Parkinson’s disease and constipation

Summary

- Constipation is a common complication of Parkinson’s disease.
- You can manage constipation with lifestyle changes such as adding extra fibre to your diet, and medical treatment.
- See your doctor or talk to a continence professional if the constipation does not resolve within three weeks, despite your best efforts.

Constipation is a common complication of Parkinson’s disease, but it can be managed with lifestyle changes such as adding extra fibre to your diet, or medical treatment. Many people who have Parkinson’s disease notice difficulties with constipation before they notice motor symptoms such as tremor or stiffness.

Parkinson’s disease is a progressive, degenerative neurological condition that affects the person’s ability to control their body movements.

Symptoms of Parkinson’s disease result from the degeneration of nerve cells in the middle area of the brain that make and store dopamine (a brain chemical necessary for smooth, controlled movements). Degeneration of the nerve cells results in lower dopamine levels.

Symptoms of constipation in Parkinson’s disease

The symptoms of constipation include:

- dry, hard bowel motions (poo) and difficulty in passing motions
- fewer than three bowel motions a week (on average)
- feeling the need to strain on the toilet
- feeling that the bowel isn’t empty after passing motions.

Causes of constipation in Parkinson’s disease

The ways in which Parkinson’s disease can increase the risk of constipation include:

- lack of dopamine (a neurotransmitter) in the brain – impairs control of muscle movement throughout the body. Bowel muscles can become slow and rigid
- uncoordinated bowel motions – the bowel muscles may be weak and unable to contract, or they may clench instead of relaxing when trying to pass a motion
- eating problems – dietary fibre containing insoluble fibre adds bulk to your bowel motions and can help prevent constipation. However, if a person with Parkinson’s disease finds it difficult to chew or swallow, they may avoid eating fibrous foods
- drinking problems – you need water to plump up the dietary fibre in your bowel motions. Swallowing difficulties may discourage a person with Parkinson’s disease from drinking enough fluids
- sedentary lifestyle – lack of exercise slows the passage of food through your intestines. Parkinson’s disease reduces muscle control, so lack of exercise is common
- medications – many different medications can cause constipation. Medications used in the treatment of Parkinson’s disease (especially anticholinergic medications, which help to block involuntary movements of the muscles) may slow bowel movements or cause a decrease in appetite.

Complications of chronic constipation in Parkinson’s disease

Chronic constipation can cause further problems including:
• bowel incontinence (leakage or diarrhoea)
• urinary incontinence (caused by pressure against the bladder)
• urinary tract infections (UTIs)
• lethargy (feeling drowsy, unenergetic or sluggish)
• nausea
• abdominal pain.

Diagnosis of constipation in Parkinson’s disease

Diagnosis of constipation may include:

• medical history
• detailed description of symptoms
• physical examination.

Medical problems other than Parkinson’s disease can also cause constipation. Your doctor may wish to do tests to rule out other possible causes. The tests depend on the medical condition under investigation.

Treatment for constipation in Parkinson’s disease

Your doctor may suggest various treatments to help combat constipation, including:

• dietary changes, including more fibre (for example, wholegrain foods such as cereals, brown rice, pasta and bread, pulses such as lentils and beans, and fruit and vegetables) rather than refined or highly processed foods, and water
• moderate exercise
• good toilet habits
• avoidance of unnecessary medicines that contain substances (such as calcium and aluminium) known to cause constipation
• laxatives, particularly agents that bulk and lubricate the stools
• treatment for any other medical problem that may be contributing to your constipation, such as haemorrhoids (swollen veins in the anus).

Dietary fibre for constipation in Parkinson’s disease

Be guided by your doctor, but general suggestions include:

• Choose easy-to-eat fibrous foods such as soft fruits. Consider mashing or pureeing fruits to make them easier to eat. Make sure to include the skin, where most of the fibre is found.
• Eat at least two pieces of fruit and five serves of vegetables every day.
• Eat homemade vegetable soups.
• Sprinkle a tablespoon of bran, psyllium husks or chia seeds on your breakfast cereal or add the bran to baked products such as cakes. However, avoid bran if you have swallowing problems.
• Fibre supplements may be helpful, but you must drink enough fluids for these to work properly. Avoid fibre supplements if you have problems swallowing.
• Don’t increase dietary fibre too quickly or you’ll risk bloating and abdominal cramps. If discomfort occurs, cut back your fibre intake, increase your fluid intake, apply a hot water bottle to your abdomen and see your doctor.

Fluids for constipation in Parkinson’s disease

Be guided by your doctor, but general suggestions include:

• Try to drink six to eight glasses (up to two litres) of fluid every day. Water is best, but you can also include fluid in the form of soup, juice, tea and coffee.
• Limit drinks that cause dehydration such as alcohol, tea and coffee.
• Spread your drinks throughout the day.
Exercise for constipation in Parkinson’s disease

Be guided by your doctor, but general suggestions include:

- Talk with your doctor, physiotherapist, exercise physiologist or healthcare professional when planning your exercise program.
- Aim for at least 30 minutes of exercise every day.
- Spend a few minutes warming up and cooling down. This could include marching in place or stretching.
- Start with the easiest exercises first. Slowly introduce the more difficult exercises as your fitness increases.
- Only exercise when other people are at home who can help if necessary.
- Remember: too little exercise and fluid intake with an increase in dietary fibre can worsen constipation for some people.

Toilet habits and constipation in Parkinson’s disease

Suggestions for good toilet habits include:

- Go to the toilet as soon as you feel the urge to pass a bowel motion. Hanging on can contribute to constipation.
- Use the correct posture on the toilet to help you pass a bowel motion – place your elbows on your knees, bulge out your stomach, straighten your spine and put your feet on a footstool.
- Avoid holding your breath and don’t strain when you are on the toilet. Allow yourself plenty of time.
- Use a warm washcloth pressed against your back passage or gently massage with one or two fingers to help relax the muscles.
- Talk to your doctor or pharmacist about medicines to help soften your bowel motions.

Getting help for constipation in Parkinson’s disease

See your doctor immediately if:

- constipation develops suddenly
- you have bloody bowel motions
- passing a bowel motion causes pain
- you have unexplained weight loss
- you remain constipated for three weeks.

Where to get help

- Your [GP (doctor)]
- Your [neurologist]
- Your local continence clinic or service
- Parkinson’s Australia Tel. 1800 644 189
- Independent Living Centres Australia Tel. (03) 9362 6111 or 1300 885 886, TTY (03) 9314 9001
- National Continence Helpline Tel. 1800 33 00 66
- Victorian Continence Resource Centre Tel. (03) 9816 8266 or 1300 220 871
- A dietitian at your local community health centre