



## What happens if I am already on medication?

You may already be taking other medications for different conditions or you may be prescribed a new medication to help alleviate any symptoms that you are experiencing. Treatments can include oral and/or non-oral medications, for example, injections.

The use of more than one medication may lead to interactions, so it is important to discuss any other medications you are taking with your healthcare professionals.

## What support might I receive?

The support that you will be offered may be related to the condition that is an underlying cause of your drooling.

You may also be offered:

- **Regular physiotherapy** to help you strengthen your face and mouth muscles so you can control your saliva. Therapists may also be able to help you with your posture, and show you how to hold your head to prevent drooling.
- **Oral prosthetic devices**, for example, chin cups or customised dental appliances to help better lip closure, tongue positioning and swallowing.
- **Speech therapy** to improve your jaw stability and closure, to increase your tongue mobility, strength and positioning, to improve lip closure and to decrease nasal regurgitation during swallowing.



## Treatment plan

- Follow your healthcare professionals' instructions carefully. If there is anything that is unclear, contact them to clarify.
- Do not make any assumptions.
- If you have any concerns about your treatment, discuss this with your healthcare professionals.



## Communicate

- Share your treatment plan with all of your healthcare providers.
- If you want to know more about any medication that you are on, ask your healthcare professionals or pharmacist.
- Talk to your healthcare professionals if you are not getting the desired effects from your treatment.
- **Talk to your healthcare professionals immediately if you are experiencing any side effects from your treatment. Please report side effects from any medication you are taking directly via the yellow card scheme at: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) (UK) or via HPRa at [www.hpra.ie/homepage/about-us/report-an-issue/human-adverse-reaction-form](http://www.hpra.ie/homepage/about-us/report-an-issue/human-adverse-reaction-form) (IE).**



## Get support

- Seek support from patient support groups and also make the most of the support from your carers and friends.

# Understanding Sialorrhea

Information to help improve saliva control



M-XEO-UKI-0413  
Date of preparation: January 2023

This material has been developed  
by Merz Pharma UK Ltd.



## What is sialorrhea?

Sialorrhea is a term used to describe drooling or excess saliva that you cannot control. It can lead to chapped lips, skin breakdown, odour, and infection of your mouth. Drooling can affect your sleep or your voice, making it sound different or may make you gurgle. Sialorrhea may reduce your quality of life. It can make you feel embarrassed and some people may find it difficult to socialise. Severe sialorrhea may cause dehydration or choking. It is important to know that you are not alone, many adult patients are estimated to suffer from sialorrhea.



## What can cause sialorrhea?

Excess saliva in the mouth does not necessarily mean that you are producing more saliva than before – especially if this is an ongoing problem. An increased amount of saliva in the mouth may also be caused by a decreased clearance of saliva, for example, problems with swallowing and the inability to retain saliva within the mouth.

Sialorrhea after four years of age is most commonly caused by neurological conditions; such as stroke, motor neurone disease, Parkinson's and cerebral palsy, which lead to weakness of the oral and facial muscles. This weakness of the muscles can make it difficult to swallow and/or to close your lips properly. Other causes of sialorrhea include inflammation of the mucous membranes of the mouth or as a reaction to certain medications, which cause an increase or thickening in saliva.

## What will my treatment involve?

The type of treatment you receive will depend on how severe your drooling is, the cause of your drooling and how much it affects your quality of life.

The type of people who may be involved in your treatment include:

- Speech and language therapists
- Physiotherapists
- Neurologists
- Parkinson's disease specialists
- Otolaryngologists (ear, nose and throat specialists)
- Head and neck surgeons
- Dentists and orthodontists

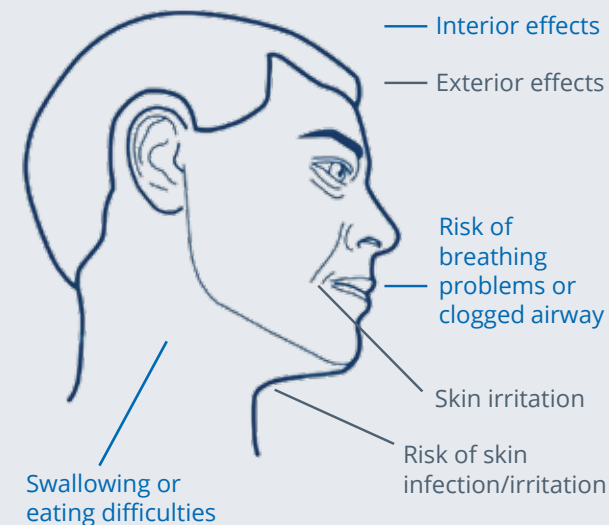
Please ask one of your healthcare professionals if you want to learn more about how each of these specialists can support you during your care programme.

After a complete assessment, an agreed treatment plan should be developed by your healthcare professionals' team, you, and your carers.

Treatment for drooling can start with simple measures that don't involve medication; neck collars and head-back wheelchairs to improve posture, speech therapy, oral prosthetic devices, swallow reminders and portable suction devices.

Other treatment options may include:

- **Anticholinergics** - to reduce the amount of saliva in your mouth
- **Botulinum toxin** - to help improve saliva control
- **Radiotherapy** - to stop saliva from forming in your salivary glands
- **Surgery** - to close or remove your salivary glands or to stop the nerves that control the glands



## How can I make the most of my appointment?

Bringing a caregiver or family member to the appointment can help.

Here are a few ideas that you may want to discuss with your healthcare professionals to help you get the most out of your appointments.



- Try to rate your symptoms and progress. An example could be using a scale 0-10, where a rating of 0 means that you are no longer experiencing the symptom or symptoms, while a rating of 10 means that the experience is the worst it has been. Think about the daily activities that you can't do, what you would like to be able to do and how you think your excessive drooling might be impacting you.



- Ask questions.
- Take notes.