



CP factsheet

Drooling and Cerebral Palsy

What is drooling?

Drooling (or dribbling) is the unintentional loss of saliva from the mouth. It occurs naturally in very young children, but as the child gets older it usually decreases. Daytime drooling stops within the first few years of life, though it may still occur in the older child during sleep. Drooling beyond the age of about four years is unusual, unless there is an underlying medical problem.

Why does drooling happen?

Drooling beyond infancy may occur in some medical conditions, such as an inflammation of the mucous membranes of the mouth or as a reaction to some medications. This may cause an increase in the amount of saliva produced.

In cerebral palsy, drooling is usually related to:

- abnormalities in swallowing (rather than an absence of swallowing)
- difficulties moving saliva to the back of the throat
- poor mouth closure
- jaw instability
- tongue thrusting

An excess production of saliva is not usually responsible for drooling. Instead it has been found that there is a tendency to swallow less frequently than normal.

Drooling can be made worse by a lack of head control and poor posture, lack of sensation around the mouth, breathing through the mouth, excitement and impaired concentration.

Who is vulnerable to drooling?

Drooling occurs in about one third of people with cerebral palsy. It may also occur in people with acquired brain damage, learning disability, Parkinson's Disease, during epileptic seizures, in facial paralysis, speech disorders, in nasal obstruction and when consciousness has been lost for a short time. Drooling is therefore not only a condition found in childhood.

Drooling, health and hygiene

There are health and hygiene implications for people who drool a lot of the time. The skin around the mouth, chin and neck can become red and sore; dehydration may occur because of

fluid loss; there may be problems with eating; infections may be more easily transmitted; and choking is more likely, as are chest infections.

What can be done?

A variety of techniques have been used to treat drooling. Some are more successful than others, but the treatment prescribed will depend upon the cause of the drooling. For example, someone with a severe learning disability is not likely to benefit from a training programme that demands a high level of co-operation and personal input. Equally, surgery for removal or re-siting of salivary glands would not be appropriate for someone who may have a nasal obstruction which is a major cause of the drooling. It is necessary, therefore, for the causes of the drooling to be identified, usually by an ENT (ear, nose and throat) examination, before treatment can be considered.

Treatments may include:

- reward or prompting to encourage swallowing
- surgery, where salivary glands are usually turned towards the back of the mouth so that saliva runs towards the back rather than the front of the mouth
- exercises to increase muscle tone, improve oral-motor (swallowing and chewing) function and improve sensory awareness
- medication, where drugs might be used to dry up salivary secretions
- removal of a salivary gland may be considered in extreme cases
- Botulinum toxin injections to prevent and control drooling (for more information on botulinum toxin injections see Capability Scotland's fact sheet called Medical and Surgical Treatments to Treat Spasticity)

How to find help

Your family doctor can make referrals to specialist services. You can also contact speech and language therapy departments in hospitals or clinics without a referral. Such services can also be accessed through the private sector. More detailed information about speech and language therapy services can be obtained from:

The Royal College of Speech & Language Therapy

2 White Hart Yard

London

SE1 1NX

Tel: 020 7378 1200

Fax: 020 74037254

Email: info@rcslt.org



Disability Factsheet

Website: www.rcslt.org

Clothing, such as bibs for adults, is available to buy. Advice Service Capability Scotland can provide details of stockists nearest to you.

Further Reading

Drooling, saliva production, and swallowing in cerebral palsy, Jill E Senner, Jerilyn Logemann, Steven Zecker, Deborah Gaebler-Spira, 2004.

This article is in *Developmental Medicine & Child Neurology* (2004), 46: 801-806 Cambridge University Press

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Our Advice Service

Advice Service Capability Scotland is a national disability advice and information service. We specialise in information on cerebral palsy.

We offer:

- information on Capability Scotland services
- advice on cerebral palsy
- general advice on disability issues

You can get in touch with us by calling, e-mailing, dropping in or writing a letter.

This Factsheet can be made available in other formats e.g. audio, large print



Capability Scotland
Osborne House
1 Osborne Terrace
Edinburgh
EH12 5HG

Telephone: 0131 313 5510
Email: advice@capability-scotland.org.uk
www.capability-scotland.org.uk
Scottish Charity SCO11330