

SALIVA MANAGEMENT : REDUCED SALIVA CONTROL IN ADULTS WITH A NEURO-DISABILITY



Key points

- Drooling saliva is often not caused by the person making too much saliva.
- Weaker facial muscles can lead to poor swallow and drooling of saliva.
- The appearance of drooling can be upsetting for family members.



Why do some people with a neuro-disability drool?

It is often assumed that drooling is a result of excessive saliva production but this not the most common reason. The main cause of drooling is when a person has problems with posture, muscle control, nasal obstruction or difficulty keeping their lips together. This results in saliva not being swallowed and leaking from the mouth. Excessive drooling also occurs with neurodegenerative disorders, such as motor neurone disease, Parkinson's disease and multiple sclerosis. People with low awareness levels, including those with a neuro-disability, may be unaware of saliva pooling in their mouth. Therefore, they do not swallow as frequently, resulting in drooling.



Signs and symptoms of reduced saliva control

Many people with a neuro-disability will be not be able to articulate that they have pain from their mouths or problems with their teeth, so carers and families need to be vigilant for signs and symptoms of oral problems including:

- The presence of saliva dribbling from the side of their mouth.
- Clothing and bed sheets may become wet.
- The mouth may appear red and inflamed, especially at the corners of the mouth.
- The breath may smell especially in people who mouth breathe, have poor oral hygiene or have a poor swallow.
- Families and carers often find the appearance of drooling upsetting.



Management of drooling

Depending on the severity, drooling may result in a persistent wetness of the face. The corners of the mouth are particularly susceptible and can become inflamed; this is known as angular cheilitis.

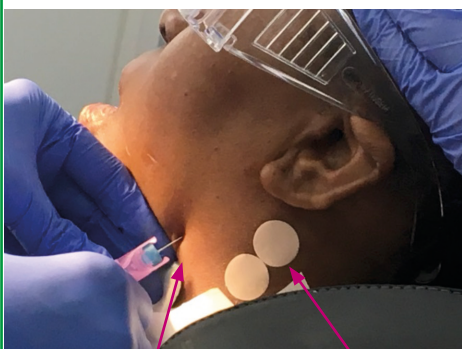
It is important that the area around the mouth is kept as dry as possible with frequent application of moisturising creams to the face and lip balm to the lips.

Depending on the cause of the drooling some individuals may be referred to the speech and language team for swallowing exercises.

Changing the posture to an upright position and maintaining a straight head position, if possible can sometimes reduce the pooling of saliva.

Treatment of drooling by the medical team may include:

- Hyoscine patches that are placed behind the ear can help reduce saliva production. These can last up to 72 hours.
- Botulinum Toxin (Botox) injections into the salivary glands have also been found to be useful to reduce saliva production.
- Glycopyrronium bromide taken orally can help reduce saliva production. Side effects include vomiting, constipation, flushing and nasal congestion; so tolerance of this treatment may be limited.



Botox into saliva gland

Hyoscine patches



Drooling



Angular cheilitis