

Parkinson Disease: Solving Bladder, Bowel & Sexual Health Challenges

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AdvocateAuroraHealth™



Prevalence of Bladder, Bowel & Sexual Symptoms in Parkinson Disease

Prevalence of Bladder, Bowel & Sexual Symptoms in Parkinson disease (PD)

- Questionnaire based study
- 115 PD vs 391 control
- Men & women ~ages 30-69
- ~6 years PD duration
- ~Stage 3 Hoehn & Yahr
- All were taking dopamine replacement medication

Prevalence in Women with PD

COMPLAINT	PD Women	Control
Urinary Urgency	42%	15%
Daytime Frequency	28%	0%
Nighttime Frequency	53%	2%
Stress Incontinence	34%	30%
Urge Incontinence	25%	7%
Slow Start to Stream	23%	19%
Weak Stream	59%	38%
Starting/Stopping Stream	20%	8%
Straining	28%	12%
Fullness After Urination	38%	20%

Prevalence in Women with PD

COMPLAINT	PD Women	Control
Constipation	63%	8%
Difficulty Expelling Stool	61%	52%
Stool Incontinence	6%	0%
Diarrhea	22%	11%

COMPLAINT	PD Women	Control
Decrease in libido	84%	58%
Decrease in sexual intercourse	55%	20%
Decrease in orgasm	29%	36%
Sexual dissatisfaction (QOL)	8%	6%

Prevalence in Men with PD

COMPLAINT	PD Men	Control
Urinary Urgency	54%	22%
Daytime Frequency	16%	0%
Nighttime Frequency	63%	10%
Stress Incontinence	3%	2%
Urge Incontinence	28%	6%
Slow Start to Stream	44%	30%
Weak Stream	70%	43%
Starting/Stopping Stream	41%	36%
Straining	31%	18%
Fullness After Urination	43%	38%

Prevalence in Men with PD

COMPLAINT	PD Men	Control
Constipation	69%	3%
Difficulty Expelling Stool	57%	25%
Stool Incontinence	10%	5%
Diarrhea	21%	10%

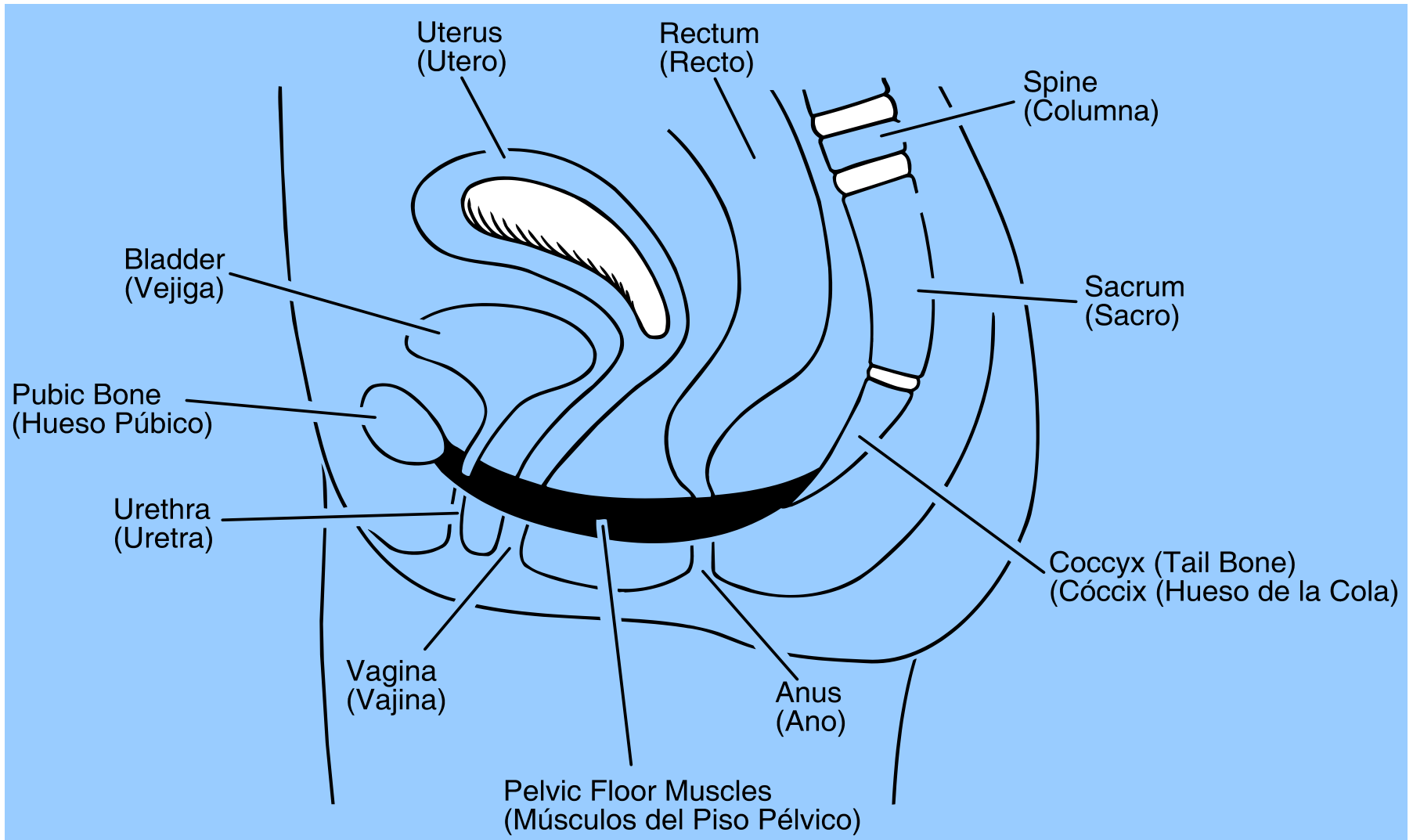
COMPLAINT	PD Men	Control
Decrease in libido	83%	22%
Decrease in sexual intercourse	88%	18%
Decrease in orgasm	87%	20%
Decrease in erection	79%	20%
Decrease in ejaculation	79%	19%
Sexual dissatisfaction (QOL)	28%	25%

The Pelvic Floor

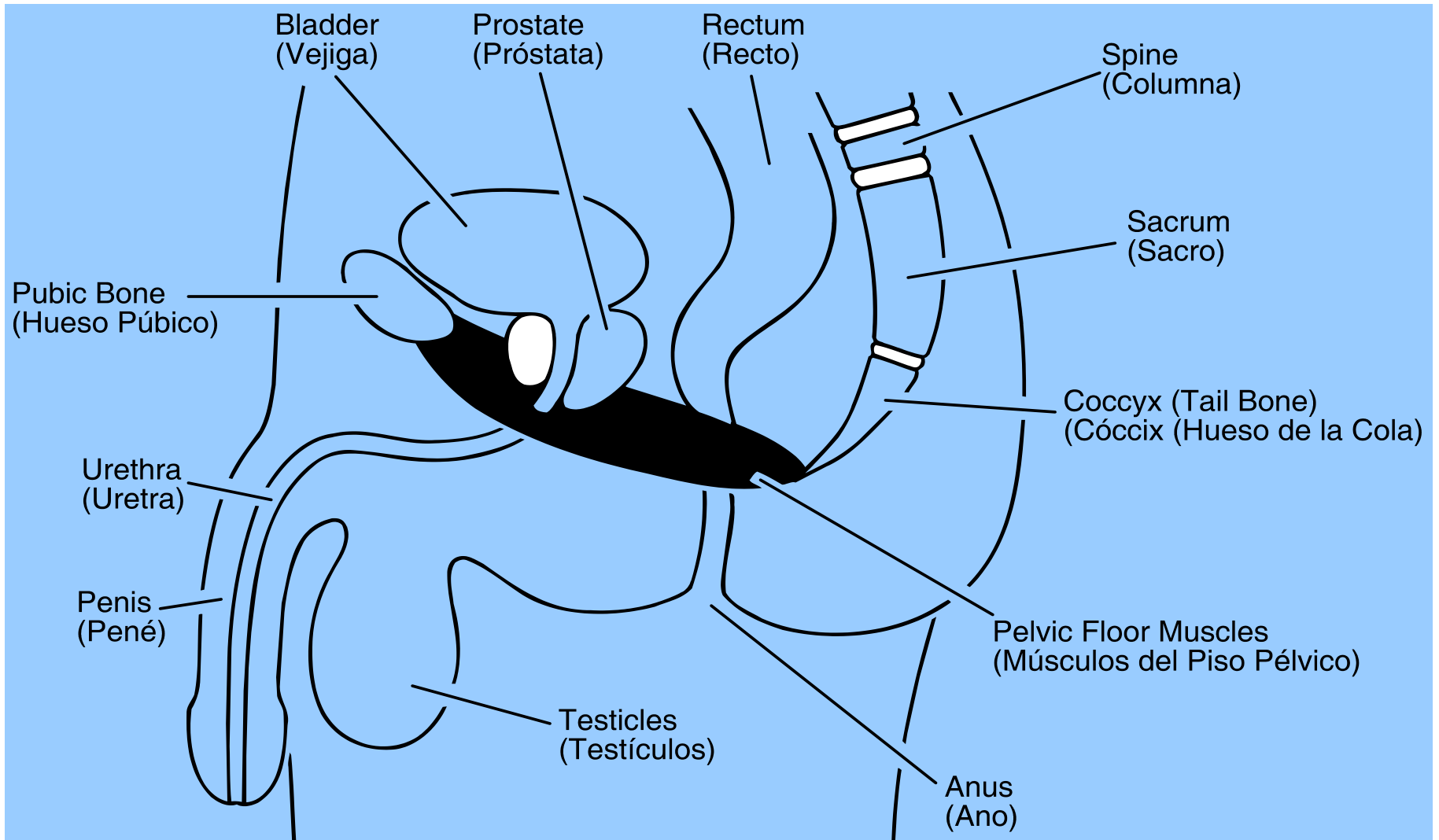
The Pelvic Floor

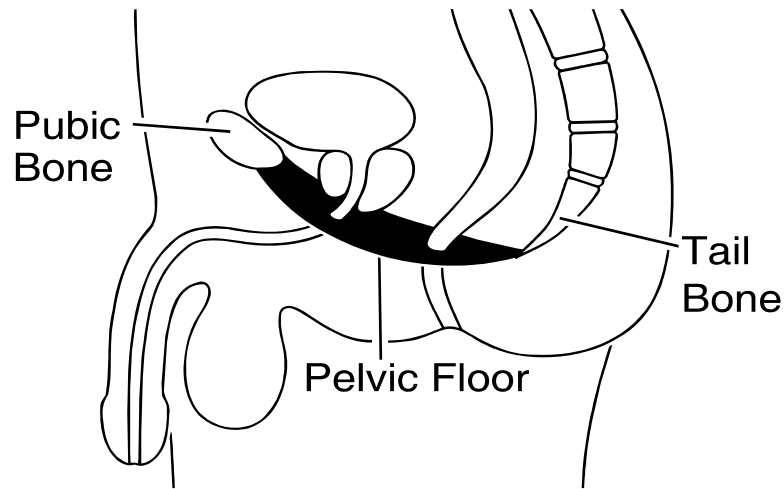
- Sling of muscles that supports the pelvic organs
- Attaches to bones of the front, back and sides of the lower pelvis
- Functions (4 S's):
 1. **Sphincteric**: to help control urination, bowel movements, and gas (sphincter around urethra and anus)
 2. **Support**: provides 'shelf' to the bladder, uterus and rectum/colon
 3. **Sexual**: engorgement and orgasm
 4. **Stabilization**: works with the core musculature

The Pelvic Floor - Female



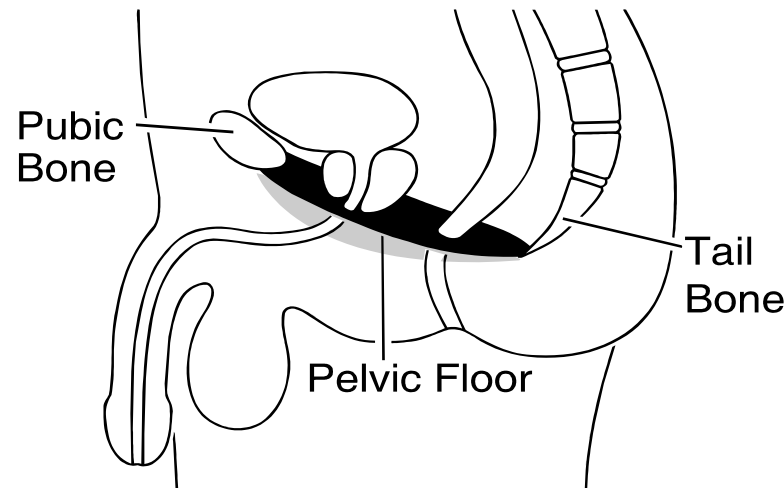
The Pelvic Floor - Male





At Rest

When relaxed, the pelvic floor is a sling of muscle from the pubic bone to the tailbone.

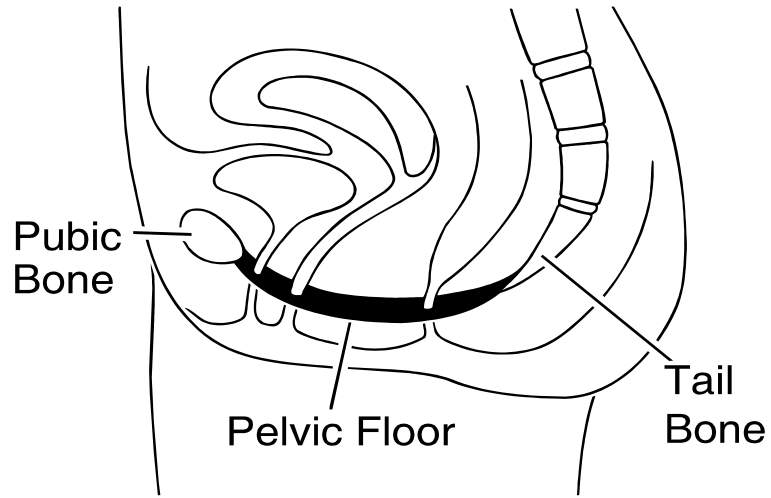


Contracted

When contracted, the muscle pulls up and into the body and "pinches" or "squeezes" the urethra, vagina and rectum

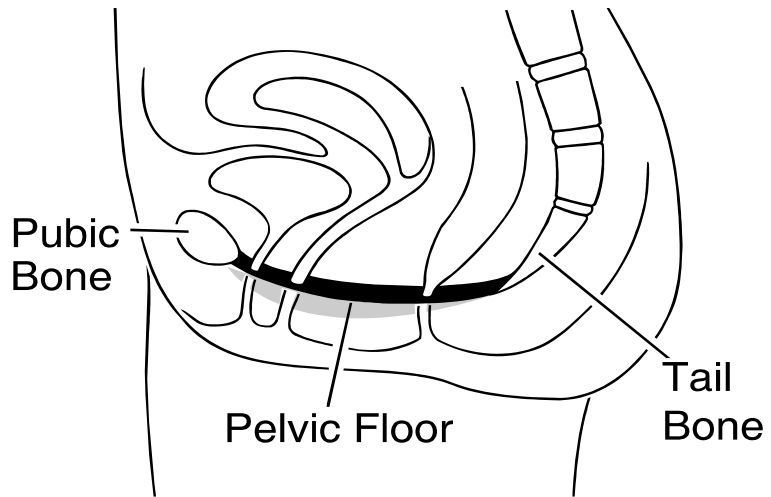
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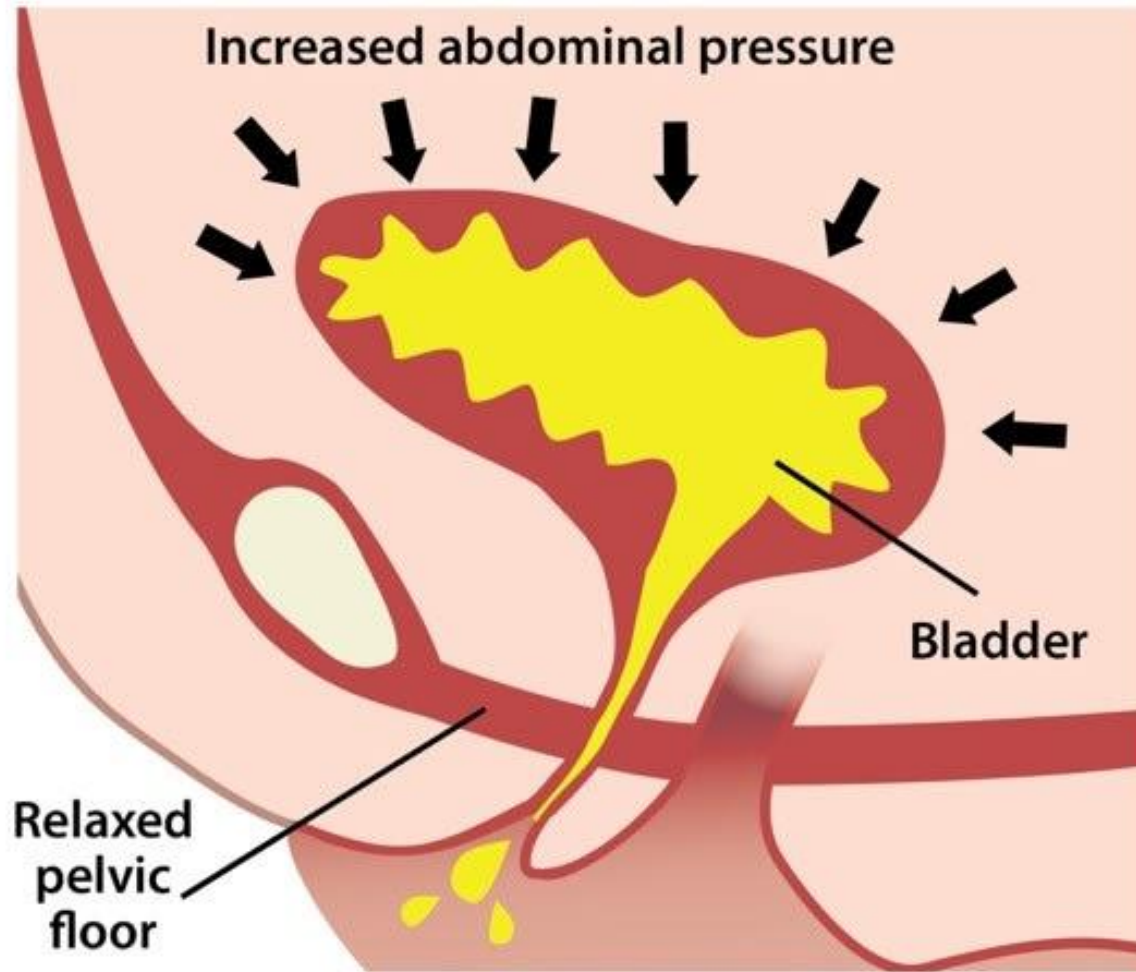
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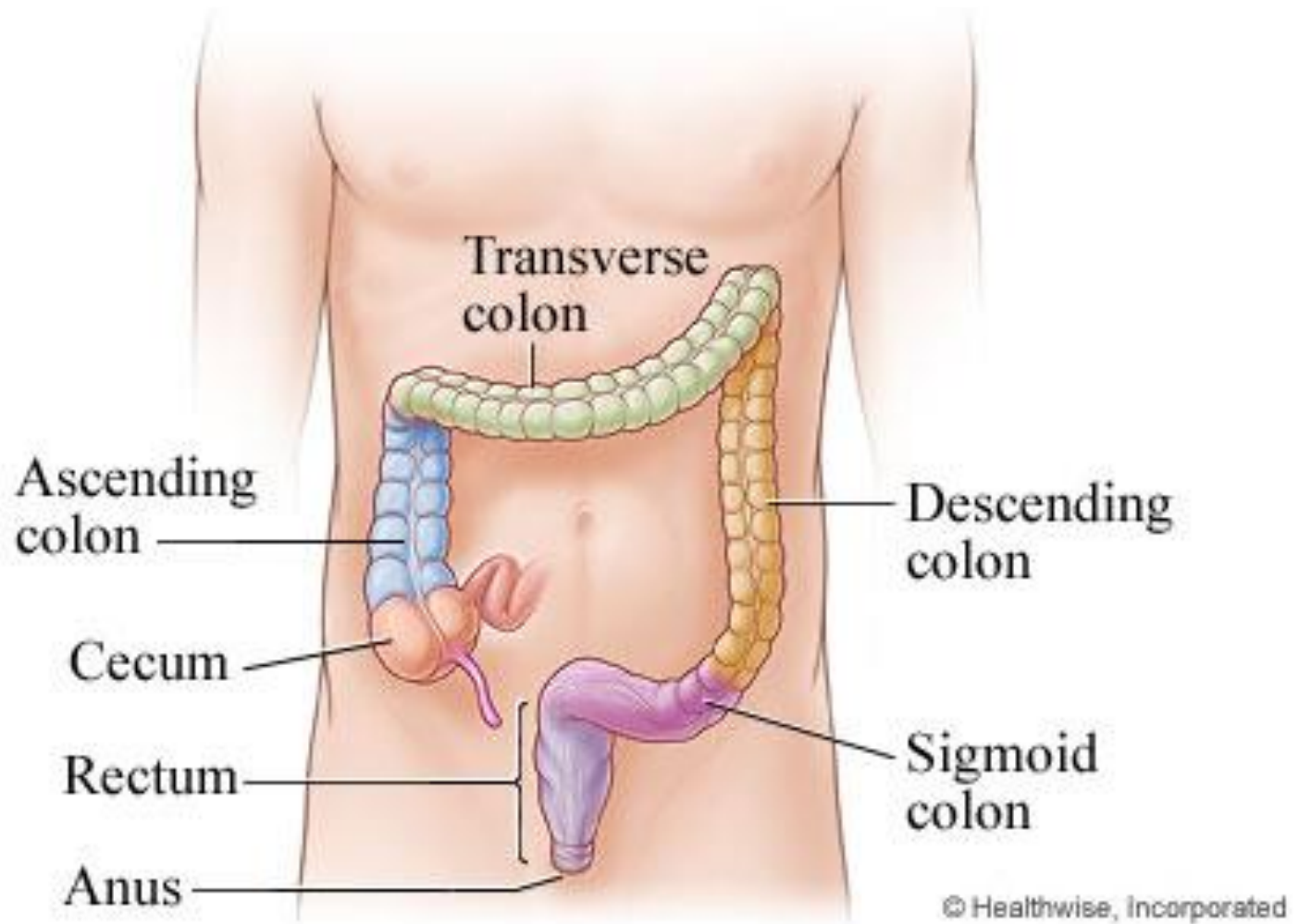


Bladder, Bowel, & Sexual Function & Dysfunction








Bladder



Bowel



Bristol Stool Chart

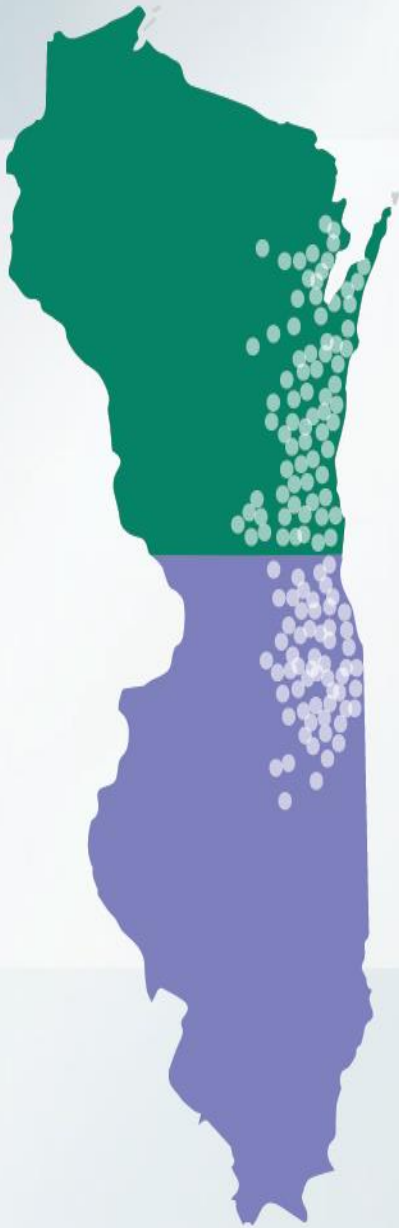
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Age Related Physical Changes Causing Sexual Dysfunction

Aging Men	Aging Women
Testosterone levels reduce ~1%/year after age 30	Estrogen levels decline ~50% by age 50 and further decline after menopause
Arousal is slower and less intense	Arousal is slower and less intense
Long periods of celibacy will lead to some atrophy	Long periods of celibacy will lead to some atrophy
Takes longer to reach full erection	Reduced size of cervix and uterus
Decreased expulsive pressure for ejaculation	Reduced volume of lubricating fluid
Decreased volume of fluid expelled during ejaculation	Thinning of vaginal walls and perineum
Longer period of time before can be stimulated again	Pain with penetration

How does a reduction in dopamine generally effect each of these systems?

1. Overactive bladder
2. Nocturia (orthostatic hypotension)
3. Slow transit constipation
4. Ineffective abdominal strain
5. Reduced rectal contraction
6. Paradoxical contraction of the pelvic floor
7. Reduced libido for sexual activity
8. Bradykinesia of the pelvic floor



Questions?

July 21, 2020 | **Erica Vitek, MOT, OTR, BCB-PMD, PRPC**
Email: Erica.Vitek@aah.org

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