Eating, Swallowing & Drooling in Parkinson's Disease

Understanding Changes in Chewing, Swallowing, and Saliva—and How to Manage Them Safely

Changes in eating, swallowing, and saliva control are common in Parkinson's disease and can affect nutrition, safety, comfort, and confidence. These symptoms often develop gradually and may be overlooked—yet they are **neurological features of Parkinson's**, not signs of aging or poor habits.

With awareness, timely evaluation, and practical strategies, most people can **eat more safely, reduce drooling, and maintain good nutrition**.

Through the **Wisconsin Parkinson Association**, individuals with Parkinson's are encouraged to address these symptoms early and proactively.

Eating and swallowing changes are treatable.
Early attention protects safety, health, and dignity.

Why Parkinson's Affects Eating & Swallowing

Parkinson's changes how the brain coordinates muscles of the face, mouth, tongue, and throat. Movements that were once automatic—chewing, swallowing, clearing saliva—may become slower or less coordinated.

Contributing factors include:

- Slowness and rigidity of muscles
- Reduced sensation in the mouth or throat
- Decreased automatic swallowing
- Fatigue or medication "off" periods

These changes can affect **both solids and liquids**, often without obvious warning signs.

Common Eating & Swallowing Challenges

Difficulty Chewing or Managing Food

- Food lingering in the mouth
- Needing extra time to chew
- Fatigue during meals

Swallowing Difficulties (Dysphagia)

- Coughing or choking with food or liquids
- Sensation of food "sticking"
- Throat clearing during or after meals
- Wet or gurgly voice after swallowing

Swallowing problems can occur **even without choking** and may increase the risk of aspiration (food or liquid entering the airway).

Drooling (Sialorrhea) in Parkinson's

Drooling is common in Parkinson's and is usually caused by **reduced automatic swallowing**, not overproduction of saliva.

Symptoms may include:

- Saliva pooling in the mouth
- Drooling at rest or while talking
- Chapped skin around the mouth
- Social discomfort or embarrassment

Drooling is a neurological symptom—not a hygiene issue.

How Eating & Swallowing Are Evaluated

Evaluation may include:

- Clinical swallowing assessment
- Referral to a **speech-language pathologist (SLP)**

- Modified barium swallow study or FEES exam (when needed)
- Review of medication timing

Swallowing evaluations are **preventive**, not a sign that eating must stop.

Practical Strategies to Improve Eating Safety

Meal Positioning

- Sit upright at 90 degrees
- Keep head aligned—not tipped back
- Remain upright for 30 minutes after meals

Slow Down & Reduce Distractions

- Take small bites and sips
- Finish one swallow before the next
- Avoid talking while chewing

Slower, focused eating improves safety.

Food & Liquid Modifications (When Needed)

- Softer or moist foods
- Sauces or gravies to ease swallowing
- Thickened liquids if recommended by a speech therapist

These changes are individualized—not universal.

Managing Drooling at Home

Helpful strategies may include:

- Intentional swallowing reminders
- Chewing sugar-free gum or sucking on sugar-free lozenges

- Maintaining good posture
- Lip and facial muscle exercises

Medical options may include:

- Medication adjustments
- Oral medications to reduce saliva
- Botulinum toxin injections into salivary glands (when appropriate)

The Role of Speech-Language Therapy

Speech-language pathologists support:

- Swallowing safety
- Eating strategies
- Drooling management
- Speech clarity and voice strength

Early referral often prevents complications and improves confidence.

Nutrition & Hydration Considerations

Swallowing changes can affect:

- Appetite
- Weight
- Hydration
- Medication absorption

Helpful steps include:

- Monitoring weight changes
- Choosing nutrient-dense foods
- Staying hydrated in safe ways
- Discussing protein timing with medications

Nutrition supports strength, energy, and brain health.

When to Contact Your Care Team

Reach out if you notice:

- Frequent coughing or choking
- Unexplained weight loss
- Recurrent pneumonia or chest infections
- Increased drooling affecting skin or confidence
- Difficulty taking medications

These symptoms deserve prompt attention.

Preserving Confidence & Quality of Life

Eating is social, cultural, and deeply personal. Addressing swallowing and drooling symptoms helps people:

- Eat more comfortably in public
- Enjoy meals with others
- Reduce anxiety around choking
- Maintain independence

Safety and dignity belong together in Parkinson's care.
