

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

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. This muscle is usually 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. When ready, the brain allows the bladder to contract while the sphincter relaxes. This allows the urine to leave the bladder.

Difficulty holding urine is the most common problem.

In PD, the brain's control of the sphincter is disturbed. The bladder becomes overactive and wants to empty even when there is just a small amount of urine present. This results in following symptoms

- urgency
- frequency
- incontinence
- repeated nighttime urination.

Drugs are available (e.g. Ditropan®, Detrol®, Vesicare®, Hytrin®, Probanthine®) to help. These medications relax the bladder muscle.

Difficulty eliminating urine is another common problem.

It can be caused by a sphincter that wants to close when the bladder is ready to empty or by a bladder muscle that is too weak to expel urine. This is a concern because incomplete bladder emptying can cause accumulation of urine and the growth of bacteria. The latter can result in an infection. The symptoms of difficulty eliminating urine include:

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

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

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."
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.

The **National Association for Continence** or **N.A.F.C.** 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.