

From Sandie's Desk

When You're in Trouble with Urine Troubles (or When you can't go with the Flow)

For many years the focus of Parkinson's disease treatment and management was centred on the problems with movement such as tremor, muscle stiffness and slowness of movement. Recently the realization that Parkinson's is not limited to only impairment of movement has changed the focus and numerous other clinical features are now being examined - features that in fact have nothing to do with movement and as a result, do not respond to levodopa therapy.

Among these "non-motor" features are disturbances within the autonomic nervous system - the system I prefer to call the 'automatic' nervous system, because it controls things like our heart rate, blood pressure, sweating, sexual function, as well as gastrointestinal & urinary function - things that for those of us without Parkinson's we can usually take for granted because they are being controlled automatically and we don't need to worry about them.

Today I am going to focus on urinary difficulties as they are common and distressing for those who experience these problems.

The bladder is a muscle which gradually expands as urine collects. At the opening, a muscle called the sphincter is usually closed except during urination. Both the bladder and the sphincter muscles are controlled by the brain. When 1-2 cups of urine have collected in the bladder, the bladder starts to have small contractions that signal the brain that the bladder is filling up. Usually, the brain can suppress the contractions and signals until the individual can get to the bathroom at which point the brain lets the bladder contract, the sphincter relaxes and normal urination takes place in the toilet.

With all this talk about signals and messages travelling between the brain and muscles I am sure by now you can see where I am going with all this as we know in Parkinson's that the communication between the brain and many muscles is disrupted.

Difficulty holding urine is the most common problem. The bladder becomes overactive and irritable and wants to empty even if there is just a small amount of urine present, which results in:

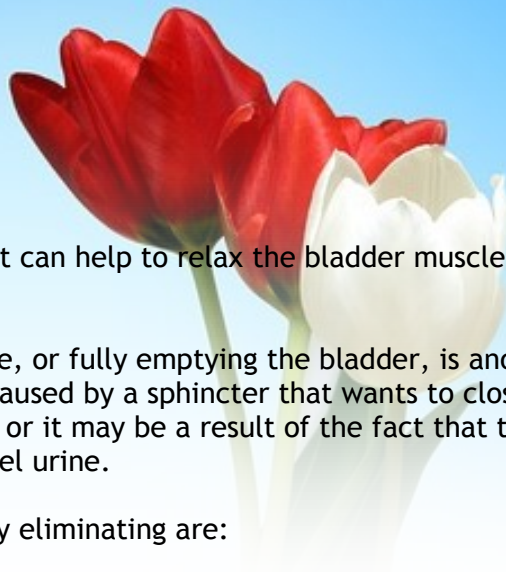
1. Urgency - difficulty delaying urination once the need is perceived
2. Frequency - the need to urinate happens extremely frequently
3. Incontinence - involuntary loss of urine
4. Nocturia - repeated need to get up at night to urinate

Speak to your doctor if you are experiencing any of the above symptoms, as



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there are medications that can help to relax the bladder muscle and reduce bladder overactivity.

Difficulty eliminating urine, or fully emptying the bladder, is another common problem. It can be caused by a sphincter that wants to close when the bladder is ready to empty or it may be a result of the fact that the bladder muscle is too weak to expel urine.

The symptoms of difficulty eliminating are:

- Weak urinary stream
- Dribbling or leaking
- Feeling that the bladder has not completely emptied

The biggest concern with these symptoms is that incomplete bladder emptying can cause accumulation of urine, and the growth of bacteria. This results in a urinary tract infection, which can happen in both men and women. While pain, changes in color or smell can be symptoms of a urinary tract infection, sometimes there may be no symptoms. However, having an infection can cause problems with levodopa, and a person can appear to have suddenly worsened with PD symptoms.

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A referral to an urologist may be necessary in order to determine the cause of the problems and decide they are related to your PD or something else. In summary, please speak to your doctor if you are experiencing:

1. Leakage of urine significant to cause embarrassment
2. Inability to urinate when bladder is full
3. Unusually frequent urination without a proven bladder infection
4. Needing to rush to the bathroom or losing urine if you don't arrive in time
5. Pain related to urination
6. Feeling that the bladder is not emptying completely or weakness of the urinary stream

There are medications to treat urinary frequency and urgency, but before initiating these, a doctor must make sure that some unrelated process such as enlarged prostate is not responsible for the problem.

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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.