)
1 cup brown sugar
1 cup lemon juice

Prepare tea with 3 1/2 cups of boiling water. Steep 5 minutes. Strain to remove leaves…ONLY 2 cups of tea to a large pot.

Add fruit to tea and boil together for 5 minutes. Remove from heat, add sugar and lemon juice. Use a food processor or blender to blend to a smooth paste.

Place the mixture in plastic or glass containers and place in freezer…the blend does not freeze and will keep for a long time.

Use 1 or 2 times daily on crackers or toast.
Eddie's Elixir #1

4 to 8 oz. prune juice
2 tablespoons wheat or oat bran
1/2 cup applesauce

(Alternate with Eddie's Elixir #2)

Eddie's Elixir #2

1 oz. prune juice
1 oz. apricot nectar
1 oz. water
1 oz. karo syrup

Mix in a pitcher and drink 4 oz. every day. Adjust to softness and frequency of stool.
Coping with Bladder and Urinary Symptoms in Parkinson's

Overactive bladder (also called urinary urgency or detrusor muscle over-activity) is a common problem in Parkinson's disease. Patients go to the bathroom frequently, sometimes with a sudden urge to urinate at unpredictable times. This urgency and the risk of losing urine (incontinence) can make life difficult, especially when mobility is limited by Parkinson's disease.

Urinary urgency can be difficult to treat. Medications have side effects, which are especially difficult for Parkinson's patients. Below we discuss some tips, which can help.

- Limit fluids in evening: This may reduce the times you need to go to the bathroom at night. However, don't over-do it. Dehydration can lead to lightheadedness and even passing out when getting out of bed.

- Limit caffeine and alcohol intake: Caffeine and alcohol can stimulate the bladder and create more urine, making urgency worse.

- Plan trips to the bathroom: Make a diary, recording how often you go to the bathroom each day. Then, make planned trips to the bathroom more frequently so you are not rushed.

- Treat constipation: Constipation can make urinary urgency worse.

- Be aware of leg swelling: Swelling in the legs (edema) makes urinating at night (nocturia) worse. When you lie down at night, the fluid returns to the heart, which allows the kidneys to make more urine. To prevent this, elevate your legs during the day.

- Do your Kegel exercises: These exercises strengthen the muscles of the pelvis to give you better bladder control. Details about how to do Kegel exercises can be found from many sources. It might take a few weeks to notice the difference.

- Rule out other causes: Have your primary doctor and your Parkinson's doctor rule out other problems that can make urination and sleep worse, such as:
  - Enlarged prostate (in men)
  - Review medications that can make urinary symptoms worse
  - Sleep apnea
  - Sleep fragmentation and other sleep problems seen in Parkinson's

Courtesy of University of California San Francisco SMD and SFVA PADRECC