



PADRECC *Parkinson's Disease Research,
Education, and Clinical Center*

Veterans Affairs Medical Center 4150 Clement Street (127P) San
Francisco, CA 94121
Clinic: 415-379-5530 Fax: 415-750-6662

Constipation in Parkinson's Disease

Constipation is an almost universal problem among patients with Parkinson's Disease. Constipation can vary from mild and bothersome to severe and very troubling. It is important to stay ahead in treating constipation so that patients require the use of laxatives or enemas less frequently and do not feel uncomfortable.

STAGE 1: *lifestyle modifications.*

- a) drink LOTS of fluids, fruits and vegetables.
- b) increase fiber intake (all-bran, Fiber-one cereals).
- c) Bulk forming laxatives (Metamucil, Citrucel, Fibercon)
- d) Heated Prune Juice.
- e) decrease medications that result worsen constipation (benadryl, Artane, opiates).
- f) Get adequate exercise.

STAGE 2: *used on a daily basis in many Parkinson's disease patients.*

- a) Senokot and Docusate—starting dose is one senna and two docusate daily. These can be increased as necessary up to three and sometimes more of each.

STAGE 3: *if you have gone more than two to three days without a bowel movement.*

- a) Bisacodyl (dulcolax)- one to two tablets at bedtime
- b) Lactulose (one to two tablespoons in a cup of juice daily as necessary). This is not available without prescription.
- c) Miralax (polyethylene glycol)- one heaping tablespoon into 8oz of water daily as needed.

STAGE 4: *if you have not had a bowel movement for several days-*

- a) Bisacodyl (Dulcolax) suppository—this is effective much sooner than the oral form so do not take at bedtime. Note that these are often rapidly effective.
- b) Fleets Enema—this is effective if there is not a large volume of stool impacted.

STAGE 5: *IMPACTION*

- a) sometimes, even an enema is not sufficient at low volumes to remove a large amount of impacted stool and patients must come into the E&A