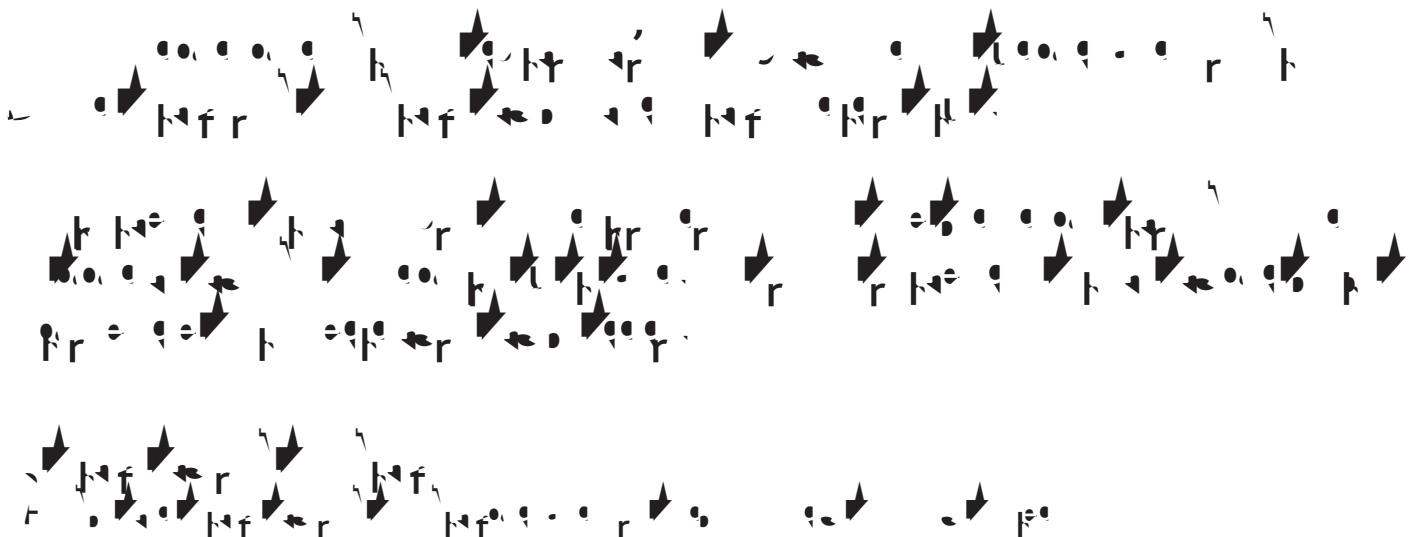




Eating, swallowing and saliva control in Parkinson's



Eating is a social activity and problems that affect chewing and swallowing can have a big impact on how much you enjoy meal times. For example, some people with Parkinson's have told us that they feel self-conscious or embarrassed while eating because of their symptoms.

It's important to look out for symptoms related to difficulties with eating and swallowing. These can develop slowly over time and you may not notice them, so family, friends or carers should know what to look out for too.

If you're not able to swallow properly, you may experience:

- y drooling
- y inability to clear food from the mouth
- y food sticking in the throat
- y a gurgly voice
- y coughing when eating or drinking

- y choking on food, liquid or saliva
- y problems swallowing medication
- y pain when swallowing
- y discomfort in the chest or throat
- y These things can lead to a number of long-term problems, including:
- y not eating enough to maintain good general health (known as malnutrition)
- y not drinking enough, which can lead to other medical issues, like constipation or dehydration
- y loss of appetite
- y being less able to manage to eat certain foods (even though you may still enjoy them)
- y heartburn or reflux
- y a chest infection caused by food or liquid going into the lungs rather than the stomach. If the food we swallow enters the windpipe instead of the food pipe (oesophagus), the body reacts by coughing to stop it getting into the lungs. But in some cases, people with Parkinson's can experience 'silent aspiration'. This is when food enters the wind pipe and goes down into the lungs without any of the usual signs of coughing or choking. It can lead to problems like aspiration pneumonia, where the lungs become damaged or infected.
- y food blocking the airway and stopping breathing (known as asphyxiation)

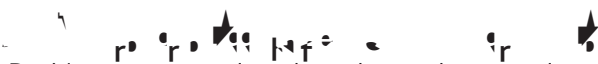
Talk to your GP as soon as you can if you have problems with eating or swallowing – they may refer you to specialists who can help.



Parkinson's can cause the muscles in your jaw and face to be less efficient, which affects the control you have over chewing and swallowing. Less efficient muscles may also reduce the tightness that you have when closing your lips, making it hard to swallow.

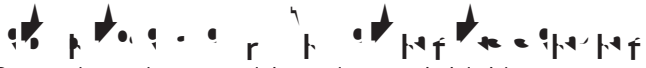


Parkinson's can also cause problems in the tongue muscles. The tongue is important in swallowing. We use it to move food around and push it to the back of the mouth to trigger the swallowing reflexes. Parkinson's can also impair the reflexes that protect our windpipe from food and drink. A problem coordinating breathing and swallowing may make this problem worse.



Parkinson's may also slow down the muscles carrying food down into your stomach. Food moving slowly down your food pipe to your stomach can make you feel full up. But once it arrives at your stomach you realise you're still hungry. By this time the food on your plate may have gone cold and be unappealing.

Dry mouth can be another feature of Parkinson's and can affect the comfort and pleasure of eating and drinking. Saliva helps us to break down food as we chew it and enables us to taste our food. Tasting your food produces more saliva that lubricates what you're chewing and makes chewing and swallowing comfortable.



Sometimes issues with eating and drinking aren't to do with the physical aspects of swallowing, but more to do with the practical side. These may include difficulties getting food up to the mouth or balancing a cup to drink. Tiredness or difficulty concentrating at meal times can also be an issue.



- y changing your diet to make food and liquid easier and safer to swallow. This may include avoiding hard, dry or crumbly food, moving on to softer, moist food, or thickening drinks to make them move more slowly in the mouth
- y avoiding taking mouthfuls of food or drink that have different consistencies together, like cornflakes and milk, or peas and gravy
- y changing how you eat and drink, particularly the speed you eat and your mouthful size, to reduce the risk of coughing and choking
- y talking to your GP, specialist or Parkinson's nurse about the timing and doses of your medication. Eating your meals shortly after taking levodopa (one of the main drugs for Parkinson's) may improve your swallowing, though the overall benefits of levodopa for swallowing are still unclear

Using these and other methods, you can limit the risk of choking, coughing and things going down the wrong way. These methods may also make swallowing less difficult and meal times more comfortable.



There is a variety of special equipment you can use to help you eat and drink more safely and comfortably.

For example, you could use a special straw that stops drinks falling to the bottom of the straw once they've been sucked up. You can also use adapted cups that are shaped to allow you to drink without tilting your head.

Your speech and language therapist can tell you more about the equipment available.

 see our information on daily living equipment for Parkinson's.



Speech and language therapists can also work with your family, friends and carers. Sometimes your family may not realise that swallowing problems are the reason why meal times are difficult for you. Helping them understand your problems and giving practical advice on what to do can help make everyone feel less anxious and make meal times more enjoyable.



Speech and language therapists can give you useful techniques and exercises to practise to help with swallowing problems. As well as following their advice, you can also try the following:

y

- y Injections of botulinum toxin (Botox) into the salivary glands. This interrupts nerve messages from the brain that tell the glands to produce saliva. It's important to discuss this with your GP, as this treatment may have side effects, such as causing your mouth to be too dry.
- y Radiotherapy, which helps to restrict the glands that produce saliva.
- y Surgical treatment options, such as salivary gland removal.

Discuss all these procedures with your GP, as they're not suitable – or necessary – for everyone.

Many people with Parkinson's experience dry mouth problems, and this may be linked to Parkinson's medication. Because saliva acts as a lubricant during chewing and swallowing, a dry mouth may feel uncomfortable. Saliva is also important to keep your mouth healthy, and stop problems like sores, bad breath, infections, tooth decay and gum disease.

Some tips for dealing with a dry mouth include:

- y Get advice about your diet. Some foods make dryness worse. Your GP can refer you to a dietitian.
- y Take frequent sips of water, so you're not dehydrated.
- y Use lip balm to keep lips moist, particularly the corners of the mouth.
- y Remove and clean dentures at night to give your mouth a chance to recover.
- y Ask your dentist or doctor about the possibility of using artificial saliva. Specialist dry mouth products are available on prescription.
- y Suck sweets or chew gum to help increase saliva and reduce dryness. But make sure these are sugar-free to help avoid tooth decay and other mouth problems.

It's important to visit your dentist for regular check-ups. A dry mouth and pooling of saliva and food in the mouth can cause problems with the health of your mouth and teeth.

For details of your local NHS dentists in England and Wales call 0300 30 30 30 or visit www.nhs.uk

For dentists in Scotland call 0800 0 123 456 or visit www.nhs.uk

For dentists in Northern Ireland speak to your GP or visit www.nhs.uk

[Find a dentist](#) : see our information on mouth and dental issues in Parkinson's.



Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for

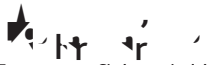
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Every hour, two people in the UK are told they have Parkinson's – a brain condition that turns lives upside down, leaving a future full of uncertainty.

Parkinson's UK is here to make sure people have whatever they need to take back control – from information to inspiration.

We want everyone to get the best health and social care. So we bring professionals together to drive improvements that enable people to live life to the full.

Ultimately, we want to end Parkinson's. That's why we inspire and support the international research community to develop life-changing treatments, faster. And we won't stop until we find a cure.



Free confidential helpline

Monday to Friday 9am–7pm, Saturday 10am–2pm. Interpreting available.

NGT Relay (for use with smart phones, tablets, PCs and other devices).

For more information see

