

SIALORRHEA TREATMENT ALGORITHM FOR MND

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(MNDA 2011 Modified 2012)

Evaluate Sialorrhea (Drooling)

Thick Saliva

1. **REVIEW ALL MEDICATION!**
2. Ensure adequate hydration (2L/day)
3. Consider reducing mucus thickening agents e.g. dairy products
4. Avoid caffeinated drinks & alcohol
5. Suck boiled sweets to stimulate saliva production & swallowing
6. Steam inhalation / humidification / nebulisers
7. Assisted cough insufflator-exsufflator
8. Carbocisteine (mucodyne)
250mg/5ml TDS increase 2 weekly to max dose 750mg/15ml
9. Papase (enzyme in papaya). Taken as tablet / wiped around mouth to dilute saliva
10. Pineapple/papaya juice /puree - dilutes saliva
11. Suck on crushed ice
12. Introduce beta-blocker propranolol if associated with excess of secretions e.g. propranolol / metoprolol

Excessive Thin Secretions

1. Medication – consider
 - Transdermal hyoscine (Scopoderm plasters)
1mg/72hr patch (full or half patch (do not cut in half – always fold in half)
 - Amitriptyline
10-50mg
 - Hyoscine Butylbromide oral/infusion
20mg QDS
 - Hyoscine Hydrobromide
150 – 300mcg 6 hrly (max 900mcg)
 - 1% Atropine eye drops sublingually
1-4 drops up to QDS
(drop onto spoon and lick off)
 - Glycopyrronium Bromide
200 microgram to 1mg three times a day
2. Postural changes
3. Support collars
4. Natural products
 - Sage (capsules, tea, tincture)
 - Dark grape juice
5. Manually assisted cough technique
6. Swallow reminder badge

Clinical Response

Positive

Review patient
Needs led
6 weeks – 3 months

Negative

1. Consider suction
2. Consider Botox injection of salivary glands
3. Consider radiation of salivary glands
4. Consider surgical intervention – gland removal, duct ligation
5. Seek advice from palliative care team

Often a combination of strategies may be used