Handy fact sheet
Sialorrhoea (hypersalivation) from clozapine

What is sialorrhoea?
Sialorrhoea (pronounced sigh-al-o-rear) is the name for dribbling or having too much saliva or spit. It is also known as hypersalivation. Both these names are probably wrong because it seems the problem is that you don't swallow the saliva as well as usual rather than having too much of it. The effect is the same but the reason is different.

What causes sialorrhoea?
Hypersalivation can occur with several medicines but the most common one is clozapine. It is thought that clozapine stops the swallowing reflex working as well as it used to, and so saliva builds up in the mouth.

Which medicines can cause sialorrhoea?
Up to 4 in every 5 people (80%) taking clozapine get hypersalivation. It can also occur with olanzapine, some other antipsychotics and some medicines for dementia.

Is it dangerous?
Hypersalivation isn't really dangerous but it can be really annoying and distressing e.g. it can look horrible in public. Also, if you get a chest infection it might be more likely to turn into pneumonia.

What are the main treatments for sialorrhoea?
The main ways to help the problem are as follows:

Practical advice
Some people find the following help:
• Propping pillows up at night
• Drinking less caffeine (e.g. in tea, coffee or colas)
• Chewing gum has been used to boost salivation and swallowing
• Taking your clozapine at a slightly different dose or when you take the doses e.g. more during the day, less at bedtime. You must talk about this to your doctor before making any changes.

Being prescribed other medicines:
Sometimes taking another medicine for hypersalivation is the only way to help:
• Hyoscine hydrobromide (Kwells®) - 300mcg sucked and swallowed up to three times a day
• Atropine 1% eye drops - one drop in the mouth at bedtime can make your mouth very dry and help quickly
• Pirenzepine - half to two tablets a day can be used. Pirenzepine is not available in the UK any more so it has to be imported.

Other medicines include glycopyrrrolate (glycopyrronium), anticholinergics (e.g. procyclidine), moclobemide, quetiapine, sulpiride and tricyclics (e.g. amitriptyline). These can all cause dry mouth.

What should I do if I think I might have or might get sialorrhoea?
If you think you have hypersalivation make sure your healthcare professional and prescriber knows. Take a copy of this leaflet with you as it may help your health professional.

The small print: This leaflet is to help you understand about sialorrhoea. Go to our website for fuller answers to these and many other questions e.g. driving, women’s health, how it works, doses and interactions, and about the conditions.