

Secondary Care Pharmacological Management Pathway for Patients presenting with Sialorrhoea with Neurological Disorders

This pathway is intended for use by Secondary Care following referral, not for primary care.

Chronic sialorrhoea is excessive salivation and drooling, which is particularly prevalent in neurological conditions such as Parkinson's disease and motor neurone disease. First line treatment is usually non-pharmacological for example bibs, speech and language therapy, and occupational therapy. However, some symptoms may be severe enough to require pharmacological therapy.

In Secondary Care, the impact of symptoms should be assessed using the **Drooling Severity and Frequency Scale** (Rashnoo et al., 2015):

Severity					Frequency				Total
1	2	3	4	5	1	2	3	4	
Never	Mild	Moderate	Severe	Profuse	None	Occasionally	Frequently	Constant	
Lips dry	Only lips	Lips and chin	Onto clothing	Onto objects					

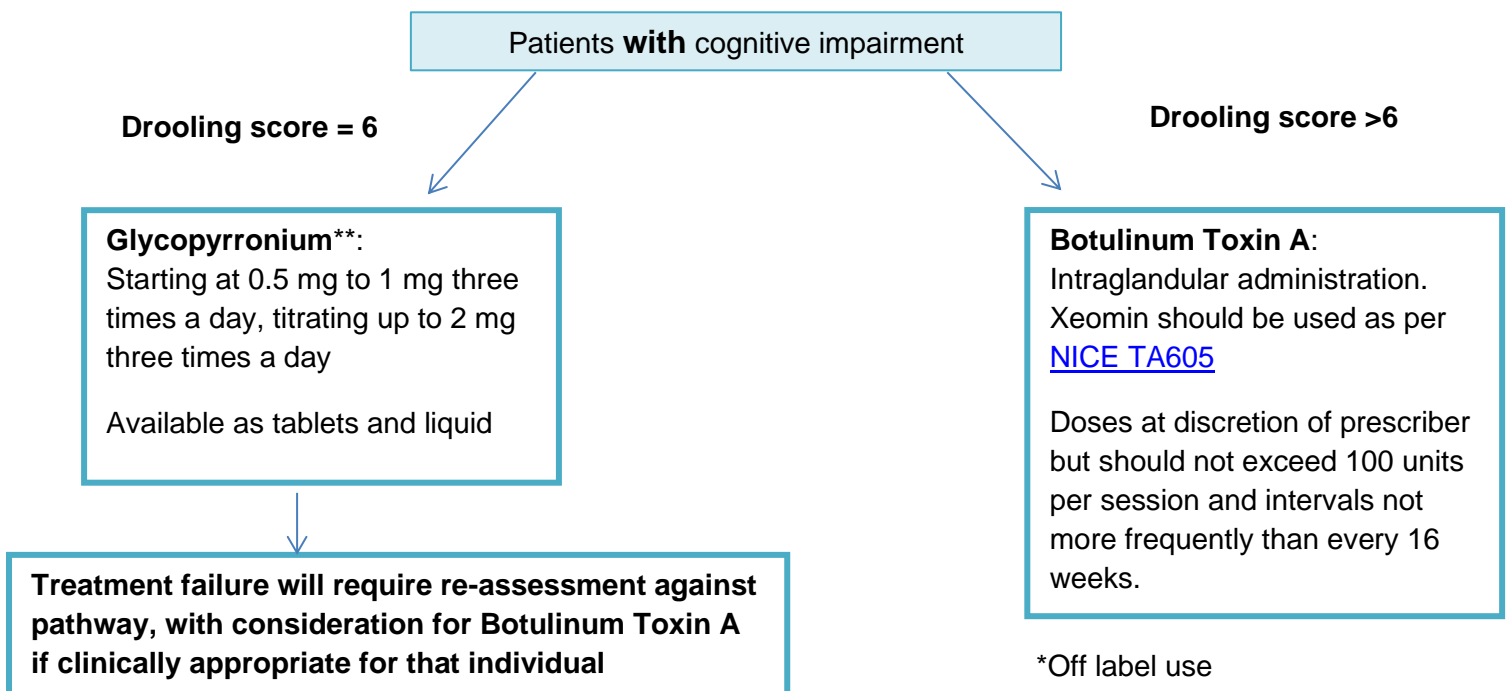
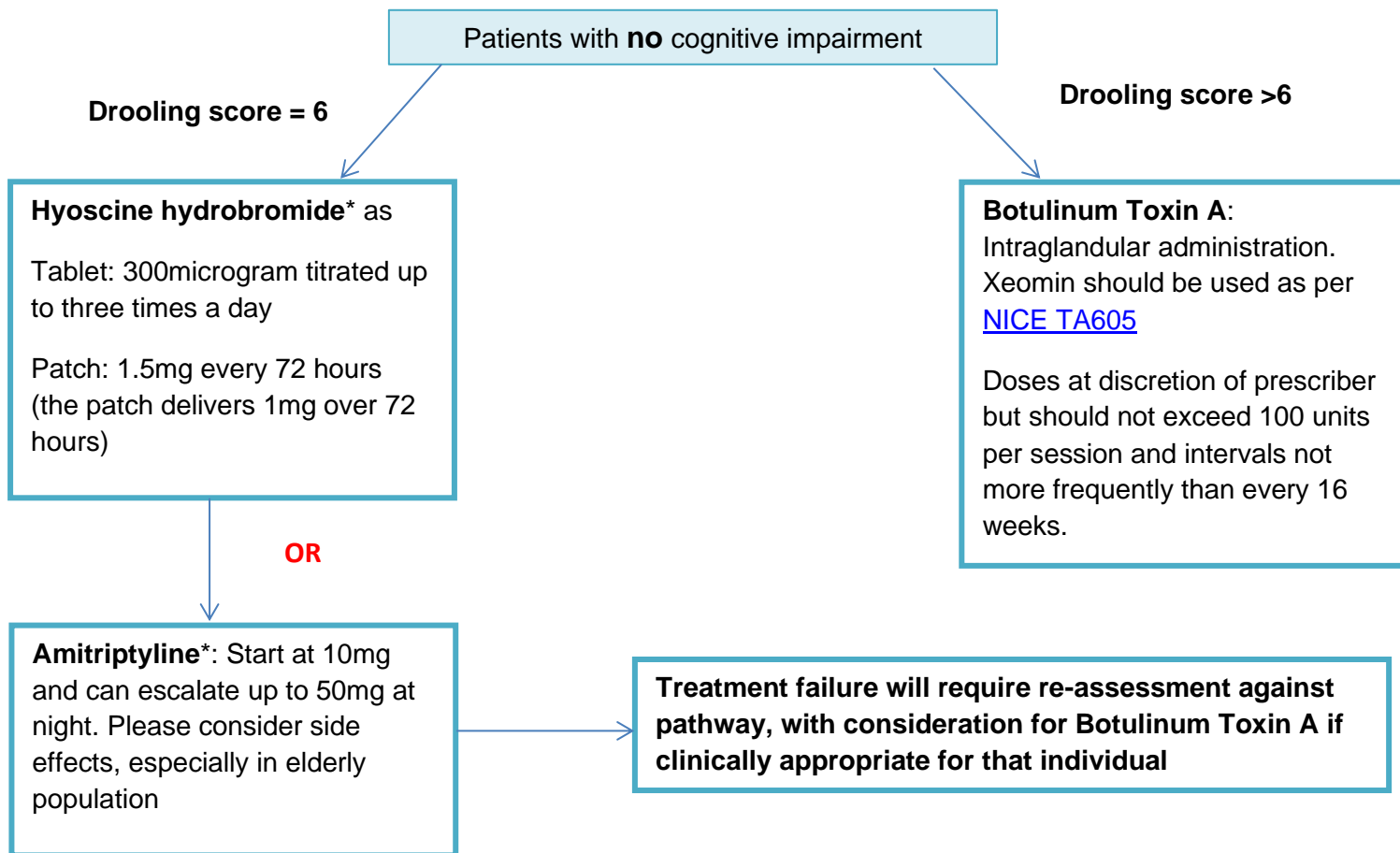
The score for each should be added to make the total. Once assessed, the flow chart on the next page should be used to make a treatment decision. If the score is ≤ 5 then symptoms are not severe enough for the benefit of treatment to outweigh the risk. This may not be the case in all patients and some individuals may go on to treatment before the score reflects the impact on quality of life.

Monitoring of Treatment by Secondary Care Consultant

The drooling severity score should be monitored weekly whilst on treatment. There is a chart for this on page 4. If the score does not improve after **4 weeks** at the maximum tolerated dose, the next treatment should be tried.

All the recommended treatments work via antimuscarinic action, and therefore prescribers will need to review the appropriateness of treatment with co-existing conditions (e.g. urinary

retention, constipation, glaucoma etc.) together with consideration of any other concomitant treatments that might contribute to the cholinergic burden. Doses should be titrated upwards to the desired level of dryness, side effects, or until the maximum dose is reached.



*Off label use

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Use of Botulinum Toxin A for Hypersalivation in Adults (Secondary care management)

Drooling Severity Scale- For use by carers

Please, score the effect of treatment on drooling at weekly intervals.

Date (weekly)	Severity					Frequency				Total
	1 Never Lips dry	2 Mild Only lips	3 Moderate Lips and chin	4 Severe Onto clothing	5 Profuse Onto objects	1 None	2 Occasionally	3 Frequently	4 Constant	
1.	1	2	3	4	5	1	2	3	4	
2.	1	2	3	4	5	1	2	3	4	
3.	1	2	3	4	5	1	2	3	4	
4.	1	2	3	4	5	1	2	3	4	
5.	1	2	3	4	5	1	2	3	4	
6.	1	2	3	4	5	1	2	3	4	
7.	1	2	3	4	5	1	2	3	4	
8.	1	2	3	4	5	1	2	3	4	
9.	1	2	3	4	5	1	2	3	4	
10.	1	2	3	4	5	1	2	3	4	
11.	1	2	3	4	5	1	2	3	4	
12.	1	2	3	4	5	1	2	3	4	
13.	1	2	3	4	5	1	2	3	4	
14.	1	2	3	4	5	1	2	3	4	
15.	1	2	3	4	5	1	2	3	4	
16.	1	2	3	4	5	1	2	3	4	
17.	1	2	3	4	5	1	2	3	4	
18.	1	2	3	4	5	1	2	3	4	
19.	1	2	3	4	5	1	2	3	4	
20.	1	2	3	4	5	1	2	3	4	

Please, list any side effects here:

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References:

Rashnoo, P., Daniel, S. Drooling quantification: Correlation of different techniques. International Journal of Pediatric Otorhinolaryngology. 2015;79;8,1201-1205

SE London pathway for the pharmacological management of hypersalivation in adults, 2019.