

Assess factors that may affect hypersalivation such as positioning, medication history, reflux and dental issues



Speech Therapy



Trial for at least 4 weeks at maximum tolerated dose with anticholinergic medications: transdermal hyoscine hydrobromide (TLS Amber no SCP), glycopyrronium bromide (Amber SCP), trihexyphenidyl hydrochloride (Amber no SCP) (specialist input)

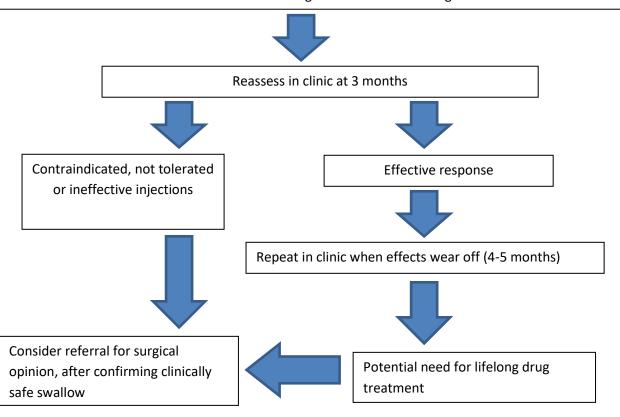


If anticholinergic drug treatments contraindicated, not tolerated or ineffective

Assess in secondary care specialist clinic for suitability of botulinum toxin A injections



**Botulinum Toxin A\*** 25units injected into each salivary gland- four injections, two into the parotid and two into the submandibular glands with ultrasound guidance



\*If deemed clinically appropriate for individual patient and parent/guardian informed of the unlicensed treatment to allow shared decision making. Formulations include: Botox®, Dysport®, Xeomin®. Xeomin® is licensed for chronic sialorrhoea due to neurological disorders in adults as per NICE TA 605. Author: BNSSG Medicines Management Team with Michael Saunders UHBW

## Commissioning pathway for Botulinum Toxin A for Hypersalivation in Paediatrics



## **Re-treatment**

Review 3 months after Botulinum Toxin A injection to assess efficacy (e.g. reduction in severity and frequency of drooling). Drool severity and frequency may be reported in terms of numbers of daily t-shirt or bib changes by parents but clinical judgment is needed to ensure the patient and their neurological condition are reviewed holistically.

Presentation of adverse effects (e.g. oral motor adverse effects such as dysphagia, weak mastication and parotid gland infection, damage to the facial nerve/artery or dental caries) should also be considered as part of review.

If Botulinum Toxin A is deemed efficacious and well tolerated, arrange to repeat injections in clinic when effects wear off 4-5 months after Botulinum Toxin A injection.

## **Stopping**

If treatment is contraindicated, not tolerated, causes adverse events or does not improve symptoms.

## References

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (2019) BNSSG Paediatric Joint Formulary 2019: 1.6 Gastro-intestinal smooth muscle spasm. Accessed on 09/10/2019 Available from: <a href="https://remedy.bnssgccg.nhs.uk/formulary-paediatric/paediatric-chapters/1-gastro-intestinal-system/16-gastro-intestinal-smooth-muscle-spasm/">https://remedy.bnssgccg.nhs.uk/formulary-paediatric-chapters/1-gastro-intestinal-system/16-gastro-intestinal-smooth-muscle-spasm/</a>

NICE NG62 (2017) Cerebral palsy in under 25s: Assessment and management.

NICE TA 605 (2019) Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea

Specialist Pharmacy Service, 2017. Hypersalivation – what drug treatment options are available?

Specialist Pharmacy Service, 2017 Hypersalivation-what are the treatment alternatives to glycopyrronium and hyoscine?

Walshe, M. (2012) Cochrane Database of Systematic Reviews: Interventions for drooling in children with cerebral palsy

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