

# Drooling

## Speech & Swallowing Issues in Parkinson's

While there is much debate about the amount of saliva a person produces in a day; the average seems to be about 30-40ml/hour. A bit more when you are eating, a bit less when you are sleeping. That is about 750ml (or 3 Cups) every day.

If you have Parkinson disease, you may be experiencing **sialorrhea** (a reduced control of saliva, more commonly known as drooling). If so, you are not alone, research suggests 50% of people with Parkinson's experience drooling; with a quarter of those experiencing the issue as a frequently occurring problem<sup>1</sup>.

Drooling is the unintentional spillage of saliva from the mouth. Drooling can occur with any condition that:

- impairs neuromuscular control of the muscles around the mouth;
- increases salivation; or
- impairs swallowing.

Although we don't precisely know why drooling in Parkinson disease occurs; research suggests that impaired swallowing is likely the major contributor.

In addition to the psychological complications (embarrassment, social anxiety/isolation, depression), other symptoms can include:

- chapped/dry lips
- softening, damage and/or infection of the skin around the mouth
- bad breath
- dehydration
- speech disturbance
- poor sense of taste

In more serious cases, people who experience frequent drooling may be more likely to inhale saliva, foods or fluids into their lungs, which can lead to aspiration pneumonia.

**Medications** – This could be a medication adjustment of one's current regimen (levodopa or dopamine agonists) or a treating physician may prescribe anticholinergics to help dry up excess saliva. The downside to the latter is that this class of drugs often serious side effects that may outweigh any potential benefit.

**Botox injections** – Injections of botulinum toxin (Botox) directly into one's saliva glands have been used successfully to treat drooling in people with Parkinson's. The effects of Botox typically last three to four months. As with medications, this intervention carries a risk of side effects

**Speech Therapy** – A visit to a Speech-Language Pathologist can be beneficial with assistance in strengthening muscles utilized in speech and swallowing.

**Physical/Occupational Therapy** – This type of therapy can help improve posture and the overall carriage of one's body which can help prevent a stooped forward posture that can lead to saliva pooling and ultimately drooling.

**Other** – Drinking water more frequently can help "wash down" saliva. While sucking on sugar free hard candies can encourage swallowing. Sugar free as sugary foods increases saliva production.

It is important to discuss issues you may be experiencing with excessive drooling with your treating physician to avoid not only serious complications, but to alleviate potential feelings of anxiety or embarrassment.

### References

<sup>1</sup> Srivanitchapoom, P., Pandey, S., & Hallett, M. (2014). Drooling in Parkinson's disease: a review. *Parkinsonism & related disorders*, 20(11), 1109–1118. doi:10.1016/j.parkreldis.2014.08.013