

## From Sandie's Desk

### Don't Poo-poo Healthy Bowel Management

Would you believe the most common symptom I talk about daily is constipation? It can be embarrassing to talk about, but can land you in the hospital if not dealt with early. At its most severe, constipation can lead to obstruction of the bowel. The sudden onset of acute abdominal pain and marked abdominal distension in someone with severe chronic constipation suggests a twisted bowel which requires emergency surgery.

Everyone's definition of what they mean when they say "I'm constipated" is different. You may be referring to infrequent bowel movements, hard stools, straining, feeling you need to go but cannot, or feeling that you have not finished. The general definition of constipation for anyone – not just those with Parkinson's disease (PD) – is fewer than three bowel movements a week.

I think a better way of determining whether or not you are constipated is if there is a significant change in your normal bowel habits; if your stools are hard; or they are difficult to pass. Normally, we have a regular pattern to our bowel movements: some people go once or twice a day; others go every other day. Pay attention to what is normal for you: changes may need to be addressed.

It is important for you to understand why up to 80% of people with PD can have constipation. There may be different causes involved, meaning different treatment plans specific to you.

In PD, the Autonomic Nervous System (ANS) is affected in addition to the Central Nervous System (CNS). The ANS controls the functions of our internal organs: i.e. the heart, stomach and intestines. Research suggests that PD may affect the ANS very early in the course of the disease process, even before tremor, slowness and stiffness start.

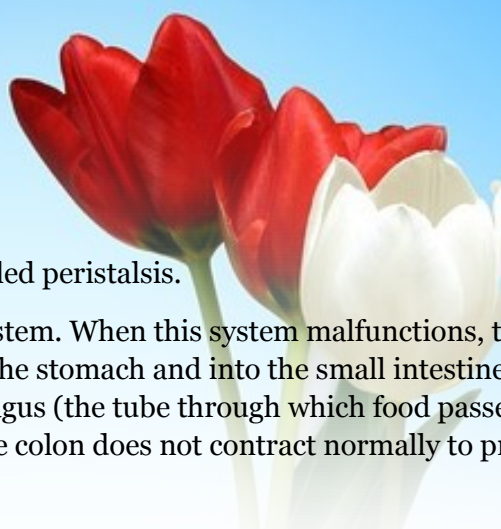
The deterioration of the nerve cells in the brain in relation to PD is not confined to the substantia nigra, where dopamine is produced. Lewy bodies – abnormal clumps of protein – are also found in neurons of the ANS, but the chemistry of the ANS and CNS is quite different. While taking levodopa helps motor problems, it does not improve autonomic symptoms, so we need other ways to manage these problems.

The digestive system happens in stages. Food is propelled from the mouth to the stomach where the digestive process starts. From there, it is passed to the small intestine, where nutrients enter the blood stream. Waste passes to the large intestine to form stool. Contractions of the esophagus, stomach and intes-



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Sandie Jones trained as a registered nurse, specializing in psychiatry. In 1998, she joined Parkinson Canada, and is now an integral part of the Information & Referral team. In this role she has provided information on support, education, medical aspects, coping strategies, community services, and other information about Parkinson's disease and its management, not only to people living with Parkinson's disease and their families, but to professionals working with these people as well. This role has given her a comprehensive insight into the problems of people living with Parkinson's disease, as well as their carepartners.



tines keep things moving. These contractions are called peristalsis.

Peristalsis is controlled by the autonomic nervous system. When this system malfunctions, things back up. Abdominal bloating results if food cannot get out of the stomach and into the small intestine. Heartburn develops if stomach contents back up into the esophagus (the tube through which food passes from the mouth to the stomach.) Constipation occurs when the colon does not contract normally to produce bowel movements.

Although the ANS is primarily responsible for problems with constipation in relation to PD, some medications can also contribute to this problem. Anticholinergic drugs, which may be used to help control severe tremor and drooling in people with PD, can cause constipation as a side-effect. These drugs include Artane, Cogentin, Kemadrin and Parsitan.

Non-PD medications that may cause constipation are antacids, diuretics (water pills), some anti-arthritis drugs, and narcotics, especially those containing codeine. Some narcotics commonly used for chronic pain are Tylenol 3, Oxycodone, and Hydromorphone.

Other common factors contributing to constipation are: lack of exercise; lack of fibre in diet; poor fluid intake; depression; loss of muscle strength (to push); and ignoring the urge “to go”.

With these reasons and more for constipation, it is not surprising that people living with PD require strategies, and input from their doctors! Doctors encourage simple, natural measures to treat constipation first, avoiding laxatives until absolutely needed. Here are some easy tips to start with:

1. Drink more – Dietitians Canada suggests daily fluid intake targets to be 3 L (12 cups) for men 19+ and 2.2 L (9 cups) for women 19+, including water, milk, juice, broth soups, coffee and tea.
2. Fibre – Eat plenty of fibre i.e. whole grain breads and pastas, fruits, vegetables and seeds. Check fibre content on packages. Add fibre to your usual meals, i.e. ground flax seed sprinkled on cereal, or nuts on salad. Prunes and prune juice may be helpful. Heating prune juice can also help stimulate peristalsis.
3. Go regularly – Pay attention to the urge to pass stool. Sit on the toilet at a regular time, after a meal (preferably breakfast) and after a hot drink. Time and privacy are very important.
4. Exercise – Research shows that inactivity often leads to constipation, due to lack of stimulus to propel stool, increased transit time in the intestine, and reduced blood flow in the colon. These are more reasons to be exercising often!

We have a basic Bowel Management sheet available: please contact us. If these strategies are still inadequate, your pharmacist may have over the counter suggestions, and your doctor can offer stronger therapies.

Don't let constipation impact you...literally!

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This article does not substitute for medical advice specific to an individual, but is for general information purposes. Please speak to your doctor(s) for all diagnostic and therapeutic information.