Parkinson’s is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

The most common ways that Parkinson’s can affect bladder control are:

**Urgency** - having little warning that you need to pass urine

**Frequency** - having the desire to pass urine on frequent occasions, and often only passing a small amount at a time

**Retention** - not being able to completely empty the bladder

**Nocturia** - the desire to empty your bladder frequently once you have gone to bed.

**Why do Urgency and Frequency Occur?**

Bladder difficulties in Parkinson’s are related to fluctuations in the level of dopamine affecting the function of the bladder muscle. Parkinson’s is also thought to affect the nerve pathway between the bladder and the part of the brain controlling bladder function. Some of the symptoms that affect bladder control are related to the level of dopamine in your body so may fluctuate depending on your medication level.

Underlying conditions such as weak pelvic floor muscles or an enlarged prostate will contribute to bladder symptoms. Constipation can also worsen bladder symptoms by putting pressure on the bladder, making the symptoms more apparent.

**What can help?**

Discuss bladder problems with your General Practitioner or Neurologist, who may perform some tests to rule out urinary tract infection, or other problems that may impact on normal bladder function.

Speak with your General Practitioner or Neurologist about a referral to an Urologist, a doctor who specialises in bladder function. The Urologist will be able to look into any bladder symptoms and provide treatment plans for these.

Beware that bladder difficulties can be a sign of “wearing off”. Wearing off is where some of the symptoms of Parkinson’s occur or worsen between doses of medication, and are related to the level of medication becoming too low. This sensation most often occurs not long before your next medication is due. Taking your medication on time every time will help in reducing fluctuations in medication and will therefore help reduce bladder difficulties.

Managing constipation and making sure that you have regular bowel movements will also assist in minimising bladder problems.

**Can exercise help?**

Bladder problems in Parkinson’s are related to changes in muscle function and the way the brain interprets signals from the bladder. Pelvic floor exercises will help to improve bladder tone and potentially increase the control that you have in the muscles surrounding the bladder neck. Speaking to a physiotherapist or continence nurse can help in developing some pelvic floor exercises specifically for your needs.

For further information contact your state Parkinson’s organisation:
Freecall 1800 644 189  www.parkinsons.org.au
BLADDER CONTROL AND PARKINSON’S

Medication

There are some medications available that can assist with bladder control; these medications may have an anti muscarinic or anti cholinergic effect that appears to improve bladder control. While these medications may prove effective in improving bladder control, they can have some adverse side effects including a worsening of Parkinson’s symptoms, confusion and developing a dry mouth, so caution may need to be taken when considering these medications.

Frequency

Frequency is the sensation that you need to pass urine frequently, and is often accompanied by a feeling of urgency. It is common that when you do pass urine frequently it is only a small amount. This symptom can occur day or night and many people living with Parkinson’s associate it with “wearing off”. Developing good medication habits will help, and trying some pelvic floor exercises may help reduce this symptom. As frequency in Parkinson is commonly linked with “wearing off” the symptom may be more marked in the evening or at night.

Nocturia

Nocturia is the sensation that you need to pass urine often at frequent intervals during the night. In Parkinson’s this commonly occurs in the first few hours after you have gone to bed, often affecting a person’s sleep. The reason this occurs is related to “wearing off” and blood pressure fluctuations causing fluid retention during the day. This retained fluid is reabsorbed by the body when we lie down with our feet elevated and is then passed as urine, causing the need to pass urine on several occasions throughout the night.

You should discuss this symptom with your doctor. A simple way that nocturia can be managed is by having a rest in the afternoon with your feet elevated, allowing some of the excess fluid to be reabsorbed and passed. Anti cholinergic or anti muscarinic medications work to increase bladder control, however these medications are used with caution as they may worsen Parkinson’s symptoms or cause confusion. Other practical ways of managing this symptom include reducing the volume of fluid that you drink in the hours before you go to bed, e.g. have most of your drinks between waking and 5pm. Avoid caffeinated drinks after 5pm, as they can contribute to bladder irritability. Having a bedroom which is close to the toilet, or using a commode or bottle in the bedroom can also be helpful.

Retention

Developing urinary retention can occur in Parkinson’s but is uncommon. It is diagnosed through having a post urination bladder ultrasound. Sometimes medications used to assist in managing urgency can cause retention. If you are affected by urinary retention your doctor will advise you on management or refer you to a specialist.

Devices and Aids

There are a number of products that can assist with managing continence. Some people find it reassuring to wear an incontinence product, particularly if they are away from their homes and are worried they may not be able to get to a toilet in time. Products include incontinence pads and condom drainage for males. Funding assistance may be available to support the cost of incontinence aids and your continence nurse or GP Practice nurse can help with this. The best person to speak with in regard to obtaining the correct continence product is a Continence Nurse (available through your local GP, Community Health Centre or Hospital).

For further information contact your state Parkinson’s organisation:
Freecall 1800 644 189  www.parkinsons.org.au
The National Continence Helpline 1800 33 00 66 can assist by providing you with details of the nearest services to your place of residence.

For More Information

Speak to your doctor or contact the National Continence Helpline 1800 33 00 66. The Helpline provides free information about bladder and bowel control problems as well as advice about continence products and clinics, and has a wide range of free information and resources available.

The National Continence Helpline is an Australian Government initiative managed by the Continence Foundation of Australia. For further information visit continence.org.au

Where to get help and further advice

National Continence Helpline 1800 33 00 66
Continence Foundation of Australia: continence.org.au
Parkinson’s Australia: parkinsons.org.au
Bladder and Bowel website: bladderbowel.gov.au
Public Toilet Map: toiletmap.gov.au

ContinenCe Foundat ion of Australia

National Office
Level 1, 30 – 32 Sydney Road, Brunswick VIC 3056
T: 03 9347 2522 F: 03 9380 1233
E: info@continence.org.au
W: continence.org.au

The Continence Foundation is the Australian peak body for awareness, education and advocacy for those with incontinence and their carers and partners.