Saliva Management Pathway

Thick Saliva

Thick secretions can occur due to a reduction in the amount someone is swallowing, dehydration and mouth breathing. It is important to trial conservative approaches outlined below in the first instance. It is also important to manage patient expectation as it can be a difficult symptom to manage in people with Motor Neurone Disease.

Medication Review

Are there any medications currently being taken that have an anticholinergic effect?

- Tricyclic antidepressant e.g. amitriptylline, imipramine
- Sedatives e.g. trazadone
- Antimuscarinics e.g. oxybutynin, atropine, tolterodine
- Antihistamines e.g. cyclizine, hydroxyzine, diphenhydramine, promethazine

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Conservative Approach

Positional Adjustments

Seating

Head collars

Tilt in space wheelchairs

Ensure hydration

If pt not managing to meet requirements – review reasons why.

Review oral hygiene.

Use secretion thinning juices such as fresh pineapple if safe.

Avoid dairy and caffeine

Chewing sugar free gum or sucking sugar free lozenges

Consider steam inhalation, room humidification and saline nebs.

Should artificial saliva spray / gel be prescribed?

Review of cough

Review of NIV / humidifier use if using one

Consider need for suction

Consider suction toothbrushes.

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Mucolytics

Carbocisteine (Mucodyne)

- Dose 375-750mg tds, available as 375mg capsules or liquid (250mg/5ml)
- Rarely can cause peptic ulceration – consider adding PPI

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Review

Thin Saliva

For people with Motor Neurone Disease difficulties with saliva management are as a result of muscle weakness in the muscles needed for swallowing e.g. poor lip seal which can lead to drooling. It is important to discuss these causes with the person affected so that realistic goals can be set and expectations can be managed.

Conservative Approach

Positional Adjustments

Seating

Head Collars

Tilt in space wheelchairs

SALT Intervention

Oral hygiene – consider suction machine

Oro-motor assessment

Swallow assessment

Safe swallow advice

Skin protection from irritation

Review of cough

Review of NIV / humidifier use if using one

Consider need for suction

Consider suction toothbrushes.

(Refer to airway clearance pathway)

1. Medication review
2. Consider an anticholinergic:
   - Consider glycopyrrolate as the first-line treatment if cognitive impairment, because it has fewer central nervous system side effects.' **(NICE, 1.8.13)**
   - If no cognitive impairment, the choice of anticholinergic will need to be individualised
   - Note all the below medications are being prescribed 'off-label' i.e. not licensed for sialorrhoea.
   - Caution of antimuscarinic effects from all e.g. urinary retention, worsening glaucoma
   - See BNF for full prescribing infromation

Amitriptyline

- Start 10mg nocte and increase in 10mg increments
- Maximum dose 100mg
- May help emotional lability

Glycopyrronium bromide

- 200mcg-1.2mg/24hrs s/c
- 200mcg-1mg tds PO
- Doesn't cross BBB therefore better side effect profile

Hyoscine Hydrobromide

- 1mg patch behind ear changed every 3 days
- Can cause drowsiness, confusion
- Can be cut in half or quarter

Atropine

- 1% eye drops 2 drops s/l bd-tds
- Effects last a couple of hours, consider if needing short-term control

Start with a low dose and titrate up. Trial for 2 weeks before increasing dose or changing to alternative
Give information about possible side effects n.b. these may improve after 2 weeks

Botulinum Toxin

Refer to Specialist Service
(Liaise with local MND Care Co-ordinator)

Review

- Developed new thick secretion problem?
- Developed new dry mouth?
- Consider prescription of artificial saliva spray / gel alongside anticholinergics.

McGeachan AJ, Mc Dermot CJ. Management of oral secretions in neurological disease. Pract Neurol 2017;17:96-103.
NICE Guideline (NG42). Motor neurone disease: assessment and management. February 2016.