

## HOW TO DEAL WITH SALIVA ISSUES?

### Tips for salivation and mucus development

**People with ALS, especially those who have the bulbar kind, are often bothered by saliva issues. They are after all less capable of swallowing down the saliva. How to they best deal with it?**

When eating the salivary glands become more active, which is when they excrete thin saliva. Saliva has an important part in digesting food. It's also important for oral hygiene.

But for patients with ALS saliva often turns problematic. That's why we're putting a few tips together concerning loss of saliva, mucus development and salivation.

#### Tips from the dietitian for loss of saliva

- Avoid sour drinks such as grapefruit juice, orange juice and citron juice.
- Avoid sour food like fruit puree.
- Add a bit of non-whipped cream to sour food.
- Avoid irritating substances and pungent spices and herbs in your food.

#### Tips from the dietitian for mucus development

It's possible that after you've eaten or drunk certain food, you'll be bothered by mucus that's developing.

- Avoid food that can cause mucus development: sweet dairy products like milk, chocolate milk, all sorts of custard and pudding, chocolate.
- Replace sweet with sour dairy products; they cause less mucus development. Examples are butter milk, yogurt, soy milk, curd cheese and Biogarde (a different kind of yogurt which has a milder taste than regular yogurt).

- Use food that has a mucus resolving effect such as pineapple juice, (dark) beer, red wine and chamomile tea (gargling with this can also help).
- If you're bothered by mucus developing after eating or drinking, it can help to rinse your mouth with water after the meal.
- If you're bothered by mucus when using a feeding tube, rinsing with water can help. Talk this over with your dietitian, sometimes an adjustment in (administering) food through a feeding tube can lessen mucus development.

#### Tips for salivation

Salivation ('sialorrhoea') or drooling is a fairly frequent problem with patients who have ALS.

- Medicine are often used. These are the so-called anticholinergic medications (atropine, glycopyrrolate, amitriptyline, hyoscyamine and transdermal scopolamine). But there is little proof of its effectiveness with patients who have ALS.
- More invasive treatments, such as botulinum toxin injections and/or (radiotherapy) radiation of the salivary glands, can be considered if the anticholinergics don't work.
- A speech therapist can teach to consciously swallow down the excess of saliva.
- Surgical therapies can offer a solution for treating salivation. Although there have been no specific studies with patients who have ALS to scientifically confirm this. An advantage is that there are no side effects of medicine nor is there a need for repeated therapeutic sessions.

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