

BOWEL, BLADDER AND SEXUALITY ISSUES IN MS

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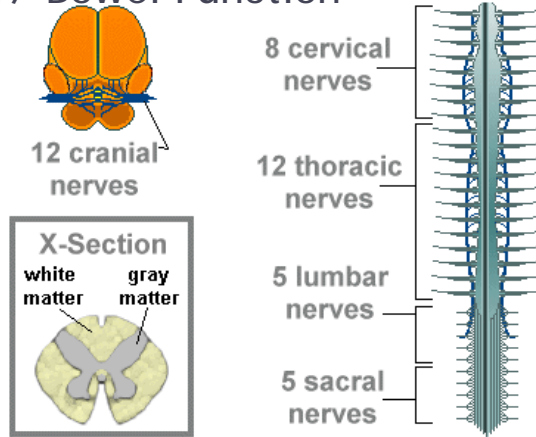
Prevalence of Symptoms

- 60% of persons with MS may experience problems with bowel function
- 80% of persons with MS may experience problems with bladder function
- 45-75% of people with MS report sexual difficulties
- Symptoms may be intermittent or constant
- Symptoms can occur at any time in the disease



Bowel Issues

Central Nervous System Bladder/ Bowel Function



Bowel Dysfunction in MS

- Common problems (50-68%)
 - Constipation
 - Involuntary bowel
 - Diarrhea
 - Flatulence
 - Fecal impaction

● Hinds, J. P., B. H. Eidelman, et al. (1990). "Prevalence of bowel dysfunction in multiple sclerosis. A population survey." *Gastroenterology* **98**(6): 1538-42.

Constipation

- Slow bowel
- Medication effect
- Weak abdominal muscles
- Impaired mobility

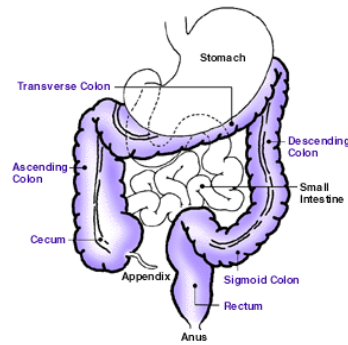


Diagram of the Colon and Rectum

Symptoms Related to Constipation

- Hard formed stool
- Severe flatus
- Feeling of rectal fullness
- Decreased bowel sounds
- Distended abdomen
- Palpable mass
- Headache
- Anorexia
- Nausea/ vomiting
- Diarrhea (related to fecal impaction)
- Increased fatigue

Bowel Management Goal

- Comfortable bowel movement in an appropriate place



Bowel Management Tips

- Eat regularly for regular bowel habits
- Fluid (48-64 oz/day) and 20-30 grams of fiber a day is needed
- Plan for bowel movement 1/2 hour after warm beverage or meal (peristaltic activity is strongest at this time)

Helpful Hints

- Take your time--HASTE DOES NOT MAKE WASTE
- Meat does not have fiber
- 1/3 cup of Fiber One, All Bran or Bran Buds can provide 10-12 grams/fiber
- Greasy foods, spicy foods or food intolerances can cause loose stool
- It takes time to develop regular bowel habits

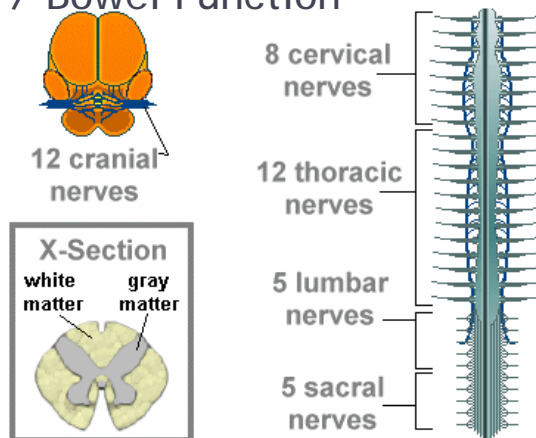


- Milk of Amnesia
- Take it in the morning and by noon you forget you were constipated

Treatments for Involuntary Bowel

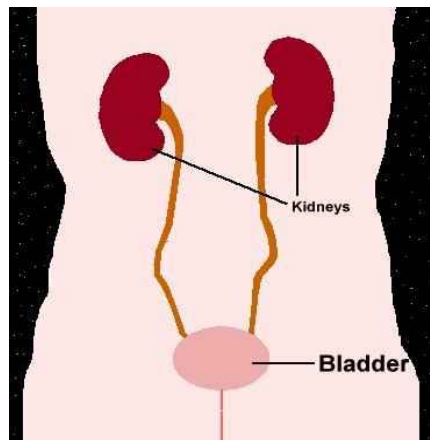
- Bowel training
- Diet
- Suppositories
- Medication

Central Nervous System Bladder/ Bowel Function



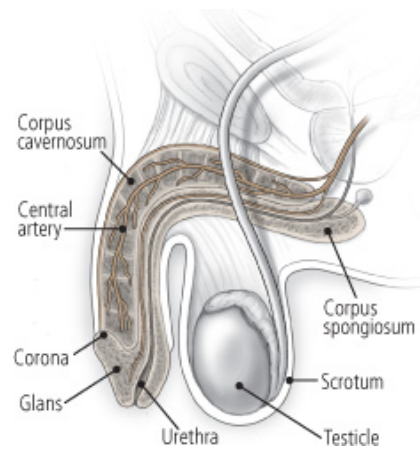
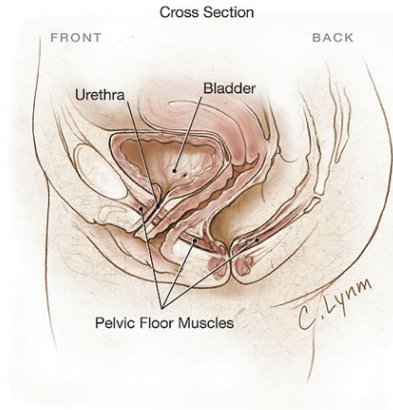
Bladder Issues

Bladder Physiology



- Initial urge 200-300cc
- Capacity 500+cc's
- Flow rate
 - Max 25ml/sec
 - Avg 15cc's/ sec
- Voiding Pressure 30-60cm/ women 80 cm/ men
- Post void residual (PVR) negligible

Female Anatomy/ Male Anatomy

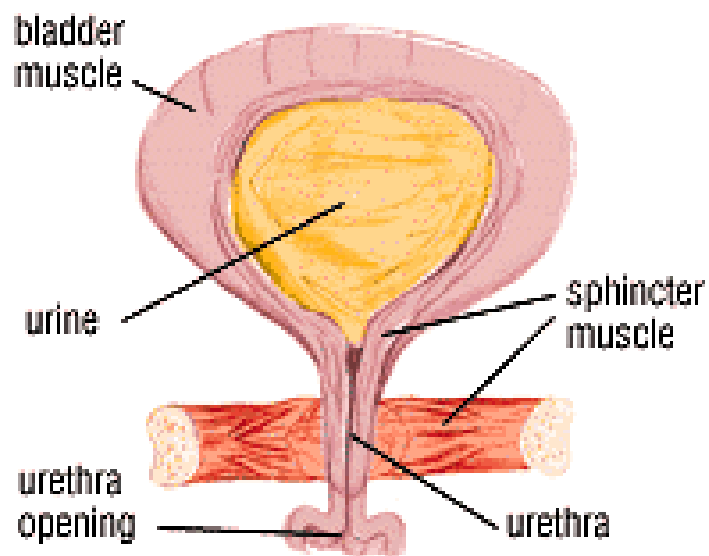


Hands On...

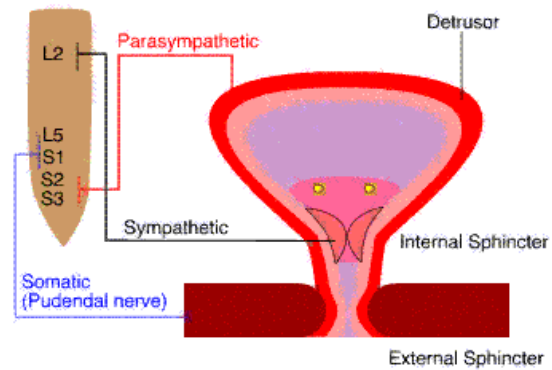


Neurogenic Bladder

- Affects 70-90% of people with MS
 - Inability to store
 - Inability to empty
 - Combined dysfunction –detrusor sphincter dyssynergia
- Chia, Y. W., C. J. Fowler, et al. (1995). "Prevalence of bowel dysfunction in patients with multiple sclerosis and bladder dysfunction." *J Neurol* **242**(2): 105-8.



Bladder Innervation



Common Bladder Symptoms

- Urgency
- Frequency
- Hesitancy
- Double voiding
- Involuntary urine
- Nocturia
- Urinary Tract Infections
- Dysuria

Daily Life Consequences of Bladder Dysfunction



Effects of Incontinence

- Social isolation
- Nocturia
 - fatigue
- Exacerbation of MS symptoms
- Loss of Intimacy
- Tissue breakdown (bedsores)
- Concomitant bowel issues
- Increased falls
 - Potential for fractures
- Additional Laundry

Neurogenic Bladder

- Inability to store
- Inability to empty
- Combined dysfunction





Inability to Store

- Uninhibited detrusor contractions
- Small capacity bladder
- Sphincter dysfunction
- Symptoms of urgency, frequency, nocturia, incontinence
- Post void residual (PVR) < 100 cc




Treatments/ Inability to Store

- Limit fluid intake
- Frequent bathroom breaks
- Quick access to bathroom
- Pads or protective undergarments
- Decrease use of bladder irritants (caffeine, aspartame, alcohol)
- Anticholinergic/antimuscarinic agents



Anticholinergic/Antimuscarinic Agents

- Oxybutynin (Ditropan[®], Ditropan XL[®], Oxtrol Transdermal Patch[®], Gelnique Gel[®])
- Tolterodine (Detrol[®] and Detrol LA[®])
- Darifenasin (Enablex[®])
- Fesoterodine (Toviaz[®])
- Solifenacin succinate (Vesicare[®])
- Trospium chloride (Sanctura[®])
- Mirabegron (Myrbetriq[®])



Anticholinergic Mechanism of Action

- Block nerves that control bladder muscle contractions Allow for relaxation of the bladder smooth muscle
- Increase bladder capacity
- Diminish frequency of involuntary bladder
- Delay initial urge to void



Side Effects of Anticholinergics

- Dry mouth, nose, and throat
- Blurred vision
- Dizziness, drowsiness, and confusion
- Decreased sweating and skin rash
- Nausea and constipation
- Eye pain
- Rapid heartbeat
- Drowsiness



Inability to Empty

- Detrusor dysfunction
- Outlet (sphincter) obstruction
- Symptoms of urgency, hesitancy, incomplete emptying, nocturia, incontinence, UTI
- Post void residual (PVR) >100 cc's



Treatments

Inability to Empty

- Adequate fluid intake
- Structured, timed voidings
- Intermittent catheterization
- Alpha blockers/anti-spasticity agents



Bladder Management Medication

Inability to Empty

- Alpha blockers
 - prazosin (Minipres®)
 - terazosin (Hytrin®)
- doxazosin (Cardura®)
- tamsulosin (Flomax®)
- silodosin (Rapaflo®)

- Antispasticity agents
 - Baclofen (Lioresal®)
 - tizanidine (Zanaflex®)

- Anti-diuretic (desmopressin acetate-DDAVP®)



Combined Dysfunction

- Detrusor-sphincter dysynergia
- Symptoms of urgency, frequency, involuntary urine, nocturia, UTI
- PVR variable amounts
- Diagnosed only by urodynamics



Treatments Combined Dysfunction

- Anticholinergic medication
- Intermittent catheterization

Assessment of Bladder Function

- Thorough history
- patients main concern
- voiding patterns (voiding diary)
- fluid intake
- Spontaneous void
- Measurement of PVR (bladder scan or catheterization)
- UA/ C&S

Sample Bladder Diary

Your Daily Bladder Diary

This diary will help you and your health care team. Bladder diaries help show the causes of bladder control trouble. The "sample" line (below) will show you how to use the diary.

Your name: _____

Date: _____

Time	Drinks		Urine				Accidental leaks				Did you feel a strong urge to go?		What were you doing at the time? <i>Sneezing, exercising, having sex, lifting, etc.</i>
	What kind?	How much?	How many times?	How much? (circle one)	How much? (circle one)	How much? (circle one)	How much? (circle one)	Yes	No				
Sample	☕☕☕☕	2 cups	✓	sm med lg	sm med lg	sm med lg	sm med lg	Yes	No	Running			
6-7 a.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
7-8 a.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
8-9 a.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
9-10 a.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
10-11 a.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
11-12 noon				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
12-1 p.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
1-2 p.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
2-3 p.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
3-4 p.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
4-5 p.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
5-6 p.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				
6-7 p.m.				sm med lg	sm med lg	sm med lg	sm med lg	Yes	No				



Assessment of Motor Skills/ Abilities

- Mobility aids
- Balance
- Spasticity
- Upper body strength
- Lower body strength
- Ability to transfer
- Effect of heat
- Effect of fatigue
- Cognition



Other considerations

- Clothing
- Availability of care partner
- Environment
 - Availability of bathroom
 - Accessibility of bathroom
 - -Stairs



What Patients Need to Know

- Adequate fluid intake is 1 1/2 - 2 quarts/day (48-64 oz) Water is best (decaf tea or fruit juice is OK)
- Urge to void occurs about 1 1/2- 2 hours after drinking something
- Caffeine, aspartame and alcohol are bladder irritants
- Smoking is a bladder irritant
- Limiting fluid intake is harmful



What Patients Need to Know

- Drink fluids all at once. If you sip, sip, sip you will feel the urge to go often
- Try to void about 1 1/2-2 hours after you drink
- Stop drinking fluids about 2 hours before bedtime
- Void right before bedtime
- It is not normal to leak urine, wake up more than once at night to void, or have frequent UTI's
- Symptoms of UTI's
- Effect of UTI's on MS symptoms
- Importance of early treatment of UTI's



What clinicians need to know...

- Symptoms of UTI's
- Effect of UTI's on MS symptoms
- Importance of early treatment of UTI's



Consider a Urology Consult

- Unsuccessful treatment interventions
- Frequent UTI's
- Use of indwelling catheter
- Suspect other concurrent diseases
- Lack of resources at your center

Sexual Function Issues

Sexual Function

- Sexual satisfaction
- Relationship satisfaction
- Communication
 - problem solving communication
 - affective communication

Intimacy

- Love
- Sex
- Caring
- Touching
- Protecting
- Accepting



Concerns for People with MS

- Worries about rejection
- Loss of emotional control
- Fear of a little urine
- Confronting losses
- Overcoming shame



Intimacy Issues

- 45-75% of people with MS report sexual difficulties
- Sexual difficulties may be physical and/or emotional:
 - MS related neurologic changes
 - Other MS symptoms such as fatigue, bowel, bladder, pain, spasticity
 - Medications
 - Emotional or social issues associated with MS



How MS Affects Intimacy

- Barriers to Communication
- Changes in Roles and Responsibilities
- Shifts in the Partnership
- Added Stresses and Strains
- Changes in Sexual Feelings and Responses



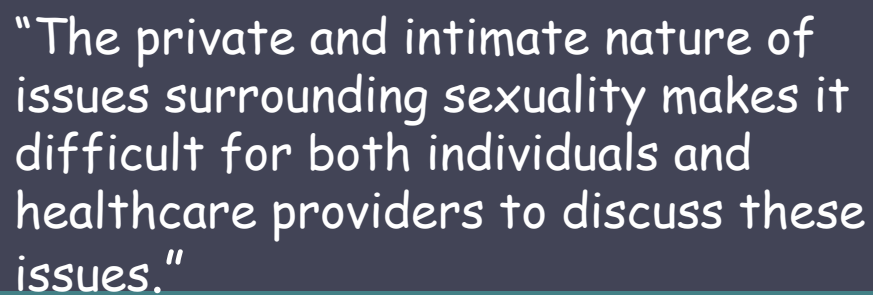
Intimacy

- Mutual respect
- Commitment
- Tenderness
- Warmth
- Love



Physical Closeness

- People seek physical closeness to fulfill many needs
- We need to continue to fulfill our needs for affection, touch, and love even when the demands of life, aging or illness appear



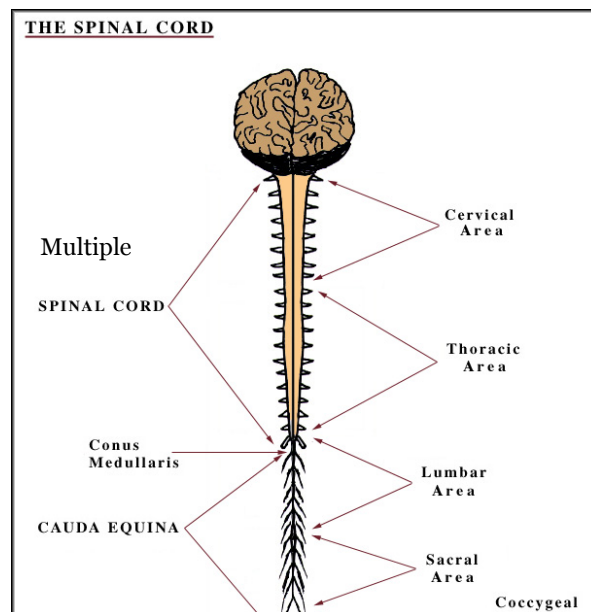
“The private and intimate nature of issues surrounding sexuality makes it difficult for both individuals and healthcare providers to discuss these issues.”

Fred Foley

Sexual Dysfunction

- Difficulty with one or more phases of the human sexual response
 - Desire, arousal or orgasm
- Primary, secondary or tertiary dysfunction
 - Degree to which MS directly or indirectly impairs sexual feelings or response
- (Foley & Saunders, 1997)

Sex is in your head (and spinal cord)





What increases the risk of sexual dysfunction?

- Age over 40
- Chronic physical illness
- Using a number of different medications



Women with MS/ Concerns

- Fatigue
- Decreased sexual desire
- Reduced, altered or painful sensations
- Vaginal dryness
- Loss of orgasm
- Anxiety about bowel/bladder dysfunction
- Urinary tract infections
- Body image concerns



Men with MS/ Concerns

- Difficulty achieving or maintaining an erection
- Decreased genital sensation
- Fatigue
- Decreased interest in sexual intimacy
- Difficulty with ejaculation
- Body image concerns



Primary Sexual Dysfunction

- Occurs as a result of MS related physiological changes in the CNS that directly impair sexual feelings and /or response

(Foley & Saunders, 1997)



Primary Sexual Dysfunction Symptoms

- Decreased or absent libido
- Altered genital sensations
- Decreased frequency/intensity of orgasms
- Erectile dysfunction
- Decreased vaginal lubrication/clitoral engorgement
- Decreased vaginal muscle tone



Primary Sexual Dysfunction Management

- Men
 - Medical management of erectile dysfunction
 - Address meaning of ED and impact on self esteem
- Women
 - Medications (treat abnormal sensations)
 - Lubricants
 - Aids to increasing stimulation (Vibrator)
 - Body mapping assessment



Secondary Sexual Dysfunction

- Occurs as a result of MS related physical changes or MS treatments that indirectly affect sexual feelings and/or response

- (Foley & Saunders, 1997)



Secondary Sexual Dysfunction Causes

- Bowel or bladder dysfunction
- Fatigue
- Sensory paresthesias, pain
- Spasticity, tremor
- Cognitive impairment



Secondary Sexual Dysfunction Management

- Empty your bladder before sex or position catheter before sex
- Fatigue can be helped with medication, energy conservation
- Pain can be controlled with medications
- Spasticity can be reduced with medication, stretching, cold packs
- Alternative sexual positioning can help with spasticity and weakness



Tertiary Sexual Dysfunction

- Psychological, social, and cultural issues that interfere with sexual feelings and/or response.

- (Foley & Saunders, 1997)



Tertiary Symptoms

- "Disabled people aren't sexually attractive"
- "If I don't like myself anymore how can I expect someone else to find me attractive"
- "This isn't the same person I married"
- "He/ she doesn't find me attractive now that I need to be cared for"
- "With everything else that's going on , sex is the last thing I care about right now"



Tertiary Sexual Dysfunction: Origins

- Clinical depression (lifetime risk is 50%)
- Grief
- Changes in attitudes involving self image and body image
- Family and social role changes (no longer working)
- Anger, guilt, depression
- Spouse or caregiver (lead to feelings of resentment)



Tertiary Sexual Dysfunction Management

- Individual or couple counseling
- Grief work
- Exploration of role conflict
- Stress and anger management
- Obtain assistance for personal care



General Management Strategies

- Seek medical evaluation
- Set the stage for increased sexual intimacy (romantic gestures like flowers, backrubs, hand holding)
- Behavior therapy--get started
- Keep the relationship healthy
- Maintain communication
- Try other positions
- Look at romantic videos and literature
- Use sexual aids



Manage MS Related Symptoms

- Weakness—try alternative positions and pillows to increase support
- Pain and discomfort—experiment with other body areas and sexual positions for improving sensations (medication might help)
- Spasticity- time antispasticity medication, take a warm (not hot) bath or shower before intercourse, try stretching or yoga exercises



Communication

- Talk with each other about intimacy, sexual function and routine household concerns
- Develop a back up plan in the case there are changes due to MS



My Perspective

- Bowel, bladder and sexual function concerns are common in MS
- Discuss concerns about bowel, bladder and sexual function with your healthcare provider
 - If they can't help you ask for a referral to someone who can
- There are many options for help with these symptoms
- Take control!!

Thank you for your attention.....

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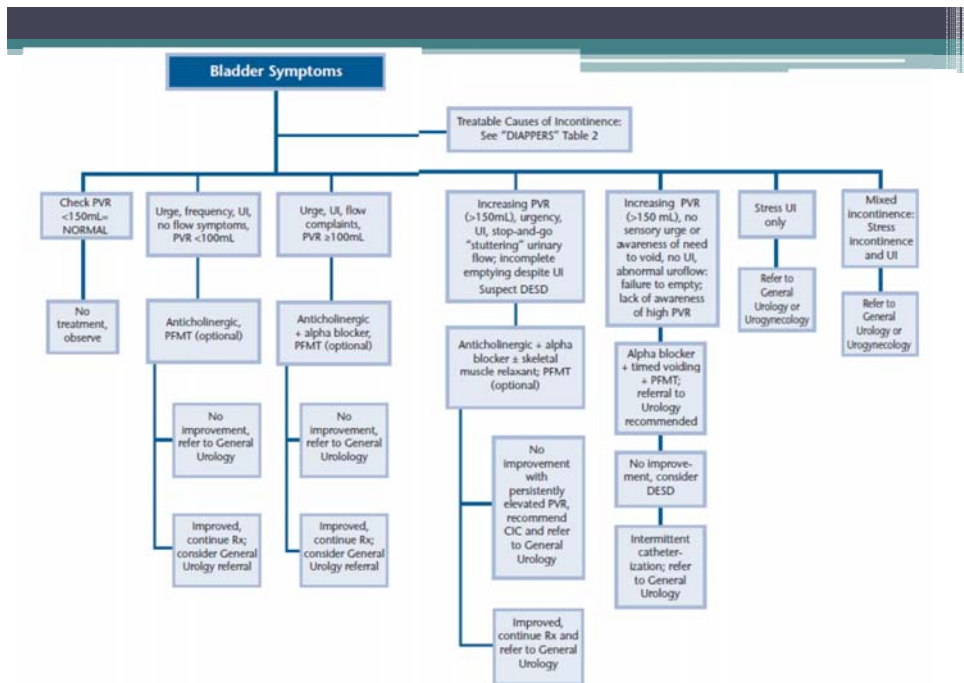
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Treatable Causes of Incontinence: DIAPPERS

- **Delirium:** Could be related to metabolic causes or infection.
- **Infection:** Perform microscopic urinalysis and culture and sensitivity test. If the patient has >3 UTIs/year, refer to Urology. If microhematuria (>3-5 RBCs) alone or associated with Cytosan®, refer to Urology for evaluation for bladder cancer.
- **Atrophic urethritis/vaginitis:** Treat with topical estrogen cream, refer to Gynecology/Urogynecology
- **Pharmaceuticals:** *Drugs that can cause retention:* alpha agonists, anticholinergics, opiates. *Drugs that can cause stress incontinence:* alpha blockers, ACE inhibitors (cough as a side effect can induce stress incontinence), loop diuretics, and alcohol (both increase urgency and frequency and therefore increase the risk of incontinence).
- **Psychological:** Evaluate for severe depression, Alzheimer's disease, Parkinson's disease, cognitive deficits. **Excess excretion:** Evaluate for congestive heart failure, diabetes mellitus, peripheral edema, vascular disease, diuretic use, excessive oral fluid intake.
- **Stool impaction:** Refer to GI specialist if bowel regulation is unsuccessful.

Bowel Symptoms

