

# Understanding Parkinson's Constipation and PD



Living with Parkinson's disease (PD) can be challenging. It can become even more challenging when you or a loved one experiences digestive issues, such as constipation, cramping and bloating. Constipation and digestive issues are very common among people with Parkinson's disease. They can be caused both by the disease itself and by the medications used to treat it. The good news is that you can do something about it. There are steps that people with Parkinson's disease can take to ease the symptoms of constipation or sometimes prevent it. With diligent attention and the right medical care, you can work to lessen its impact on life with PD.

Let's review how and why constipation happens in Parkinson's disease, and then explore the practical ways of managing constipation so you can feel your best.

## What is Constipation?

Constipation means difficulty passing stools (bowel movement, feces), a decrease in the number of stools, or both. It is often accompanied by one or more of the following symptoms:

- No stool (bowel movement) for three days
- Distention (bloating) of abdomen, cramping, a feeling of pressure in the lower abdomen
- Straining to eliminate
- Incomplete evacuation of stool
- Hard, pellet stools

Constipation can be acute (sudden onset of short duration) or chronic (persisting for several weeks or longer). In Parkinson's, constipation is likely to be chronic. When constipation is very severe, the stool will no longer pass through the colon or rectum. The condition is called an impaction.

Most health care providers describe constipation as having less than three bowel movements a week and recommend treatment after three days without a bowel movement. But everyone is slightly different. The frequency of bowel movements depends on what you have been eating and drinking, and the unique functioning of your own body. If you are experiencing less than three bowel movements in a week or have any of the symptoms listed, consult your health care provider.

## Why Do I Get Constipated?

We are still learning about constipation in PD and why it happens. Here is what we know now:

### Parkinson's Disease

Initial research has shown that the changes that occur in brain cells in Parkinson's disease may also occur in nerve cells in the spinal cord and the intestinal wall. If so, these changes may slow down the muscles that push food through the intestines.

### Medications

Medications used to treat Parkinson's disease — in particular, the class called anticholinergics and the medication called amantadine, are known for causing constipation. If your medications become a major cause of constipation, your health care provider may be able to switch you to a different one. But for some people, the benefits of the medication outweigh the possibility of constipation.

### Decrease in Physical Activity

The idea of associating decreased activity with constipation remains controversial. But we know that because people with Parkinson's disease experience difficulty with their movement, they become less active. And we know that fewer trips to the bathroom can cause feces to dry and harden, making the passage of stool difficult. While there is no research to back this idea up yet, research does

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prove that people with Parkinson's who increase their movement experience better overall functioning.

### **Decreased Water Intake**

Many people with Parkinson's disease limit their fluids to avoid making frequent trips to the bathroom. When a person drinks less liquid, the gut may not have the lubrication it needs to have a bowel movement, which contributes to constipation.

### **Genetic Predisposition**

It is possible to have a family predisposition to constipation. If that is so, ask family members what solutions work for them. It is possible that your body may respond to the same strategies.

### **Individual Body Chemistry**

Genetics aside, you are a unique being. Pay attention to your own body and its individual habits.

## **Preventing Constipation**

Will your constipation get better? It is possible, but it depends in part on your own efforts.

Of course, your health care provider and the medications he or she recommends play an important role. But even with optimal management, constipation may persist. That's where you come in.

It is critical to put a daily plan in place — one that can even prevent constipation before it begins. Let's take a look at some strategies:

- Drink a lot of extra fluid (e.g., ~three liters per day or about ~three quarts per day).
- Increase your fiber (e.g., fruits).
- Eat more foods that create bulk (e.g., whole grains and vegetables).
- Minimize your intake of low fiber starchy foods (e.g., breads) or avoid them completely. Starchy foods do a great job at plugging up the system!
- Exercise more. Walk, dance, ride bikes or swim.

Keep in mind that what works for one person may not work for another. You are unique. Pay attention

to your body's individual habits and needs.

The best way to do this is to keep an activity log or diary, where you can keep track of when you experience constipation. Record what else happened that day — what you ate, when you took medications and look for patterns. This will help you figure out what triggers your constipation, how long it lasts, and what it responds to under varying circumstances. Then take steps to help prevent the constipation.

It may take trial and error, but with time and effort, you can begin to understand what works for you.

## **Managing Constipation**

If you have tried preventing constipation in Parkinson's, but it did not work, what should you do next? The primary goals will be to manage your symptoms, avoid complications (such as impaction, hemorrhoids and a dependence on laxatives), and prevent it from happening again.

The best treatment for constipation will vary from person to person, taking into account a variety of factors, including other medical condition(s), medications or allergies which impact your treatment; the cost of treatment; the type of treatment used and how often it must be taken/done in a day; and your own convenience/preference.

Treatments fall into two categories: over-the-counter and prescription therapies. Here is an overview of the major therapies in each one. Remember: consult with your health care provider when deciding on how to treat your constipation.

### **Over-the-Counter Products**

Over-the-counter products for constipation can be purchased at your local pharmacy. There are several categories listed on the following pages, all of which work in different ways. They are offered in a variety of forms including capsule, oil flake, powder, granule, syrup, gum, tablet, liquid and wafer.

The best choice for you will depend on how your body responds to each and your personal preferences. That being said, preferred products are those that mimic the way the body works normally, e.g., by increasing bulk, fluids or lubricants in the intestines.

It is important to know that a few of these over-the-counter products — stimulating laxatives, enemas, suppositories and combination products — are likely to create a need for continued dependence.

For this reason, they are considered a last option, when all others have been exhausted.

## Common Side Effects of Over-the-Counter Laxatives

### Emollient (Stool Softeners)

- Skin rash
- Stomach and/or intestinal cramping

### Bulk Forming

- Skin rash or itching
- Difficulty swallowing
- Intestinal blockage
- Difficulty breathing

### Lubricant

- Skin irritation surrounding rectal area
- Aspiration (medication sucked into lungs)

### Osmotic

- Bloating
- Cramping
- Gas
- Increased thirst
- Nausea

### Saline

- Confusion
- Dizziness or lightheadedness
- Irregular heartbeat
- Muscle cramps
- Unusual tiredness or weakness
- Stimulants
- Belching
- Cramping
- Diarrhea
- Nausea
- Confusion
- Irregular heartbeat
- Muscle cramps
- Discoloration of urine (for cascara and/or senna only), e.g. pink to red, red to violet, red to brownish color
- Skin rash
- Unusual tiredness or weakness

*Note: side effects vary from person to person. Please consult your health care provider if you have concerns about any side effects listed.*

The following are listed by ease of consumption, cost, volume of therapeutic dose and taste. See a list of common side effects above.

### *Senna Teas (caffeine free)*

These teas are herbal products and documentation of their usage dates back to Arabian physicians in the ninth century! Drink a cup with dinner or in the evening and you should experience gentle, overnight relief from constipation in PD. Use senna teas with caution if you have a heart condition and are using lanoxin (Digoxin<sup>®</sup>) or a diuretic. Examples include Senna Leaf Smooth Move<sup>®</sup>, a capsule.

### *Emollient Laxatives (stool softeners)*

These laxatives work by allowing more fluid into the fecal material. They contain “wetting agents” that improve the ability of water to mix with stool, which softens the stool. They do not stimulate bowel movements or increase bowel movement frequency, but make the stool softer and easier to pass. These can be used long term, but should not be used in combination with products containing mineral oil. Some people with Parkinson’s disease find the stool is soft, but difficult to pass as the muscles in the lower abdomen may not be strong enough or the propulsion is slowed due to the disease. Examples include docusate (Colace<sup>®</sup> and Surfak<sup>®</sup>).

### *Bulk-forming Laxatives*

These work by creating bulk in the intestinal tract. Many types of fiber products bind with water in the intestine, keeping the water in the intestine to soften the stool, while adding bulk/volume to it. They

must be taken with at least eight ounces of water. Bulk-forming laxatives produce results in 12 to 72 hours and are very safe for long-term use. Examples include guar gum (Benefiber<sup>®</sup>); inulin (FiberSure<sup>®</sup>); methylcellulose (Citrucel<sup>®</sup>); malt soup extract (Maltuspex<sup>®</sup>); polycarbophil (Fibercon<sup>®</sup>); psyllium (Konsyl<sup>®</sup>).

### *Lubricant Laxatives*

These laxatives work by lubricating the intestinal tract. They contain mineral oil which coats the particles of stool, making it softer. Mineral oil does not stimulate a bowel movement or increase bowel movement frequency, but makes the stool easier to pass. They should only be used for short periods of time or periodically, as the oil can absorb some vitamins. They should not be used when taking warfarin (Coumadin<sup>®</sup>). Examples include mineral oil (Fleet<sup>®</sup>). When purchasing mineral oil, be sure to purchase the original, without any additives (just mineral oil).

### *Osmotic Laxatives*

These work by drawing fluids into the intestinal tract. They are indigestible, nonabsorbable compounds that assist in retaining water in the colon, thereby softening the stool. Osmotic laxatives produce a bowel movement within one to three days. They may cause gas initially, but this usually resolves. Osmotic laxatives are safe for long-term use. Diabetics need to be especially careful in their choice of an osmotic laxative as large, sugar molecules (e.g. sorbitol) are sometimes used. Examples include lactulose (Kristalose<sup>®</sup>); polyethylene glycol 3350 (MiraLax<sup>®</sup>); polyethylene glycol (Glycolax<sup>®</sup>); sorbitol.

### *Saline Laxatives*

These laxatives contain magnesium, sulfate, phosphate or citrate. They cause a softening of the stool by retaining water in the colon. They generally work within several hours. In general, they should not be used on a regular basis as they can cause dehydration and electrolyte problems. People with kidney disease, congestive heart failure, or those who are advised by their health care provider to control salt and water intake should not take saline laxatives. Examples include (for mild results) magnesium hydroxide (Milk of Magnesia); sodium biphosphate and sodium phosphate (Fleet<sup>®</sup>, phospho-soda, Visicol<sup>®</sup>); strong results: magnesium sulfate (Epsom Salt).

### *Stimulant Laxatives (Not for long-term use)*

These should be used sparingly with Parkinson's and only after other remedies have failed. Among the over-the-counter laxatives, they are most likely to cause diarrhea and cramping. Chronic use can lead to colon damage. They work by causing the muscles of the small intestine and colon to propel their contents more rapidly. Some stimulant laxatives increase the absorption of water in the small intestine. Examples include bisacodyl (Dulcolax<sup>®</sup>, Correctol<sup>®</sup>); castor oil; casanthranol; cascara (Nature's Remedy<sup>®</sup>) senna.

### *Enemas*

Enemas stimulate the colon to contract and eliminate stool. They are useful in Parkinson's when there is impaction. In most cases, routine use should be avoided as they affect the fluid and electrolyte balance in the body. Soap suds enemas, commonly used in the past, should not be used as they can damage the rectum. Examples of common enema preparations include docusate sodium (Colace<sup>®</sup>), saline enema, microenema, tap water enema, mineral oil enemas.

### *Suppositories*

A suppository is a "wax-like" form which is lubricated and inserted directly into the rectum as high as the finger can put it. They should be refrigerated until used or they can melt. Glycerin suppositories provide lubrication, while bisacodyl suppositories contain the stimulant laxative bisacodyl. Examples include bisacodyl (Dulcolax<sup>®</sup>); glycerin.

### *Combination Products*

These products combine two or three of the previously mentioned ingredients in both categories (e.g., stimulating body function and also stimulating the intestines). They can be convenient and effective. Those containing stimulants should not be used in

most long-term situations. Examples include casanthranol (Sof-Lax Overnight<sup>®</sup>); docusate (Peri-Colace<sup>®</sup>, Senokot<sup>®</sup>); glycerin; senna and glycerin (Fletcher's<sup>®</sup> Laxative); senna and psyllium (Perdiem<sup>®</sup>); senna.

### **Prescription Products**

When over-the-counter remedies fail, your health care provider may recommend prescription products to treat constipation in Parkinson's disease.

Right now, there are two remedies approved by the US Food and Drug Administration (FDA). They are often available by generic name or trade name (the trade name product is generally more expensive).

- Lubiprostone (Amitiza<sup>®</sup>): works by increasing stool water content. Side effects include headache, nausea, diarrhea, abdominal pain and vomiting.
- Linaclotide (Linzess<sup>®</sup>): increases bowel movement frequency. Its most common side effect is diarrhea.

## What's Right for Me?

With what you have now learned about constipation and Parkinson's, how should you move forward? How can you make the right plan for you? Here are a few key points to consider.

### **Your Objective**

- To be as comfortable as possible.

### **Know What to Avoid**

- Impaction (i.e., solid bulk of stool in the rectum that must be manually removed).
- Hemorrhoids (distention of veins in area of anus).
- Chronic dependence on laxatives.
- Complications from other diseases you have which can be worsened by treatments for constipation.

### **Know Your Normal Habits**

- Assess your "normal" by logging your elimination habits versus your dietary intake, the fluids you consume and exercise for one normal week.
- Note any changes in your bowel movements early, monitor, and intervene sooner rather than later (consult your health care provider as appropriate).

### **Select the Right Management Plan**

- Consult your health care provider. Discuss a trial and error process that considers your medical condition(s), all the drugs which you take, and your preferences (form in which taken, frequency/time of administration, taste, effectiveness, etc.)

## Appendix A: List of Oral Laxatives

This list is incomplete, but will help to familiarize you with some products on the market. The list is given in alphabetical order with no preference given to one brand over the other.

Brand Name	Category	Non-Stimulation	Stimulating
A-3 Revised	Combination	X	
Alocass	Stimulant		X
Bisacodyl (Dulcolax®)	Stimulant		X
Castor Oil	Stimulant		X
Cellulose (Unifiber®)	Bulk	X	
Dehydrocholic Acid (Cholan-HMB®)	Stimulant		X
Docusate Sodium (Colace®)	Emollient	X	
Docusate and Senna (Doc-Q-Lax®)	Stimulant		X
Docusate (Docucal®)	Emollient	X	
Docusate (Surfak®)	Emollient	X	
Fleet® Mineral Oil	Lubricant	X	
Guar Gum (Benefiber®)	Bulk	X	
Lactulose (Kristalose®)	Osmotic	X	
Magnesium Citrate (Citrate Of Magnesia)	Saline		X
Magnesium Hydroxide (Phillips® Milk of Magnesia)	Saline		X
Magnesium Supplement (Mag-Gel 600®)	Stimulant		X
Methylcellulose (Citrucel®)	Bulk	X	
Phospho-Soda (Fleet® Phospho-Soda)	Saline		X
Polyethylene Glycol (GaviLAX®)	Osmotic	X	
Polyethylene Glycol (GaviLyte-N® with Flavor Pack)	Osmotic	X	
Polyethylene Glycol (GlycoLax®)	Osmotic	X	
Polycarbophil (Fibercon®)	Bulk	X	
Polyethylene Glycol (NuLYTELY®)	Combination		X
Psyllium (Metamucil®)	Bulk	X	
Rite Aid® Senna	Stimulant		X
Senna (Black-Draught®)	Stimulant		X
Senna and Docusate (Senna-S)	Stimulant		X
Senna and Docusate (Senokot®)	Stimulant		X

Adapted from: Mayo Clinic Website, accessed April 26, 2016, [www.mayoclinic.com/health/drug-information/DR602359](http://www.mayoclinic.com/health/drug-information/DR602359)

## Special Precautions

Before taking a laxative for constipation in Parkinson's disease and for your own safety, always consult your health care provider. Of particular concern should be any of the following:

- Over-using laxatives could create dependence.
- Signs and symptoms of appendicitis: could include fever, abdominal pain, loss of appetite.
- Rectal bleeding from unknown cause.
- Colostomy: potential for diarrhea when bag fills quickly.
- Ileostomy: potential for diarrhea when bag fills quickly.
- Intestinal blockage.
- Type 2 diabetes: some laxatives are high in sugar.
- Heart disease: straining to eliminate stool can strain the heart, and it may not be able to compensate.
- High blood pressure: some laxatives are high in sodium.
- Kidney disease: some laxatives have magnesium and potassium in them.
- Swallowing difficulty: of concern would be aspiration of the laxative into the lungs causing pneumonia or blockage of the esophagus.

## Conclusion

We have now reviewed what constipation is, why it happens in Parkinson's and how to manage it in the way that is best for you. Constipation may not be the most appealing topic of conversation, but the knowledge is important for living well with Parkinson's.

Remember to contact your health care provider if you are experiencing symptoms of constipation. We hope that the strategies provided here help you to manage constipation so you can feel your best.

## Related Fact Sheets:

- Fact Sheet: GI & Urinary Dysfunction in Parkinson's
- Fact Sheet: Nutrition and Parkinson's Disease

## About the Authors

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The Edmond J. Safra Visiting Nurse Faculty Program at the PDF is a 40-hour accredited "train the trainer" program which improves nursing care in Parkinson's by training faculty leaders. Since 2009, the program has trained more than 180 nurse faculty, who are in turn, sharing their knowledge with 11,000 undergraduate nursing students each year to ensure that the next generation of nurses is prepared to fight Parkinson's on the front lines. To learn more about this program, visit [www.pdf.org/edmondjsafranursing](http://www.pdf.org/edmondjsafranursing).



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This publication is not a substitute for a physician's diagnosis of Parkinson's disease or for a physician's prescription of drugs, treatment or operations for Parkinson's disease.

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