

Parkinson's Disease

Literature Review

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## **Parkinson's Disease**

Parkinson's disease involves the breakdown of neurons in the brain and typically affects people sixty years and older (National Institute on Aging, 2017). The common symptoms we often see in patients with Parkinson's, such as tremors, loss of balance, and slowed movement, can be attributed to the loss of dopamine produced by neurons in the brain (Mayo Clinic, 2018). The cause of Parkinson's is unknown, and there is no cure. Treatment is focused on medication and lifestyle changes to control symptoms (Mayo Clinic, 2018). While we quickly notice the outward signs, healthcare professionals must treat all aspects of the disease and symptoms that may not be as noticeable but still debilitating.

### **Abdominal massage for the alleviation of symptoms of constipation in people with Parkinson's**

While everyone can witness the motor effects that people with Parkinson's disease have, other behind the scenes symptoms may be present, changing that person's quality of life, comfort, and emotions. People with Parkinson's are susceptible to constipation due to the breakdown of neurological tissue that promotes peristalsis in the digestive tract and lack of physical activity due to motor issues (McClurg et al., 2016). Constipation is the most common gastrointestinal issue a person with Parkinson's reports and is often ignored or treated with overuse of laxatives or stool softeners (McClurg et al., 2016). Many patients report that the medical team didn't ask questions about their bowel movements, didn't reach out to follow up, and the healthcare team mostly emphasized symptoms such as motor characteristics and coping with the disease (McClurg et al., 2016). Constipation is painful, debilitating, often causes straining, takes a long time, and the unpredictable overuse of laxatives may interact negatively

with medications used to treat Parkinson's disease or may cause diarrhea and cramping (McClurg et al., 2016).

### **Key Points**

In this study, participants made up of patients with Parkinson's disease, and chronic constipation was split into two groups. Researchers gave the control group advice on lifestyle modifications, a journal to keep track of bowel movements, and weekly check-ins with a medication professional for six weeks. Researchers also gave the intervention group lifestyle modifications, a journal, and weekly check-ins, as well as instructions on how to give an abdominal massage to facilitate bowel movements and an instructional DVD on abdominal massages. The advice and lifestyle modification included guidelines on adequate fluid intake, a healthy diet high in fiber, and how to sit correctly on the toilet to facilitate more comfortable bowel movements. Researchers and patients had interviews at the end of week six, after a total of six, once weekly check-ins. The control group was given the DVD about abdominal massage and a brief instruction after the week six interview. Another follow up meeting was conducted on week ten. The four weeks between week six and ten, allowed patients to continue on their own with the information they learned but without constant medical supervision.

### **Assumptions**

The primary assumption the authors are making in this study is that treatments such as abdominal massage, in conjunction with lifestyle modifications will improve debilitating constipation issues seen in Parkinson's patients. Another assumption the authors make is that medical professionals lack the continuation of care for problems like chronic constipation.

Treatment of Parkinson's symptoms that medical professionals can physically see, such as tremors, often takes priority over symptoms not seen, like chronic constipation. It is also brought to our attention that most patients get treatment with only laxatives and that this treatment alone is not appropriate (McClurg,2016).

### **Deficit/Conclusion**

In the intervention group, four out of the seven participants had significant improvement. They improved with regular bowel movements, less straining, completion of bowel movement in less time, less bloating, and the ability to tell when they were going to have a bowel movement after the first six weeks (McClurg et al., 2016). They also noted that the abdominal massage made them more relaxed, comfortable, and more in tune and control of their Parkinson's symptoms (McClurg et al., 2016). Three out of the seven participants in the intervention reported little to no change with bowel habits. All but three participants stopped doing regular abdominal massage between weeks six through ten due to various reasons such as difficulty doing the massage or not feeling as though it would provide relief (McClurg et al., 2016). Others from the control group that did not receive an in-depth education on abdominal massage, often felt they were not doing it correctly (McClurg et al., 2016). Three participants continued doing abdominal massage regularly and reported that they had improvements (McClurg et al., 2016). Two participants also noted a reduction of their use of laxatives and were more motivated to attend social gatherings, without worrying about an unexpected bowel movement (McClurg et al., 2016). The study did show promise that for some patients' abdominal massage along with lifestyle modifications can reduce the use of laxative use and discomfort associated with constipation in patients with Parkinson's disease and also serves as a reminder to healthcare

professionals to listen to all the symptoms patients report and follow through with appropriate interventions.

## References

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