

Muscular Dystrophy Association Motor Neuron Disease Clinic

At
The University of Utah
Department of Neurology

MANAGING SECRETIONS

What Causes too Much Saliva?

ALS can affect the ability to swallow. Early difficulties with swallowing may appear as excess saliva in your mouth (also called sialorrhea). This does not represent over production of saliva, but rather slowed swallowing. It should be noted that everyone produces about 1 1/2 to 2 quarts of saliva per day. To get rid of this, we swallow many times per hour. If our swallowing slows down even a little, saliva can build up.

Saliva Production be Reduced

There are several medications that can reduce the volume of saliva produced. We generally recommend amitriptyline (Elavil®), glycopyrrolate (Robinul®) or atropine (Saltropine®). Keep in mind that some saliva is necessary for good dental hygiene. Too little saliva causes a dry mouth that can be uncomfortable. Some times people awake with a dry mouth because they are breathing through their mouth. This can be treated easily with a drink sufficient to wet the mouth.

Amitriptyline

Amitriptyline (Elavil®) is a medication originally designed to be an antidepressant. However, we are not recommending it for depression, but rather for the side effect reducing saliva production. We use much smaller doses than used for depression. The medication is not habit forming, but should not be stopped suddenly. If you want to stop taking it, please contact us.

Amitriptyline is very well tolerated. The most common side effect is sleepiness. This is most noticeable when starting amitriptyline or when increasing the dose. We recommend that you take the medication at night, when the sleepiness will be welcomed. Take your dose 10-12 hours before you want to wake up. Once in a while, the sleepiness will linger into the morning. It is important that you not plan activities that require alertness, such as driving, the morning after taking your first dose or increasing the dose. The sleepiness lingering into the morning only lasts a day or so after changing the dose. Rarely, in men who have an enlarged prostate, starting a urine stream may be difficult. If this occurs, you should contact us immediately and not take any more amitriptyline. Constipation occasionally occurs and can be treated by drinking more fluids.

Amitriptyline or (Elavil®) comes as a 25 mg tablet. It can be started with ½ a tablet (12.5 mg) at night and increased by ½ a tablet every 5 days if you do not have side effects and your secretions are not better to a maximum of 50 mg.

Glycopyrrolate

Glycopyrrolate (Robinul®) comes as a 1 mg tablet, and can be taken once or twice a day. The dose can also be increased to 2 mg once or twice a day.

Atropine

Atropine (Saltropine®) comes as a 0.4 mg tablet and can be taken once or twice a day.

At times, changes from one drug to another drug or combinations are helpful. We will work with you to achieve a balance between too much and too little saliva.

What Causes Thick Secretions?

Some patients describe thick secretions that can be troublesome to clear out of their throat. To be truthful, it is not clear why some secretions are thick. They are usually very far back in the throat and can not be easily seen. We presume that they represent the protein component of saliva without the watery component. Therefore, the first treatment is to ensure adequate hydration. Sometimes the dry taste of a drink of cranberry juice will clear them out.

Natural papaya juice contains an enzyme, papain, that can help break-up these proteins.

Guaifenesin tablet or Mucinex one tablet every 4-6 hours is an over the counter expectorant that can break up mucus with the common cold and may be helpful for thick secretions in ALS.

If you have any questions please contact Barbara Miano at (801) 585-6052.

14 November 2006