## MS Incontinence

Regaining Control





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WEBINAR: MS INCONTINENCE
Regaining Control

THURSDAY, JULY 18
JUMPSTART
Solutions for Bladder Control

TUESDAY, JULY 23
YOUR QUESITONS ANSWERED
MS Bowel and Bladder Symptoms



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## **TAKE CHARGE: Newly Diagnosed**

Thursday, August 8 Friday, August 9

For those within the first 10 years of life with MS





Meet with MS experts and peers from the MS Community

## How to Ask Questions During the Webinar

Type in your questions using the Questions Box











**NEW!** Closed captioning

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### **YOUR SPEAKERS**



Jeffrey Hernandez Nurse Practitioner



Suma Shah Neurologist

Florida North Carolina

### LEARNING OBJECTIVES

Learn strategies to manage bowel dysfunction

2 Discover medications that cause and help alleviate bowel symptoms

3 Gain confidence and control of your bowel function

### Incontinence



#### Causes

- Muscle dysfunction
- Constipation with rectal overload and overflow
- Diminished rectal sensation

### Culprits

- Level of hydration
- Movement
- Diet

### Relationship with constipation



- Fecal incontinence is often associated with constipation
- Constipation distends the rectum and interferes with compliance
- Management of involuntary bowel is similar to that for constipation

## Incontinence medication culprits

### Muscle relaxants

- Baclofen
- Tizanidine
  - Flexeril
  - Others

### Neuropathic agents

Gabapentin

### **Antidepressants**

#### **Medications for OAB**

By drying out the bladder, causes constipation

### Caffeine, alcohol

Gl irritants

#### **DMTs**

- Fingolimod
- Teriflunomide
- Dimethyl fumarate/diroximel fumarate

### Who should I see about incontinence?

- Registered dietitian
  - Educate
  - Find the right balance on fiber
- GI
  - Intervention
  - Not often, but can be considered once medical management has been tried
- Referral to urology often helpful for optimal symptom management
- Referral to GI to help with constipation

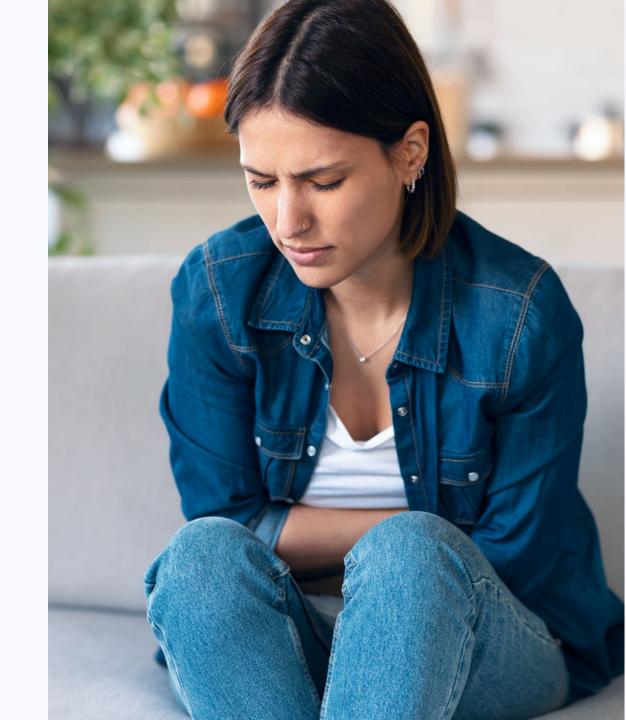
## Polling Question

# Which of the following can be helpful in addressing bowel incontinence?

- a) Flaxseed
- b) Daily activity
- c) Fruits/Vegetables
- d) Drinking water
- e) All of the above

## Management of bowel dysfunction

- What is constipation?
  - Less than 3 bowel movements per week
- Types of constipation
  - Primary
    - Normal or slow transit, defecatory disorder
  - Secondary
    - Examples Meds, structural, conditions like MS, among many others



## Holistic approach to managing constipation



- Review current medications that may be contributing to constipation
- Increase fluid intake
  - Water!
- High fiber diet (plus fluid intake!)
  - Apples, pears, broccoli, carrots, black beans, bran flakes, whole wheat spaghetti, pumpkin seeds, almonds, to name a few.
- Excessive caffeine, alcohol and foods containing sorbitol can cause stools to become loose and lead to fecal incontinence
- Exercising 2-6x/week can help decrease the risk of constipation
- Consider pelvic floor therapy

# Constipation management

- Toileting schedule
  - Take advantage of gastrocolic reflex (colon has increased motility in response to the stretch of the stomach with ingestion of food) – do this at the same time every day
- Toilet sitting positions
  - Use footstool, raise knees above hips, lean forward, sit straight up



### Treatment options for constipation



### Constipation

- First option
  - Bulk laxatives, Osmotic laxatives
- Second option
  - Stimulant laxatives, stool softeners, and newer agents
- Transanal Irrigation
  - Retrograde colonic flush-out by water via the anal canal that is thought to stimulate colonic peristalsis due to pressure on the colonic wall and/or simultaneous wash out facilitated by the water.
- Surgical intervention Colostomy or ileostomy

## Common medications to treat constipation

### **Bulking Agents**

Contain insoluble or soluble fiber that absorbs water to increase bulk of the stool and promote bowel movements

- Methylcellulose powder
- Polycarbophil (Fibercon)
- Psyllium (Metamucil)

### **Osmotic Laxatives**

Increase moisture and water secretion in stool and the intestinal lumen to facilitate stool passage

- Polyethylene glycol 3350 formula (Miralax)\*
- Lactulose
- Magnesium hydroxide
- Magnesium Citrate
- Magnesium Sulfate (Epsom Salt)

### Common medications to treat constipation

#### **Stimulant Laxatives**

Stimulate motility and secretion of water into colon

- Bisacodyl (Dulcolax)
  - Senna

### Secretagogues

Stimulates peristalsis by increasing intestinal fluid secretion

- Linaclotide (Linzess)
- Lubiprostone (Amitiza)
- Plecanatide (Trulance)

#### **Stool Softeners**

Increasing amount of water stool absorbs, which makes it softer and easier to pass

Docusate Calcium

### Serotonin Agonist

Stimulates colonic peristalsis, which increases bowel motility

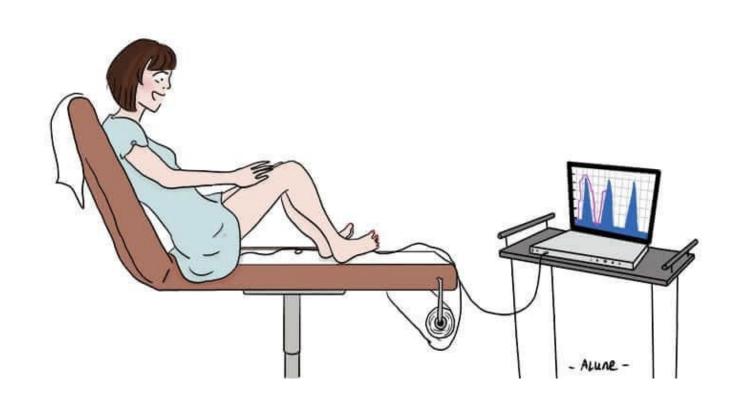
Prucalopride (Motegrity)

# Management of fecal incontinence



- Consider Metamucil + fiber
  - Bulk up stools
- Loperamide
- Biofeedback + pelvic floor therapy





# Management of fecal incontinence



## Percutaneous Posterior Tibial Nerve Stimulation (PTNS)

- Minimally invasive peripheral neuromodulation technique typically used to treat LUTS due to neurogenic bladder, but it is also thought to modulate the anorectal neuromuscular function similarly to sacral nerve stimulation or SNM device
  - Pilot study showed 81% of patients had treatment success
  - A study, with no placebo arm, from Switzerland in 2021 showed that over 57% of PwMS with FI noted improvement regarding liquid incontinence, pad needs, and lifestyle restrictions

# Management of fecal incontinence

## Sacral Nerve Stimulation or Neuromodulation (SNM)

- Delivers electrical stimulation to branches of S3 via an implanted neurostimulator provides an electrical charge to an area near the sacral resulting an altered neural activity /abnormal sensory input is modulated = involuntary voiding is blocked
  - InterStim device

# Q+A

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