

SALIVA AND DROOLING

People with Parkinson's do not swallow automatically as a result of rigidity and impaired mobility of the muscle of the palate, throat and esophagus. Saliva can pool in the mouth and can potentially become a hazard if it is accidentally inhaled (aspirated) into the lungs. Aspirated saliva can create the risk of pneumonia. In addition, if you have poor posture, saliva can collect in the front of the mouth, resulting in drooling. Your chin may become sore from being continuously wiped and you may awaken with a damp pillow.

In addition to the risk of getting saliva into the airway, drooling can be an embarrassing problem. Here are some suggestions for coping with drooling:

- Make a conscious effort to swallow regularly, holding the head up and keeping the mouth closed, particularly before putting food into your mouth.
- Pay extra attention to your mouth care. Rinse your mouth before and after meals. Two ounces of lemon juice mixed with one tablespoon of baking soda is an inexpensive astringent mouthwash.
- Have a cold soda drink (lemon or tonic) by your side whenever possible. Take frequent sips.
- Use a cloth handkerchief, wrist band or very soft tissues if you need to dry your chin. Dab your chin dry rather than wiping it.
- Suck on very small pieces of hard candy (lemon drops dry up the mouth).
- In severe cases, your doctor may prescribe a small dose of a drug known to dry secretions.

Ask Parkinson Society Southwestern Ontario for the Help Sheet entitled 'Swallowing' and ask your doctor for a swallowing assessment at the rehabilitation department of your local hospital.

Parkinson Society Southwestern Ontario gratefully acknowledges Parkinson Society British Columbia for sharing their resources and information.

Source: Pacific Parkinson's Research Centre, University of British Columbia, Vancouver, BC