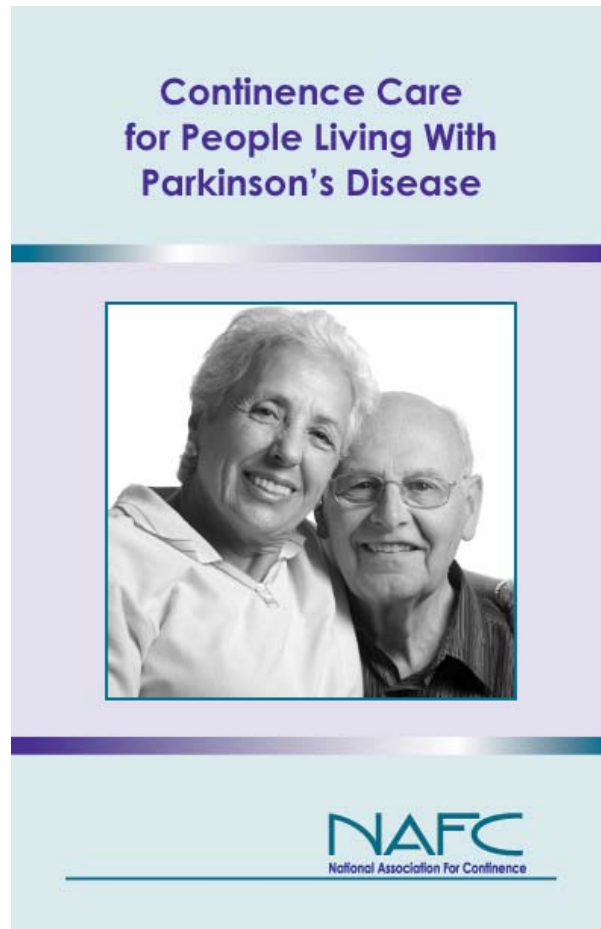
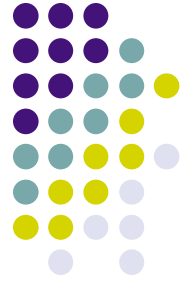


Continence Care for People Living With Parkinson's Disease



- Lead Author Dr. Clare Fowler of London's National Hospital of Neurology & Neurosurgery
- Clinical reviewers from multiple U.S. centers of excellence
- In collaboration with the National Parkinson Foundation

Disclosure



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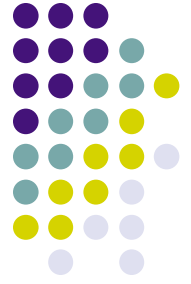
Purpose of this Publication



NAFC feels privileged to serve as a source of information about bladder and bowel health to those diagnosed with Parkinson's disease. This material is based on professional advice, published experience and research, and expert opinion. It does not represent individual therapeutic recommendations or prescription. For specific medical advice, consult your personal physician or other knowledgeable healthcare provider.

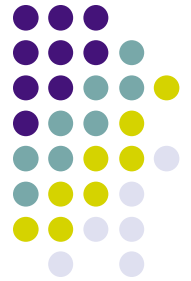
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Parkinson's disease: Signs and Prevalence



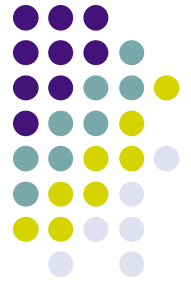
- Progressive, degenerative disorder of the central nervous system
- Characterized by tremors, sluggishness, rigidity of muscles, impaired mobility, and difficulty sleeping
- 60,000 new cases each year and an estimated prevalence as high as 10% of all adults > 60
- As many as 1.5 million adults are living with PD in the U.S., as a chronic disease
- Disproportionately affects men 3:2 over women

How the Bladder and Bowels Can Be Impacted by PD

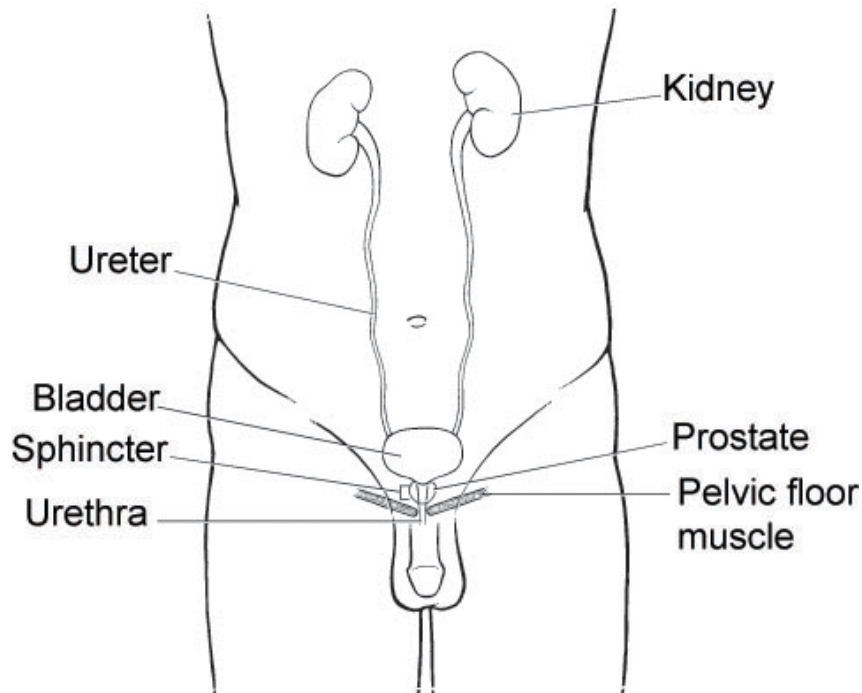


- Increased frequency of urination
- Sudden urgency
- Retention of urine
- Nocturia (Waking up from nighttime sleeping to use the toilet)
- Urge incontinence (sudden loss of control over emptying the bladder)
- Abdominal cramps
- Constipation

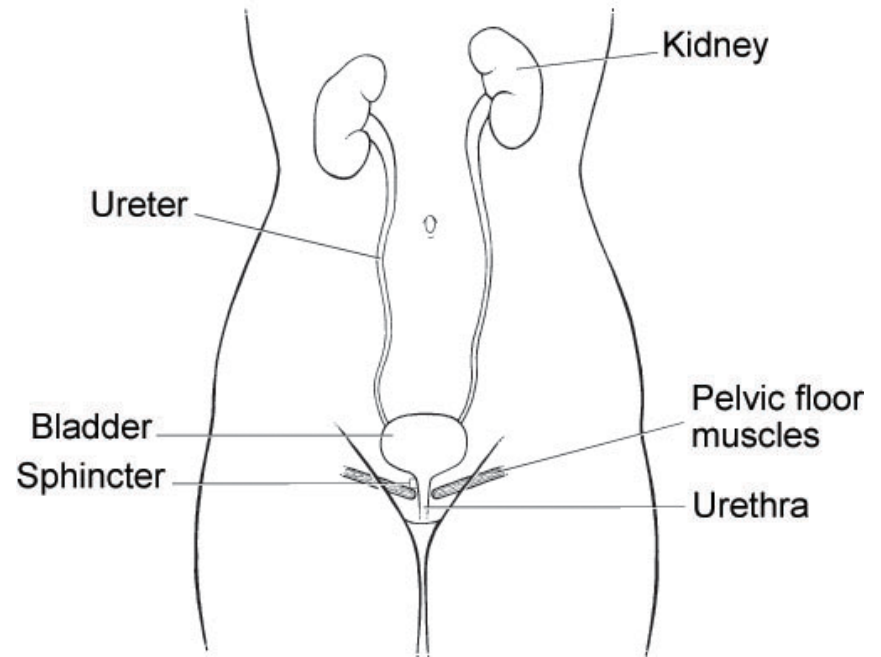
How the Bladder Normally Works



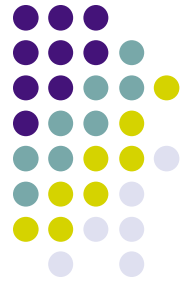
MALE



FEMALE

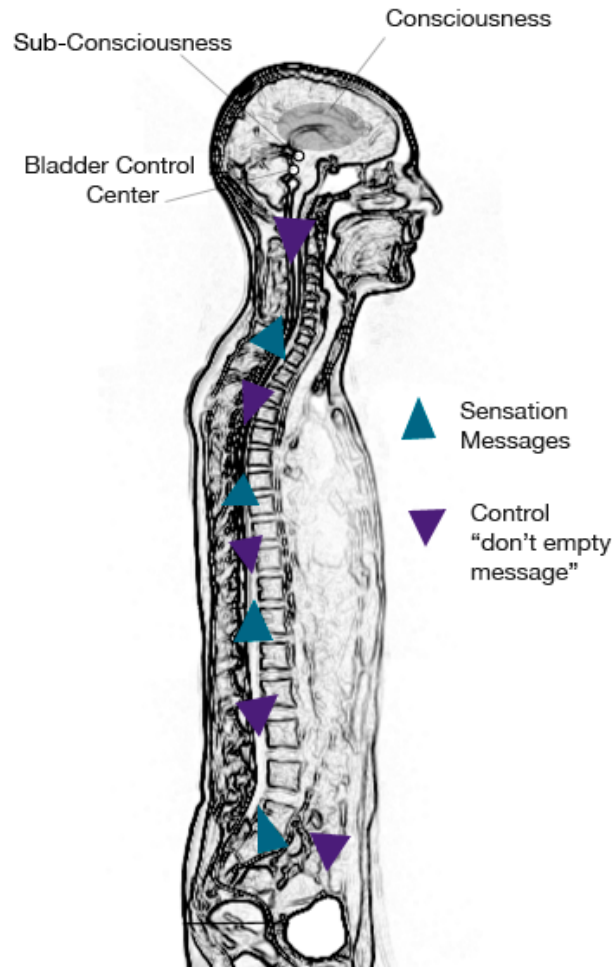
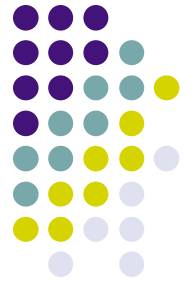


Normally, We Spend 99% of Our Lives Making & Storing Urine



- The kidneys filter wastes from the body and produce urine
- Urine is sent to the bladder, a muscular sac, for storage
- The brain is alerted subconsciously and then consciously that the bladder is full
- The brain, when appropriate, signals the bladder to contract and other pelvic muscles to relax to permit the release of urine

What Goes Wrong With PD



- Bladder becomes over-active and develops contractions, resulting in poor storage
- “On and Off” problems interfere with flow
- May be complicated by unrelated diagnosis (e.g., BPH in men or SUI in women)

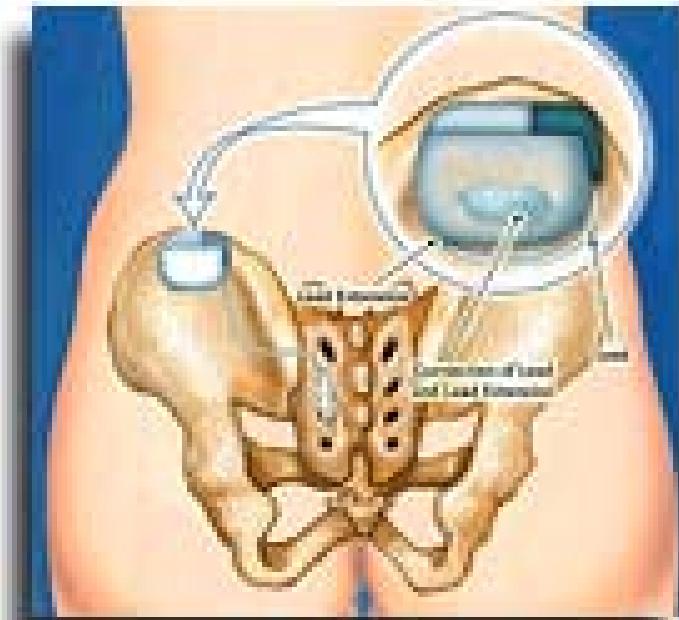


Treatment Intervention

- Consider choices among Rx drugs to reduce frequency, urgency, and nocturia
- Make dietary changes to eliminate caffeine, alcohol, artificial sweeteners & other bladder irritants
- Discuss with your doctor other medications that may be contributing to symptoms of urgency and frequency

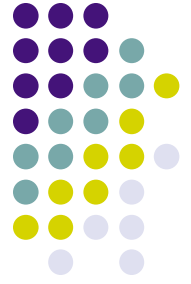
Generic Name	Brand Name
Darifenacin	Enablex®
Oxybutynin	Ditropan®
Oxybutynin extended-release	DitropanXL®
Oxybutynin transdermal patch	Oxytrol®
Solifenacin succinate	VESIcare®
Tolterodine	Detrol®
Tolterodine extended-release	Detrol®LA
Trospium chloride	Sanctura®

Evolving Treatment Technologies in Research



Interstim® image provided by Medtronic

- Botulinum toxin A (Botox®) injected into the bladder
- Neuromodulation with a pacemaker implant (Interstim®)
- Deep-brain stimulation



Promoting Bowel Health

- Battling constipation
 - Try different OAB medications, which can be constipating in different degrees
 - Maintain dietary fiber and hydration
- 10% of PD patients on a COMT inhibitor for treating symptoms of PD will experience delayed onset of diarrhea
 - Best managed with supplements to firm the stool if the drug is otherwise helpful and diarrhea is not severe

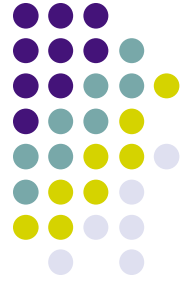
Managing with Absorbents & Collection Devices



Height/ weight	75-90	95	100	105- 140	145	150	155	160- 190	195
4'11"	S	S	S/M	M	M/L	M/L	L	L	L/XL
5'0"	S	S	S/M	M	M/L	M/L	L	L	L/XL
5'2"	S	S	S/M	M	M/L	M/L	L	L	L/XL
5'4"	S	S	S/M	M	M/L	M/L	L	L	L/XL
5'6"	S	S	S/M	M	M/L	M/L	L	L	L/XL
5'8"	S	S	S/M	M	M/L	M/L	L	L	L/XL
5'10"	S	S	S/M	M	M/L	M/L	L	L	L/XL
6'0"	S	S	S/M	M	M/L	M/L	L	L	L/XL
> 6'0"	S	S	S/M	M	M/L	M/L	L	L	L/XL

- Choose from among a wide variety of sizes and absorbencies for proper fit
- Change when wet to help prevent skin irritation and odor control problems

Additional External Collection Options

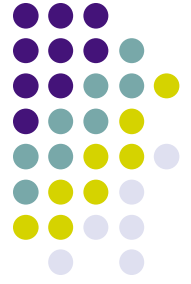


- For Men
 - Condom catheter are preferable to penile clamps
 - External catheters are available in different sizes and with or without adhesive
 - Consider innovations that incorporate collection vessels for containment inside boxer shorts
- For Men and Women
 - Absorbents are preferable to catheterization
 - Suprapubic catheter sited by an expert is an alternative to urethral, indwelling catheterization in cases of chronic urinary retention, or the inability to empty the bladder



Safe Toileting Practices

- Allow sufficient time to reach the toilet.
- Use mobility aids of appropriate height.
- Clear the pathways of rugs.
- For nighttime safety, keep a flashlight and urinal or bedside commode nearby.
- Eliminate fluids 2 hours before bedtime. Elevate feet. Take diuretic.
- Insure lighting is adequate.
- Wear loose clothing with easy fasteners, no buttons.
- Put non-skid rubber mats on tile floors.
- Elevate the toilet seat for ease in sitting and standing.
- Men and women, sit to urinate. Double-void.
- Have signals handy to call for assistance (alarm/bell)

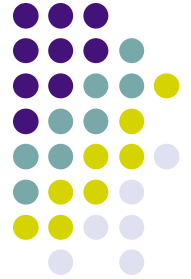


Don't Be A Casualty to Falls!

- Seek professional advice and the therapy of a physical therapist or occupational therapist
 - Evaluate joint and muscle pain promptly
 - Address balance
 - Advise about community exercise programs
 - Teach caregivers about safe transfer practices



Additional Resources Are Available



National Parkinson Foundation - www.parkinson.org

American Parkinson Disease Association, Inc. - www.apdaparkinson.org



Parkinson's Disease Foundation - www.pdf.org



Hope For a Cure - www.hopeforacure.org

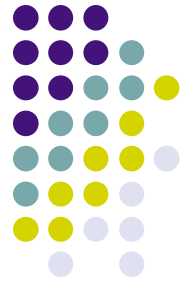


National Family Caregivers Association - www.nfacares.org



Family Caregivers Alliance - www.caregiver.org

Eldercare Locator - www.eldercare.gov

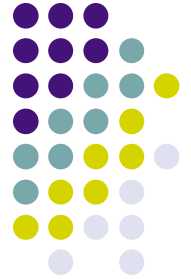


1.800.BLADDER
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