



SIALORRHEA

Bottom Line 'Evidence-Informed' Recommendations for Children/Youth with Cerebral Palsy who have Sialorrhea

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Plain Language Summary

Sialorrhea, also known as drooling, is very common in individuals who have cerebral palsy. Drooling may be visible, with saliva spilling out the front of the mouth, or be less obvious and involve saliva pooling in the back of the throat.

Drooling may have significant medical and/or social effects. Both may warrant treatment. For drooling that is visible, there are treatments that aim to help children manage their symptoms by increasing their control of muscles used for swallowing, by teaching them to swallow more often or to wipe away saliva. There are also appliances that can be placed in the mouth to help control this type of drooling. These treatments may be worth pursuing, but it is not clear from the medical literature if they are significantly effective for all children.

Drooling that pools in the back of the throat can cause repeated infections of the lungs and difficulty with breathing or clearing the throat. When this type of drooling is present the treatments above are not effective. For these children, and for children who cannot learn to control their swallowing muscles or remember to wipe away their saliva, treatment often includes medicines which help to dry up the secretions. Botulinum toxin injections to the saliva glands can also be helpful; however children typically require repeat injections about every 6 months. Surgical interventions may be recommended as a more definitive treatment option.

Drooling is a challenging problem. At this time there is not a perfect treatment available, but oromotor and behavioral training may be helpful in some cases, while other children may require medications or botulinum toxin injections to dry up secretions, or surgical interventions.

