

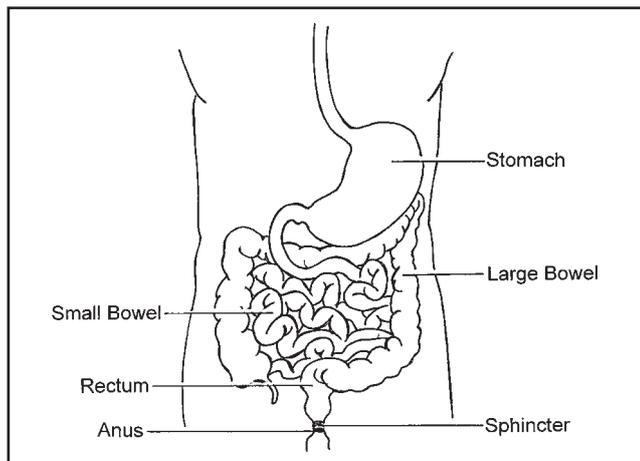


Parkinson's  
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## Constipation and Parkinson's

### What is constipation?

The bowel (or intestines) processes the food that we eat, extracts the nutrients that the body needs (in the small bowel) and then holds and expels waste products (using the large bowel, rectum and anus).



The large bowel receives liquid waste from the small bowel and takes out some of the water to leave soft bowel motions (called faeces or stools). Movement of faeces along the large bowel is often stimulated by eating, drinking or physical movement. When faeces enter the rectum, you get a feeling that you need to go to the toilet. However, if the time or place is not right, this can be put off and you can hold on. Then, when you are at the toilet, the rectum contracts to dispel the faeces, the anus relaxes and opens, and the stool is passed, maybe with a little extra help from your abdominal muscles bearing and pushing down and possibly a little straining.

It is not necessary to have a bowel movement each day for good health. Each person's body will find its pattern and frequency depending on the food eaten, exercise taken, etc. The main thing is that your stools are soft and easy to pass without undue straining or pain.

Constipation means that a person has infrequent bowel movements or their stools (faeces) are hard and difficult to pass. Constipation is common in all sections of the population and is the most common bowel problem that people with Parkinson's disease experience.

### Why does constipation happen in Parkinson's?

It can have several causes. Parkinson's can affect bowel muscles, especially the slowing, poverty of movement and rigidity that can be features of the condition. Lack of movement and exercise can also mean that the bowel does not get these stimuli to function properly.

Inadequate fluid intake or dehydration will result in stools being hard and difficult to pass. Fibre (found in many vegetables, fruits and grains) helps form soft, bulky stools that are easy to pass. Because some people with Parkinson's have difficulty in chewing and swallowing food, they may find it difficult to eat a diet with plenty of fibre.

There can also be problems in actually emptying the bowel because of Parkinson's. It may be difficult to brace the abdominal muscles to assist bowel emptying and the anal sphincter (which controls the passage of faeces from the body to the toilet) may not relax at the right time to allow the stool to be passed easily. Some people actually get a paradoxical contraction of the sphincter when trying to empty the bowel – the anus tightens up when they think they are relaxing it. This tendency to constipation can be made worse if anticholinergic drugs are taken to treat Parkinson's.

### Why is constipation important?

Constipation can be a nuisance, but seldom leads to serious complications. If severe, it may make you feel unwell, lethargic and even nauseated. Some older people may become restless and confused at night if constipated. It can also disturb the bladder, either by increasing bladder urgency (where if you can't reach the toilet in time, incontinence may result), or by making bladder emptying more difficult.

The longer a stool remains in the rectum, the harder it becomes, as more and more water is absorbed from it. If the bowel becomes very loaded with hard stools (impaction), it can become impossible to pass anything. This, in the end, may make the bowel



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overflow and cause accidental leakage, either of lumps of stool, or of brownish mucus that looks like diarrhoea but is not. Very rarely, impaction can cause a complete obstruction to the bowel and urgent medical attention is needed.

## What can be done to help?

As with Parkinson's in general, the more healthy your lifestyle and the more active you can keep yourself, the better. Eating more fibre-rich foods and drinking more fluids can help.

However, it is important to get the balance right, as too much bulk from fibre can increase constipation. A dietician can provide information and advice. Referral is usually through your GP, hospital doctor, or Parkinson's Disease Nurse Specialist if you have one.

Ways of increasing fibre include the following:

- Choose a breakfast cereal containing wheat, wheat bran or oats such as Weetabix, porridge or Bran Flakes. Loose, extra bran that can be added to your food is not recommended by dieticians, as it can lead to bloating and reduce the absorption of vitamins and minerals.
- Eat more vegetables, especially peas, beans and lentils. These can be raw, cooked, fresh or frozen.
- Eat more fruit – fresh, stewed, tinned or dried, such as prunes, bananas or oranges.
- If you have difficulty with chewing high-fibre food, there are soluble varieties available and even some high-fibre drinks.
- Drink plenty of fluids throughout the day to help the fibre do its work. Dieticians suggest eight to ten cups every day. Any fluid is suitable such as water, fruit juice, milk, tea, coffee, squashes or fizzy drinks. However, fizzy drinks can make some people feel bloated.

When increasing your intake of fibre, do this gradually, to avoid bloating or flatulence (wind). Dieticians suggest introducing one new fibre food every three days.

If you have trouble with swallowing, seek advice from a speech and language therapist. You can usually self-refer to them or your doctor or Parkinson's Disease Nurse Specialist can refer you. The Parkinson's Disease Society (PDS) information sheets *Eating, Swallowing and Saliva Control* and *Speech and Language Therapy* have more information.

## Practical aspects of eating and drinking

If your meal goes cold and becomes unappetising because it takes you a long time to eat, try having smaller portions and go back for seconds that have been kept warm by using special plates or food warmers. An occupational therapist can advise further on these and other ways of helping with the practicalities of eating and drinking. They can usually be contacted via your local social services or social work department; or your GP, hospital doctor or Parkinson's Disease Nurse Specialist can refer you. See the PDS leaflet *Occupational Therapy and Parkinson's*.

The Disabled Living Foundation, an organisation that advises on equipment to help people with disabilities, can also provide information on what is available.

Contact them at:

### Disabled Living Foundation

380–384 Harrow Road

London W9 2HU

Tel: 020 7289 6111 (9am to 5pm, Monday to Friday)

Helpline: 0845 130 9177 (10am to 1pm Monday to Friday)

Textphone: 020 7432 8009

Email: [advice@dlf.org.uk](mailto:advice@dlf.org.uk)

Website: [www.dlf.org.uk](http://www.dlf.org.uk)

## Exercise

Exercise will stimulate your bowel to help prevent constipation and contribute to stronger pelvic floor muscles. If you have trouble exercising because of Parkinson's, seek advice from a physiotherapist. Referral is usually through your GP, hospital doctor, or



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Parkinson's Disease Nurse Specialist if you have one. The PDS information sheet Physiotherapy provides more details. The PDS also has a DVD and booklet on exercise, *Keeping Moving*.

### Emptying your bowels

Give yourself plenty of time and try to relax. Many of us try to rush these things. If your feet do not reach the floor, a footstool may help you to get in a better position. A daily bowel motion is not crucial so try not to become obsessed by your bowels. However, do keep an eye on things and don't let yourself become impacted. Seek advice from your doctor if you are concerned and don't feel embarrassed about discussing your problems with them. Many people have problems with constipation and you won't be the first to ask.

### Would a laxative help?

A laxative is a drug that helps you pass a stool. Most people who are mildly constipated do not need laxatives. Sometimes, a laxative may help if nothing else works, but you should not use one without consulting your doctor for advice. Long-term use of laxatives is not recommended, as some types can eventually damage the bowel. Liquid paraffin, in particular, should be avoided, as it can interfere with the absorption of some drugs used to treat Parkinson's. If laxatives are needed,

the right dose or combination of laxatives will need to be found for each person.

### Further information

For more information please see the PDS booklet *Looking After Your Bladder and Bowel in Parkinsonism*.

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To obtain any PDS resource, please go online to [www.parkinsons.org.uk](http://www.parkinsons.org.uk) or contact Sharward Services Ltd, the appointed PDS Distribution House, at Westerfield Business Centre, Main Road, Westerfield, Ipswich, Suffolk IP6 9AB, tel: 01473 212115, fax: 01473 212114, email: [services@sharward.co.uk](mailto:services@sharward.co.uk)