Urinary Problems in Parkinson's Disease

Urinary incontinence (involuntary loss of urine) is a common symptom in Parkinson's disease.

Why do problems occur in pd?

The bladder is a muscle which gradually expands as urine collects. At the opening there is a muscle called the sphincter which is closed except when urinating. Both muscles are controlled by the brain. When 1-2 cups of urine have collected in the bladder, the bladder may begin to have small contractions that signal the brain that the bladder is filling up. The brain can suppress the contractions until it is convenient for the person to go to the bathroom. At that time the brain allows the bladder to contract while the sphincter relaxes, thereby allowing the urine to leave the bladder.

Difficulty holding urine is the most common problem. In PD, normal control from the brain is disturbed; the bladder becomes overactive, wanting to empty even when there is just a small amount of urine present. This results in symptoms of

- Urgency
- Frequency,
- Incontinence and
- Repeated nighttime urination.

Drugs are available (e.g. Ditropan®, Detrol®, Vesicare®, Hytrin®, Probanthine®) which help by relaxing the bladder muscle.

Difficulty eliminating urine can be caused by a sphincter which wants to close when the bladder is ready to empty, or by a bladder muscle which is too weak to expel the urine. The concern is that with incomplete bladder emptying, urine will accumulate, bacteria will grow, and infections will result. The symptoms of difficulty eliminating urine are:

- weak urinary stream
- dribbling or leaking
- feeling that the bladder is not completely emptied.

These problems must be carefully evaluated by a urologist to determine their cause. If the symptoms are PD-related, the most successful management is intermittent catheterization.

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Document:
The following **signs of bladder problems should be reported** to your health care provider:

1. Leakage of urine significant to cause embarrassment.
2. Inability to urinate when bladder is full - requires immediate attention.
3. Unusually frequent urination without a proven bladder infection.
4. Needing to rush to the bathroom or losing urine if you do not "arrive in time" (urgency).
5. Pain related to urination.
6. Progressive weakness of the urinary stream which may be accompanied by a feeling that the bladder is not emptying completely.

Also, note how often you urinate in 24 hours, how often you are incontinent, how many times you urinate at night, and over what period of time these changes have occurred.

Management may include…

- **Medication for urinary urgency and frequency**
- **Urological evaluation**
- **Intermittent self catheterization for urinary retention**
- **Incontinence aids:** Although urinary incontinence can often be treated,there are times when incontinence aids are needed. Knowing which aids work best for you and where to get them can restore your freedom and confidence. Incontinence aids are primarily chosen by the degree of absorbency required and the ease of use. During the night, high absorbency pads are usually required. Briefs with elastic around the legs and sticky tabs on the side are the most absorbent. Gel briefs are more absorbent than cellulose and can hold 2-3 voidings. For daytime use, "undergarments" which button at the hip or underwear shields may be sufficient and are easy to pull up and down.

N.A.F.C. (National Associate for Continence) is an organization which provides a resource guide for a nominal fee as well as other self-help information: phone: 1-800-BLADDER (252-3337) or www.nafc.org.

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HELPLINE: English /Español
1.800.4PD.INFO (473-4636)
Get your PD questions answered.

www.parkinson.org