

Saliva problems in MND



If a person with Motor Neurone Disease (MND) has problems with saliva, assess:

- the volume and viscosity of saliva
- respiratory function
- swallowing
- diet
- posture
- oral care.

If the person has problems with drooling of saliva (sialorrhoea):

Provide advice on:

- swallowing and diet
- posture and positioning
- oral care
- suctioning.

If the person has thick, tenacious saliva:

Consider a trial of an antimuscarinic medicine as a first-line treatment.

If the person has cognitive and behavioural impairments, consider glycopyrronium bromide as a first-line treatment, because it has fewer central nervous system side effects.

- review all current medicines, especially any treatments for sialorrhoea
- provide advice on swallowing, diet, posture and positioning, oral care, suctioning and hydration
- consider treatment with humidification, nebulisers and carbocisteine.

Consider referral to a specialist service for botulinum toxin A for first- or second-line treatment.

Xeomin (botulinum neurotoxin type A) is recommended as an option in NICE technology appraisal guidance for treating chronic sialorrhoea caused by neurological conditions in adults.



Learn more about managing saliva problems:

Information sheet P3 – Managing saliva problems in MND
Care pathway – Saliva management pathway for MND.

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