

Hypersalivation – what drug treatment options are available?



Hypersalivation is the excessive production of saliva. This presents as drooling in children, young people and adults with a neurological condition, such as cerebral palsy or Parkinson's disease with an estimated prevalence of between 10% and 37%.¹ Hypersalivation can also be an adverse effect of drug treatment (for example, clozapine).

Drooling can result in perioral chapping, irritation, maceration and secondary infection of the skin.

A review of the management of drooling in adults with neurological conditions ([Squires et al. 2012](#)) stated that management is best accomplished using a multidisciplinary team approach. Initial management is conservative (mostly behavioural) if symptoms are mild and infrequent.

When conservative management is no longer adequate, drug treatment (usually with an antimuscarinic agent) is considered. Regardless of the cause, all drug therapy is aimed at reducing the volume of the saliva produced.

UK Medicines Information (UKMi) have produced a [document](#) which discusses the treatment options that are available

In summary:

- ◆ **Good quality comparative studies are lacking and evidence to support efficacy and safety of drug therapy in hypersalivation is limited.**
- ◆ **Specialist advice may be required, with little data available to guide drug or dosage recommendations.**
- ◆ **Most drugs are unlicensed for this indication in the UK**
- ◆ **Drugs with antimuscarinic actions, particularly hyoscine hydrobromide and glycopyrronium, are most commonly used.**

References:

1. NICE Evidence Summary [ESUOM15] Hypersalivation: oral glycopyrronium bromide July 2013

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