

# Constipation and Parkinson's Disease

## Introduction

Constipation affects many people with Parkinson's disease (PD). PD slows the muscle movements of the gut, directly increasing risk for constipation. In addition, lack of physical activity, poor dietary habits, decreased fluid intake, and some medications can also contribute. The best treatment approach is to prevent constipation using diet and lifestyle changes.

## Diet and Lifestyle

Changes in diet and lifestyle may take some time before they restore regularity, so be patient. Here are some suggestions:

- Eat meals at the same time each day
- Add more fiber to your diet
- Exercise and remain as active as possible
- Drink warm liquids with breakfast
- Establish a fixed time every day for bowel movements
- Never put off the urge to move your bowels

**Exercise and Physical Activity:** Increasing your activity level is good for general health and for reducing constipation. A physical therapist can recommend appropriate exercises. Consult with both your doctor and physical therapist before beginning any new exercise program.

**Dietary Habits:** It is important to eat the proper number of servings of each food group daily, with an emphasis on balanced nutrition and high fiber intake. A general guide is that half your plate should be fruits and vegetables. Whole grains are a good source of fiber. Drinking enough water is important to prevent constipation, especially when taking fiber supplements. Six to eight 8-ounce glasses of water daily are recommended.

Some foods increase constipation, including dairy, fried foods, meats, bananas, sugary foods, and white flour.

**Fiber Content:** Fiber is an essential component of a healthy diet and the lack of fiber is the most common cause of constipation. Some fiber sources include fresh and dried fruits, vegetables, beans, whole-wheat and whole-grain products, bran, oatmeal, and brown rice.

Use **Table 1** or an internet search for "dietary fiber" to calculate your current daily fiber intake. Increase it weekly by 5 grams per day until you reach the recommended daily intake of 20 to 35 grams.

**Table 1: Example of Fiber-rich Food Choices**

Food Group Serving Size	# of Serv.	Approx. Fiber/Serv. (grams)	= Fiber Intake (grams)
Whole Fruit 1 medium, 1 cup cut	2	2	4
Vegetables 1 cup cut, 2 cups raw leafy	3	4	12
Whole Grains 1 slice bread, ½ cup cooked rice/pasta/oatmeal	4	2	8
Beans, Peas and Lentils ½ cup cooked	1	8-10	9
Nuts and Nut Butters ¼ cup nuts, 2 Tbsp. nut butter	1	2	2
Whole Grain Breakfast Cereals See Nutrition Facts Label	1	3	3
Total			38

Serv., Servings; Tbsp., Tablespoons

**Table 1a: Estimate Your Fiber Intake**

Food Group Serving Size	# of Serv.	Approx. Fiber/Serv. (grams)	= Fiber Intake (grams)
Whole Fruit 1 medium, 1 cup cut		2	
Vegetables 1 cup cut, 2 cups raw leafy		4	
Whole Grains 1 slice bread, ½ cup cooked rice/pasta/oatmeal		2	
Beans, Peas and Lentils ½ cup cooked		8-10	
Nuts and Nut Butters ¼ cup nuts, 2 Tbsp. nut butter		2	
Whole Grain Breakfast Cereals See Nutrition Facts Label		3	
Total			

# Constipation and Parkinson's Disease

## Helpful Foods

Certain foods may be helpful in relieving constipation. A natural recipe involves combining 2 parts of unprocessed wheat bran, 1 part applesauce, 1 part prune juice (for example 1 cup, ½ cup, and ½ cup, respectively) and refrigerating the mixture. Make a new mixture every week. You can take 1–2 tablespoons daily for one week. If needed, you can increase by 1 tablespoon a week. Stool frequency and gas may increase the first few weeks, but will usually adjust after one month of using this mixture. Yogurt that is fortified with probiotics may improve constipation as well.

For more information about diet, please view our webinar, *Spotlight on Parkinson's Disease: Living Well Every Day*, at [www.apdaparkinson.org/webinar/](http://www.apdaparkinson.org/webinar/).

## Medication

Certain medications can cause constipation. The best way to know if a medication is the cause of your constipation is if the symptoms start when you start the new medication. **Table 2** lists examples of medications that can cause or worsen constipation. Do not stop these medications, but ask your doctor if they could be the cause of your constipation.

**Table 2: Medications That Can Cause or Worsen Constipation**

Medication Class	Examples Generic Name (brand)
PD medications	<ul style="list-style-type: none"> <li>trihexyphenidyl (Artane®)</li> <li>benzotropine (Cogentin®)</li> </ul>
Narcotic pain medications	<ul style="list-style-type: none"> <li>oxycodone (Percocet®, Percodan®, OxyContin®)</li> <li>hydrocodone (Lortab®, Vicodin®, Vicoprofen®, many prescription-only cough syrups)</li> <li>hydromorphone (Dilaudid®)</li> <li>propoxyphene (Darvocet®, Darvon®)</li> <li>fentanyl (Actiq®, Duragesic®, Fentora®)</li> <li>meperidine (Demerol®)</li> <li>codeine</li> <li>morphine</li> </ul>
Antacids	<ul style="list-style-type: none"> <li>aluminum-containing products</li> <li>bismuth-containing products (Pepto-Bismol®)</li> <li>calcium-containing products (Rolaids®, Tums®)</li> </ul>

**Table 2: Medications That Can Cause or Worsen Constipation (Cont.)**

Medication Class	Examples Generic Name (brand)
Calcium supplements	<ul style="list-style-type: none"> <li>Os-Cal®, Caltrate®, Citracal®, Viactiv®</li> <li>generics/store-brands, prescription calcium products</li> </ul>
Antihistamines (used for sleep aid, allergies, and motion sickness)	<ul style="list-style-type: none"> <li>diphenhydramine (Benadryl®)</li> <li>meclizine (Dramamine®)</li> <li>chlorpheniramine (Chlor-Trimeton®)</li> </ul>
Antidepressants	<ul style="list-style-type: none"> <li>amitriptyline (Elavil®)</li> <li>desipramine (Norpramin®)</li> <li>nortriptyline (Pamelor®)</li> </ul>
Antipsychotics	<ul style="list-style-type: none"> <li>haloperidol (Haldol®)</li> <li>clozapine (Clozaril®)</li> <li>risperidone (Risperdal®)</li> </ul>
Cholesterol medications	<ul style="list-style-type: none"> <li>cholestyramine (Prevalite®, Questran®)</li> <li>verapamil (Calan®, Verelan®)</li> </ul>
High blood pressure medications	<ul style="list-style-type: none"> <li>diltiazem (Cardizem®, Cartia XT®)</li> <li>clonidine (Catapres®)</li> <li>methyldopa</li> </ul>
Seizure/epilepsy medications	<ul style="list-style-type: none"> <li>phenytoin (Dilantin®)</li> <li>valproic acid (Depakote®)</li> </ul>
Iron supplements	<ul style="list-style-type: none"> <li>Feosol®, Slow-Fe®</li> <li>generics/store-brands</li> <li>prescription iron products</li> </ul>

## Medication Management

**Over the Counter (OTC) Medications:** Various medications used to treat constipation, and how they work, are listed in **Table 3**. There are many other available products not listed here. If you have questions about ingredients or if the product is safe to use, ask your doctor or pharmacist.

If after two weeks of dietary/lifestyle changes there is no improvement in constipation, *bulk-forming laxatives* may be used. It is important to continue your healthy eating habits while taking these laxatives. *Stool softeners* may also be added if the bulk-forming laxatives do not provide relief soon enough, and to help relieve straining during bowel movements. Both items are generally safe when used as directed. *Stimulant laxatives* and *hyperosmotic laxatives* may not always be safe and SHOULD NOT be used without the advice of a doctor or pharmacist. Don't take laxatives within two hours of taking other

# Constipation and Parkinson's Disease

medications. **If, after dietary/lifestyle changes and using a laxative fails, a more serious underlying condition may be responsible for the constipation.**

**Table 3: Over the Counter Medications Used to Treat Constipation**

Medication Class	Examples Generic Name (brand)
Bulk-forming laxatives	<ul style="list-style-type: none"> <li>• psyllium (Metamucil<sup>®</sup>, Fiberall<sup>®</sup>, Konsyl<sup>®</sup>)</li> <li>• inulin (Fiber-sure<sup>®</sup>, Fiber Choice<sup>®</sup>)</li> <li>• polycarbophil (FiberCon<sup>®</sup>, Fiber Lax<sup>®</sup>)</li> <li>• methylcellulose (Citrucel<sup>®</sup>)</li> <li>• wheat dextrin (Benefiber<sup>®</sup>)</li> </ul>
Stool softeners	<ul style="list-style-type: none"> <li>• docusate (Colace<sup>®</sup>)</li> </ul>
Miscellaneous	<ul style="list-style-type: none"> <li>• cod liver oil</li> <li>• senna tea</li> </ul>

**Bulk-forming Laxatives:** Bulk-forming laxatives or fiber supplements are the safest and most naturally-acting type of laxative provided they are taken as directed. These products are not habit-forming and can be used daily to help prevent and treat constipation. Not drinking enough water can result in an obstruction of the gastrointestinal tract. Make sure to take these with an 8-ounce glass of water. Increasing fiber intake too quickly may result in gas, bloating, and upset stomach. These products usually take between 12 to 72 hours to work.

**Stool Softeners:** Stool softeners, also called emollients, are oral products containing the ingredient docusate and are generally only useful in preventing constipation. Stool softeners do not cause a bowel movement, but help to allow one without straining. They are not habit forming and usually work in one to two days, but can take up to five days.

If bulk-forming laxatives and stool softeners don't work, talk with your doctor or nutritionist about other options.

## Prescription Medication

If other products fail, discuss with your doctor or pharmacist about a prescription medication that may be available to treat chronic constipation in people with Parkinson's.

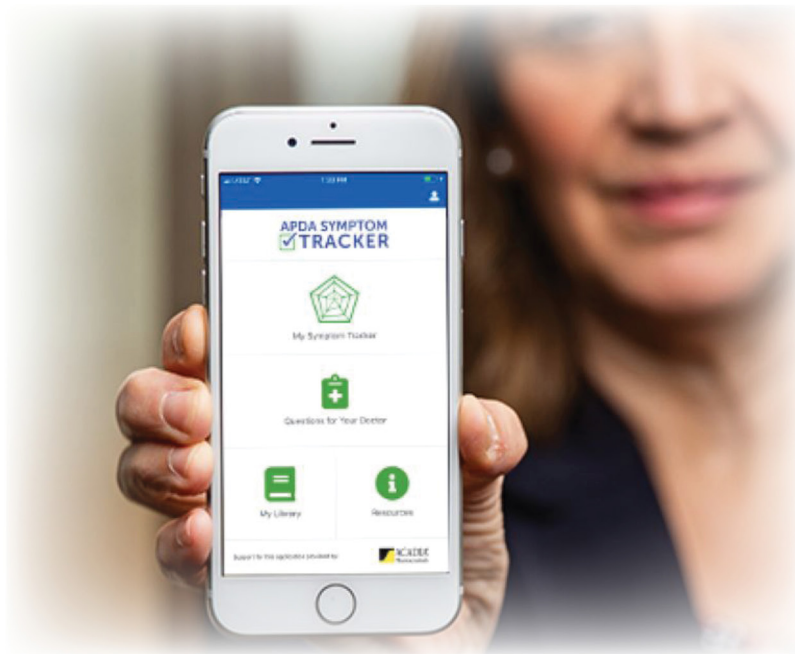
## Conclusion

Always make certain all of your doctors and your pharmacist are aware of all the medications (OTC and prescription), vitamins, supplements, and herbal products you are taking so they can check for drug interactions or side effects.

# Constipation and Parkinson's Disease



## APDA SYMPTOM TRACKER



Introducing an easier way to track your symptoms and manage your care.

Download the free APDA Symptom Tracker mobile app today.



The information contained in this supplement is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician.

For additional free copies of this article, please call or visit the website

**AMERICAN PARKINSON DISEASE ASSOCIATION**

**(800) 223-2732 • [apdaparkinson.org](http://apdaparkinson.org)**

© Copyright 2019, APDA, Inc.