

# UROGENITAL DISORDERS

Urinary and sexual disorders are among the **non-motor symptoms associated with Parkinson's disease** and often result from dysfunction of the autonomic nervous system.

These problems can significantly impact daily well-being and may lead to earlier use of long-term care services.

Therapeutic treatments, both pharmacological and non-pharmacological, may be recommended by healthcare professionals to help maintain the comfort, independence, and overall quality of life of people with Parkinson's.

# SEXUAL DYSFUNCTION

Diminished sexual function can affect people of any age and gender, at any stage of the disease.

It may be related to motor symptoms such as tremors, muscle rigidity, bradykinesia (slowness of movement), difficulties with fine motor coordination, and dyskinesia (uncontrollable involuntary movements).

Non-motor symptoms such as depression, anxiety, cognitive decline, urinary incontinence, fatigue, hypersalivation, or excessive sweating may also play a role.

Psychological factors such as low self-esteem, poor body image, and relationship issues can have a major impact.

In addition, certain medications used to treat the disease can affect sexual desire and behaviour.

The most common sexual problems are listed below. Recognizing these symptoms is an important step toward seeking appropriate support.



Sexual Problem	Women	Men
Cessation of sexual intercourse	●	●
Compulsive sexual behaviour	●	●
Sexual desire (rarely / never)	●	●
Sexual dissatisfaction	●	●
Difficulty attaining orgasm	●	●
Difficulty getting aroused	●	
Painful sexual intercourse	●	
Erectile dysfunction		●
Difficulty ejaculating		●
Premature ejaculation		●

# URINARY DYSFUNCTION

Urinary issues result from the degeneration of the nerves that control bladder function.

Disrupted communication between the brain and the muscles involved in urination can lead to a variety of urinary symptoms. These symptoms impair quality of life by increasing the risk of isolation, falls, and urinary tract infections, with the latter being one of the leading causes of emergency hospitalizations.

These disorders appear in two main forms: irritative symptoms and difficulties with urination.

## IRRITATIVE SYMPTOMS

Irritative symptoms occur when the bladder muscles contract prematurely, even when the bladder is not full enough to trigger urination.

The most common symptoms are:

- **Increased frequency of urination:** Recurring urge to urinate, often with small amounts each time. This symptom occurs both during the day and at night, requiring the person to wake up several times to empty their bladder, which can disrupt their sleep.
- **Nighttime urinary leakage:** Involuntary release of urine during the night.
- **Overactive bladder:** Sudden and intense urge to urinate, usually difficult to delay, with or without involuntary release of urine and accompanied by increased urinary frequency.
- **Urinary incontinence:** Involuntary release of urine.

## PROBLEMS WITH URINE FLOW

Urination difficulties occur when reduced bladder activity prevents the muscles from emptying it completely, resulting in a weak urine stream and the need to strain during urination.

The most common symptoms are:

- **Feeling of not completely emptying the bladder:** Feeling that the bladder is not completely empty, even after urinating.
- **Intermittency:** Urine flow that stops and starts during urination.
- **Post-micturition leakage:** Involuntary release of urine after completing urination
- **Urinary retention:** Inability to urinate despite a strong and persistent urge to do so.



## CARE AND SUPPORT

Sexual health is an **essential aspect of managing Parkinson's disease**. It should be discussed openly with those affected and their partners.

Several approaches can be considered, including adjusting medication, psychological support, cognitive behavioural therapy, and strategies for coping with physical or emotional difficulties.

Hypersexuality, when present, must be identified quickly in order to limit its consequences. Referral to specialists such as **psychologists, sexologists, or endocrinologists** may also be considered for appropriate support.

Managing urinary disorders requires an **individualized approach and specialist care**. This may include bladder training, dietary and fluid intake adjustments, pelvic floor exercises, behavioural strategies, use of incontinence absorbency products, and medication to treat an overactive bladder.



## KEY POINTS

Up to  
79 %  
of men

Up to  
87 %  
of women

Sexual dysfunction affects up to 79% of men and 87% of women with Parkinson's disease.

Up to  
85 %

Up to 85% of people with Parkinson's disease experience urinary problems.

People with Parkinson's are twice as likely to be hospitalized for urinary tract infections as people without the disease.

Parkinson Québec provides information and raises awareness about Parkinson's disease, supports the community, and promotes scientific research in collaboration with its regional partners.



<https://parkinsonquebec.ca>



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