

Bladder dysfunction in Parkinson's disease

[Lower urinary tract symptoms](#) are common in patients with [Parkinson's disease](#), either storage symptoms ([overactive bladder](#) symptoms or OAB) or [Urination](#) symptoms. The most important diagnostic clues for urinary disturbances are provided by the patient's medical history ¹⁾.

Pathophysiology

[Lower urinary tract symptoms](#) (LUTS) are the most common nonmotor symptoms usually occurring mid-stage of [Parkinson's disease](#) (PD); however, its underlying mechanisms are unknown.

[Bladder dysfunction](#) may cause disabling symptoms in [Parkinson's disease](#) (PD) patients. The majority of patients' experience symptoms as [urinary urgency](#) and [nocturia](#) suggest overactive bladder. This seems to be due to an altered brain-bladder relationship because of alteration in fronto-basal ganglia D1-dopaminergic circuit that normally suppresses micturition-reflex.

Roh et al. aimed to assess whether [corticometry](#) or volumetry can identify a pattern of cerebral cortical changes in PD patients with LUTS.

They recruited 85 idiopathic PD patients and performed corticometry and volumetry on various cortical regions using each patient's [magnetic resonance imaging](#). To identify a correlation between the cortical thickness/volume and nonmotor symptoms scale domain 7 scores, which represent the severity of LUTS, they performed a general linear model and region of interest analyses.

Significant regional thinning of the left [precuneus](#) left [temporal pole](#), left precentral, right precuneus, and right [pars opercularis](#) was correlated with nonmotor symptoms scale domain 7 scores. They also found that cortical volumes of the left precuneus and left [frontal pole](#) were inversely correlated with the severity of urinary symptoms.

This study showed that the thicknesses and volumes of several cortical regions were significantly correlated with the severity of LUTS in PD patients. The findings of regional atrophy and thinning of specific cortical regions in this study provide additional evidence that multiple cortical regions, especially the precuneus cortex, not only may be involved in urinary dysfunctions of PD patients but also may help to elucidate the exact underlying mechanisms for LUTS in PD patients ²⁾.

Previous studies demonstrated the beneficial effect of D1/D2 dopamine-receptors chronic-stimulation on detrusor overactivity of PD-patients. The present study was aimed to evaluate the possible effect of extended-release (ER) Levodopa administered at bed-time on both nocturia and nocturia-related quality-of-life (NQoL) in PD-patients.

106 PD-patients (Hoehn and Yahr >1 and < 4, mean age 66 years, 59 females and 47 males) were enrolled by 7 Movement Disorders out-patients clinics. Patients undergo to International Prostatic Symptoms Scale-IPSS, including 1-item about nocturia (item 7), and to Nocturia Quality of Life-NQoL questionnaire, at baseline and after two-months of Extended-Release L-dopa (L-dopa/carbidopa or L-

dopa benserazide) treatment at bed-time.

Statistical analysis showed significant improvement on both total IPSS, item 7 and NQoL scores following two-months ER L-dopa-treatment. ΔIPSS score inversely correlated with disease duration.

These results support previous evidence of pathophysiological involvement of [dopaminergic](#) transmission on bladder dysfunction in [Parkinson's disease](#) ³⁾.

Treatment

[Bladder dysfunction in Parkinson's disease treatment.](#)

¹⁾

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³⁾

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