

BLADDER AND BOWEL INTERACTIONS

- PARKINSON'S DISEASE IN FOCUS

TWO OUT OF THREE SUFFER FROM CONSTIPATION...

Bladder and bowel dysfunction are among the most common non-motor features of Parkinson's disease - but probably the least discussed. When not addressed, patients may miss out on possible treatment.

As many as two thirds of people with Parkinson's suffer from constipation.^{1,2} The disease affects the nervous system, making the bowel movements slower. Poor mobility adds on to the effect, as well as some medications.

Parkinson's disease may also affect the bladder, with overactivity and urinary incontinence as the most common dysfunctions.

Continence issues have a huge impact on life. In patients with Parkinson's it is shown that bladder and bowel dysfunction correlates with health-related quality of life.³

It's also shown that urinary and digestive symptoms are under-recognized and under-reported. When patients were asked about

their bladder and bowel situation in the study, less than half of their reported issues were to be found in their medical records.³ Either these symptoms were not considered related to Parkinson's, or the subject too embarrassing to bring up at the doctor's appointment.

If patients feel uncomfortable talking about it, and healthcare professionals miss to ask, the subject is rarely addressed. By removing the stigma, symptoms can be addressed and managed.

Let's start talking about bladder and bowel dysfunction!

Did you know that...



Urinary incontinence is 4 times as common in early Parkinson's disease compared with healthy controls.⁴



Constipation is 3 times as common in early Parkinson's disease compared with healthy controls.⁴



A majority experience detrusor overactivity and 1/3 suffer from urinary incontinence.^{1,5}

Let's take a closer look at bladder and bowel symptoms

Dopamine is essential for planning and controlling body movement, but also bladder and bowel function. When the dopamine-generating cells in the brain stop functioning, the patients can experience slowness of movement,

tremor and problems with swallowing, speaking and sleeping. The loss of dopamine may also affect the signals from the brain to the bladder and bowel, causing various symptoms.



Bladder dysfunction

Storage problems

The most common bladder problem in Parkinson's disease is detrusor overactivity, leading to storage problems like nocturia, daytime frequency and urgency – with or without urinary incontinence.

Voiding problems

Voiding problems, such as poor stream and hesitancy, are also occurring but at lower frequency.



Bowel dysfunction

Constipation

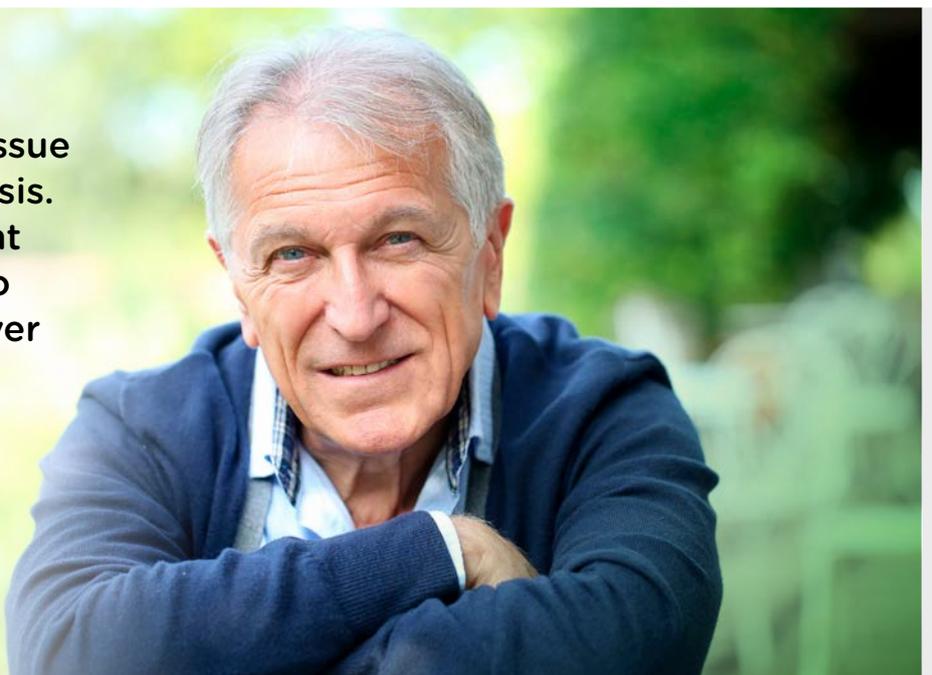
Colonic transit time is prolonged in Parkinson's disease, and constipation is a very frequent symptom. This can be troublesome long before the onset of motor symptoms and diagnosis.

Defecation problems

Evacuation difficulties due to weak abdominal straining and sphincter dysfunction are also common in patients with Parkinson's disease.⁶

“Constipation was an issue long before my diagnosis. I went to many different doctors who told me to take more fiber – it never seemed to work.”

Brian, 58





Bladder and bowel interactions

Many patients with Parkinson's disease experience both bladder and bowel problems but they are rarely addressed together, even though it may be beneficial for the patient.

These are some examples of how bladder and bowel interact in Parkinson's disease:

Urinary leakage due to constipation

Constipation can cause urinary urge incontinence and increased frequency due to mechanical pressure on the bladder.

Incontinence

Fecal incontinence has been shown to coexist with urinary incontinence in Parkinson's disease.¹

Pharmaceutical interactions

Some medications for reducing Parkinson's disease symptoms, including bladder issues, may worsen bowel issues.

A combined treatment approach

In treatment of neurogenic problems, management of one symptom can reduce the symptom burden of the other one.^{7,8,9}

For example, the number of urinary tract infections can decrease with addition of a bowel management program in people with bladder dysfunction.¹⁰

A combined treatment approach will increase the chances of a better clinical outcome. Therapies that help people regain control of their bladder and bowel will significantly improve their quality of life.

Bladder and bowel management by Wellspect

Wellspect provides safe, effective, scientifically proven products for self-catherization and transanal irrigation.

Our innovative products, LoFric® and Navina™, are designed to re-establish bladder and bowel routines, reduce complications and promote long-term health and quality of life.

Contact your local Wellspect representative or learn more at wellspect.us





“My bowel issues probably give me more pain than anything else. Constipation is deeply unpleasant.”

“Constipation leads to bloating and it’s so uncomfortable. I always wear elasticated dresses or trousers. Sometimes I feel like I’m nine months pregnant... The colon doesn’t push things down as fast as it should and I’m using laxatives almost every day.”

Susan 60, diagnosed at 42

References

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At Wellspect we develop innovative continence care solutions that improve quality of life for people with bladder and bowel problems. We inspire our users to build self-confidence and independence as well as good health and well-being. We have been leading the industry for over 40 years with our product brands LoFric® and Navina™. We always aim to minimize the environmental impact of our products and passionately strive to become climate neutral. We work together with users and healthcare professionals to improve clinical outcome in a sustainable way, now and for the future.

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