A joint initiative of South Australian Palliative Care Services

Saliva problems are common amongst neurodegenerative disorders such as Motor Neuron Disease, Parkinsons Disease and Multiple Sclerosis for which pharmacists may play a role in the treatment.

Problems with Saliva

Magda is a 65yr female with a supportive family. She was diagnosed with Motor Neuron Disease (MND) 1 year ago. MND is a progressive and terminal disease that attacks the motor neurons in the brain and spinal cord.

There are 2 types of saliva problems.

Thin watery saliva

Large amounts of thin watery saliva (sialorrhea) can cause drooling as a result of poor saliva control due to poor lip seal and/or dysphagia (particularly if the patient has weak muscles around the mouth, tongue and throat).

Thick tenacious saliva, mucus and phlegm

Some patients experience thickened mucus in the throat and mouth which is difficult to swallow, or phlegm in the airways which is difficult to cough up due to weakened respiratory muscles and ineffective cough.

Magda experiences excessive thin watery drooling which is embarrassing and has contributed to aspiration pneumonia. To manage Magda’s thin water saliva non-pharmacological treatments are commenced.

Non-Pharmacological Treatments

> Advice should be given on swallowing, diet, posture, positioning and oral care. A speech therapist and physiotherapist can assess and provide specialist advice
> If the automatic swallowing reflex is lost, encourage the person to swallow more often
> Protect surrounding skin with barrier cream to prevent soreness and use bib holders to protect clothing
> Consider using a sports wrist band to wipe mouth
> At night the patient should lie on their side, supported by pillows, so saliva doesn’t collect in their throat.

The medication treatments will be discussed in the next update

Useful resources


For more information

Contact the Lead Palliative Care Pharmacists:
> Josephine To, Northern Josephine.to@sa.gov.au 8161 2499
> Michaela del Campo, Central Michaela.delcampo@sa.gov.au 8222 6825
> Paul Tait, Southern Paul.tait@sa.gov.au 8275 1732

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