

All About Drooling

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The salivary glands in our mouth produce as much as 2-3 pints of saliva every day. We must swallow regularly to prevent any extra saliva from slipping out of our mouths or from seeping into our airway. If saliva seeps into the airway, our natural reaction is to gag and cough.

What Causes Drooling?

An overproduction of saliva can lead to problems with swallowing, and/or trouble controlling liquid in the mouth. Drooling happens when saliva falls from the mouth. During infant and toddler “teething” years, drooling is quite normal. As the teeth erupt through the gums, the mouth produces excess saliva to soothe aching gums and heal the gums where the teeth are coming through. This drooling behavior typically ends when children finish teething.

Adults may drool because of changes in the mouth such as tooth removal, illness, or a combination of routine medications. Adults should see their physician if an unusual amount of saliva production causes them to begin drooling.



Why Do We Need Saliva?

Speech - Saliva lubricates and protects the lips, teeth, tongue, and all other areas inside the mouth. When the lips, teeth, and tongue are very dry, talking and swallowing can be difficult and uncomfortable. “Liquids and saliva keep the mouth moist to make speaking easier.” (Marshalla, (p.) 2001, p. 12).

Eating - When chewing, the tongue mixes food with saliva to moisten and prepare it for swallowing. Dry, crunchy, foods such as crackers require more moisture from saliva than soft foods like mashed potatoes. Once the food is moist and chewed, the tongue pushes the food toward the back of the mouth to begin swallowing.

Digestion - Digestion begins in the mouth as the saliva helps break down and dissolve fats and sugars in our food. In addition, saliva dissolves any excess food caught in the teeth, protecting them from bacteria that can cause decay and/or infection.

Is Too Much Saliva Bad?

If excessive drooling continues after the teething process, parents may want to consult a physician or dentist. School-aged children who drool may become victims of teasing and bullying. Some children who drool a lot are not even aware or discomforted by it. Excessive drooling at this age wets the face and clothes and can cause bad breath. Poor posture, neurological impairment/disabilities, or reduced sensitivity to the structures in and around the mouth may also contribute to drooling.

Strategies to Decrease Drooling

For children and adults, there are strategies to help control drooling before moving on to more extreme measures. A specialist/therapist should teach the parent or caregiver of a child that drools the correct strategies and techniques to help control drooling. Some strategies are:



- Brushing the teeth and rinsing the mouth regularly after meals.
- Eating foods of different temperatures, tastes, and textures to improve sensory stimulation inside the mouth (popsicles, warm soup).
- Using a mirror to frequently check and clean the face, and to clear pieces of food stuck in the teeth that the person cannot feel.
- Massaging the mouth before meals to help improve sensation within and outside the mouth.

Is There Treatment for Drooling?

Treatment for drooling depends on its severity. A physician, therapist, or dentist must consider contributing factors or disorders, such as cerebral palsy, to create a treatment plan. Successful programs sometimes include an interdisciplinary team (doctor, dentist, therapist, speech-language pathologist) working together to treat the drooling problem. For the patient, these treatment programs may include:

- Exercises to improve the muscle tone, strength, sensitivity, movement, and stability of the structures in and around the mouth.
- Cues and/or prompts from a caregiver, parent, or therapist to improve the swallowing of saliva.
- Prescribed drugs that help decrease the production of saliva.
- Radiation therapy to decrease the production of saliva.
- Surgery on the glands inside the mouth to decrease overproduction of saliva.

Parents need to consider that all children are different, and some may drool more than others, and for a longer period. If you have a concern about your child's excessive drooling, consult your physician, dentist, or therapist.

Resources

Logemann, J. A. (1998). *Evaluation and treatment of swallowing disorders*. 2nd Edition. Austin, Texas: Pro-Ed, Inc.

Marshalla, P. (2001). *How to stop drooling; Practical solutions for home and therapy*. Kirkland, WA: Marshalla Speech and Language.

Neeraj, M. N. (2006). *Drooling*. Retrieved October 30, 2008 from <http://www.emedicine.com/ent/TOPI629.HTM>

Drooling. Retrieved October 30, 2008 from <http://health.nytimes.com/health/guides/symptoms/drooling/overview.html>
<http://www.healthscout.com/ency/1/003048.html>

Helpful Products

The list of Super Duper® products below may be helpful when practicing activities related to drooling. Visit www.superduperinc.com or call 1-800-277-8737. Click the links below to see the product description.

MOST-Marshalla Oral Sensorimotor Test™

Ask for Item #MOST22 <http://www.superduperinc.com/products/view.aspx?pid=MOST22>

Jumbo Mighty Mouth®

Ask for Item #MOUTH-32 <http://www.superduperinc.com/products/view.aspx?pid=MOUTH32&stid=>

Mini Textured Massager

Ask for Item #OM-518 <http://www.superduperinc.com/products/view.aspx?pid=OM518&stid=>

Vibe Critters™

Ask for Item #OMS-940 <http://www.superduperinc.com/products/view.aspx?pid=OMS940>

Nuk® Massage Brushes

Ask for Item #OM-320 <http://www.superduperinc.com/products/view.aspx?pid=OM320>