

BOWEL MANAGEMENT PROGRAM

Constipation is a common problem in all stages of Parkinson's disease (PD). It is therefore important to pay attention to bowel function, starting at the time of diagnosis.

For people with PD, constipation can be caused by the intestines moving more slowly than normal. It may also result as a side effect of anti-PD drugs, or the inability to exercise regularly and drink enough fluids. If you have PD, you should be particularly careful about constipation in hot weather, when you may easily become dehydrated.

Constipation is characterized by a difficulty expelling stool because it is hard, dry, and painful to pass. The longer the stool remains in the gut, the more it dries out, as the body continues to reabsorb water from the stool.

Constipation is a serious condition, and can lead to the need for urgent medical attention. Complications may arise if constipation is prolonged, which causes pain, cramping, and in some cases, an obstructed bowel. The best way to manage constipation is by preventing it. Whether you are currently experiencing constipation, or looking to prevent it, the program below outlines steps to prevent dry stool.

Level 1

Modify your diet by increasing fibre, whole grains, (e.g. rice, oats, barley), and both soft cooked and raw fruits and vegetables. Increase your liquids as much as you can (fruits and vegetables contain large amounts of water). You may use dried fruit as a high-fibre snack, but pay extra attention to dental hygiene if you start to eat it frequently.

Try this fruit lax recipe:

- Place 1lb of mixed dried fruits in a bowl, and pour in cranberry juice until fruit is covered
- Soak overnight
- In the morning, mix in a food processor or blender, but leave the lax chunky
- Store in a plastic tub with a lid, and keep in the fridge

Have at least a half cup of fruit lax for breakfast each day. Cranberry juice may be substituted for brewed Senna tea, which is available at many health food stores and pharmacies. Some people also prefer to cook this recipe, adding molasses.

Gas and bloating: Be careful to introduce bran or bulking agents into your diet slowly, as they can cause painful cramps, gas, and bloating if introduced too suddenly. To begin using bran, add 1 tablespoon at a time on top of fruit lax or cereal, or in baked goods.

In case of gas and bloating, over-the-counter anti-gas products may be helpful. For home remedies, you may want to try hot water with peppermint oil, or a heating pad on the stomach for easing discomfort.

Stool softeners: Over-the-counter stool softeners coat the stool and make it more comfortable to pass. You should use one regularly, particularly if you have to take any medications with codeine (such as Tylenol 3), even if you are not normally constipated.

Fluid intake: People with PD should look to drink 6-8 glasses of water per day, or an average of 2.7 litres for women, and 3.7 litres for men. Dehydration can worsen constipation by further drying out the stool.

Level 2

If you have followed the steps above for two days, but are still constipated, move on to the steps below.

Use Psyllium husks (Metamucil) as a bulking agent, by adding 1 tablespoon to a 6 oz glass of water or juice. Repeat this 2-3 times per day. You must also be able to maintain an adequate fluid intake and get regular exercise in order for bulking agents to work well.

You should avoid bran (including bran muffins), Metamucil, Prodiem and other dry or granular bulking agents if you have difficulty swallowing, or have choking episodes.

If using the advice in levels 1 and 2 relieves your constipation, you should continue with the recommendations indefinitely. Levels 3-5 are not intended for continuous use.

Level 3

If you are still constipated after two days, try taking *one* of the following laxatives before bed:

- Sennosides (12 mg - 24 mg)
- Bisacodyl (10 mg)
- Cascara Sagrada (1 teaspoon / 5mL)
- Senakot (2 tablets)

Level 4

If you remain constipated after 1 to 2 days, add **one** of the following treatments:

- Lactulose (15 mL) twice daily
- Glycerin suppositories: Use one suppository, lubricate the tip with KY jelly, and insert while on the toilet.

Level 5

After 1-2 days, try a Fleet enema. If this fails, contact your physician or HealthLink BC (dial 8-1-1).

Giving an Enema: For best results, an enema should not be self-administered. The person lies on a towel, on the left side, knees bent, as close to the edge of the bed as possible. The buttocks can be raised (for gravity) on a plastic-covered pillow (a plastic bag will do). The enema should be warmed. The rectal tube is lubricated with KY jelly, and inserted gently and slowly as far as possible. Give the enema slowly, and withdraw the tube. Cover the person, and offer a heating pad or hot water bottle for the stomach.

Encourage the person to retain the enema for as long as possible, then assist them to the commode or toilet. A successful enema will often yield more than one bowel movement, so give it early in the day to avoid disturbing sleep.

Complications

Retention and Overflow: This is a situation where small amounts of watery stool seep around a bolus of constipated stool. This situation requires attention, most often with an enema, as the blockage is usually higher than can be reached with suppositories. **Be alert for the possibility of volvulus (twisted bowel) and**

obstruction, because people with PD are more prone to this due to the sluggish mobility of the bowel. Immediate medical attention is essential. Be prepared to provide information about constipation and the increased bowel function risks associated with PD. Consider taking this helpsheet to the doctor's office.

Difficulty Expelling Stools: You may have normal stools, but be unable to expel them. You may feel weak, although this is not a direct symptom of PD. Instead, you may be experiencing a lack of coordination of, or inability to control, the sphincter muscles in your rectum. Difficulty expelling stools may also arise if you are under-medicated, or during your medication off-time. To help stimulate the sphincter muscles, try applying a warm, damp washcloth to your rectal area, massaging the area gently with a finger, or using glycerin suppositories.

Additional Resources

Gastrointestinal Society of Canada | www.badgut.ca

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