TelAbility

Enhancing the lives of children with disabilities

Drooling

Definition: Drooling happens when saliva falls out of the mouth.

Drooling can happen when:

1) Extra saliva is made
2) A child has difficulties holding fluid inside the mouth
3) A child has swallowing problems

Most children stop drooling after 18 months (when they're done teething) but some typically developing children drool until they're 4 years old

Drooling is more commonly seen in children with the following conditions:

cerebral palsy	*hypotonia (low muscle tone)*	*seizures*
Down syndrome	*mental retardation*	*stroke*
head injury	*muscular dystrophy*	*large tonsils*

Children who drool are also more likely to have:

aspiration	*gagging*	*speech problems*
congestion	*feeding difficulty*	*swallowing problems*

Is Drooling Harmful?

Drooling itself is not harmful, but it can lead to problems like

- dehydration
- skin breakdown
- infection
- social problems
- soiling of people, clothes, computers, etc.

Ways You Can Evaluate Drooling

1) Count the number of bibs, bandanas and/or shirts soiled each day
2) Look for skin breakdown on the chin, chapped lips, or cheeks
3) Use the Drooling Severity Scale (from the Consortium on Drooling)
    - *Mild*-drooling only into the lips
    - *Moderate*- drool reaches the chin
    - *Severe*- drool drips off chin & onto clothing
    - *Profuse*- drooling off the body and onto objects (furniture, books)
4) Use a Drooling Frequency Scale

    1= Never drools
    2.= Occasionally drools
    3.= Frequently drools
    4.= Constantly drools

(see the next page for Treatment and Resources)

(See the first page for an introduction to drooling and ways to evaluate it)

Treating Drooling

1. When deciding about what treatments to use, remember that the ultimate goal is to *reduce drooling while keeping a healthy and moist mouth*
2. Drooling is usually best treated by a combination of the approaches listed below.
3. First, make sure that teeth and jaws are in good position to allow the mouth and lips to fully close. If they are not, speak with your dentist about ways to correct this.
4. If weak muscles are part of the reason for drooling, try exercises to strengthen the mouth, lips, and swallowing muscles (oral-motor therapy)
5. Try to keep the child's head either upright or slightly tilted back by using verbal reminders and positioning aids
6. If a child is forgetting to swallow their saliva or keep their mouth closed, try behavior therapy and/or biofeedback to train them.
7. Try using bibs or bandanas to cover clothing and decrease soiling.
8. Speak with your doctor about the advantages and disadvantages of using medications to decrease saliva like glycopyrrolate, scopolamine and atropine.
9. For severe cases that do not improve with the above treatments, look into surgery to reduce saliva production or reposition its entry into the mouth (usually not done until after age 6)

Resources and References

http://www.droolinginfo.org

Blasco, PA. Drooling. Chapter 9 in Feeding the Disabled Child (Sullivan and Rosenbloom, eds), MacKeith Press, London, 1996

Blasco, PA and participants of the Consortium on Drooling. Drooling in the Developmentally Disabled: Management Practices and Recommendations. Developmental Medicine and Child Neurology, 34, pages 849-862, 1992

Nickel, RE. Cerebral Palsy. Chapter 6 in The Physician's Guide to Caring for Children with Disabilities and Chronic Conditions (Nickel,RE & Desch,LW, eds) Brookes Publishing, Baltimore, MD, 2000

Solot,C. Communication and Feeding. Chapter 14 in Caring for Children with Cerebral Palsy (Dormans and Pellegrino, eds), Brookes Publishing, Baltimore, MD, 1998