SYMPTOM

Drooling

Drooling is saliva leaking from the mouth or being difficult to swallow

WHAT IT FEELS LIKE
Saliva pooling or leaking from your mouth

WHERE IT IS FELT
Mouth, lips, chin, or throat

MOST COMMON CAUSES
Normal infancy, sleep, mouth breathing

WHEN IT IS URGENT
New drooling with fever, throat pain, or trouble swallowing

USUALLY LASTS
Minutes during sleep or longer with an ongoing cause

SEE A DOCTOR IF
Drooling persists, damages skin, or affects eating and speech

Overview

Drooling means saliva escapes from your mouth or builds up because it is not being swallowed. The medical term is sialorrhea . It does not always mean your body is making too much saliva. It can also happen when your lips do not close fully or swallowing is less frequent or less coordinated.

Drooling is common during infancy and may occur during sleep at any age. New or persistent drooling can have several causes, including a blocked nose, mouth or dental problems, medicine side effects, and conditions that affect movement or swallowing.

The pattern matters. Drooling that has developed slowly is usually assessed at a routine appointment. Sudden drooling with breathing or swallowing difficulty needs urgent attention.

What it may feel or look like

You may notice saliva:

Some people need to wipe or swallow frequently. Others cough during meals, take longer to eat, or feel that saliva is collecting at the back of the throat.

Drooling may happen only while sleeping, when concentrating, or when tired. It may be more noticeable with certain foods or when your nose is blocked. A child may not be bothered by it, but frequent wet clothing or skin irritation can affect comfort and daily activities.

- Pooling inside your mouth
- Running over your lower lip or chin
- Wetting your pillow, clothes, or bedding
- Making speech sound wet or unclear
- Causing sore, cracked skin around your mouth

Common causes

Common causes include normal development during infancy, especially before lip and swallowing control has matured. Teething may make drooling more noticeable, although drooling alone does not prove that a tooth is coming through.

During sleep, the swallowing reflex becomes less active. Saliva may leak if your mouth falls open, particularly when sleeping on your side or front. Nasal congestion from a cold or allergies can also lead to mouth breathing.

Dental pain, mouth ulcers, ill-fitting dentures, nausea, or irritation in the mouth may temporarily increase saliva or make swallowing uncomfortable.

Less common causes include medicines that increase saliva or reduce alertness and swallowing. Clozapine and some other medicines used for mental health or nervous system conditions can cause drooling. Do not stop a prescribed medicine on your own; ask the prescriber whether it could be contributing.

Conditions affecting muscle control or swallowing can make saliva harder to manage. Examples include cerebral palsy, Parkinson's disease, motor neurone disease, stroke, and some forms of dementia. These conditions have many other possible symptoms, and drooling alone does not mean you have one.

Urgent causes are uncommon but important. A foreign object, serious throat infection, severe allergic reaction, poisoning, or sudden neurological problem can cause abrupt drooling because swallowing has become difficult.

When to seek medical care

Call emergency services now if drooling occurs with:

Do not force food or drink if swallowing is difficult. If an object may be stuck in the throat, do not sweep inside the mouth with your fingers unless you can clearly see and safely remove it.

Seek same-day medical care for new drooling with fever, marked throat pain, a stiff or swollen neck, a muffled voice, dehydration, or worsening trouble swallowing. A child who is drooling, looks unwell, and refuses to swallow also needs prompt assessment.

Book a routine appointment if drooling is persistent, newly increasing, damaging the skin, disrupting sleep, or affecting eating, speech, school, work, or social activities. Arrange an assessment if you regularly cough or choke during meals, lose weight without trying, or develop repeated chest infections.

- Severe trouble breathing, choking, or blue or grey lips
- Inability to swallow saliva
- Sudden facial drooping, arm weakness, or difficulty speaking
- Rapid swelling of the tongue, lips, or throat
- Suspected poisoning or swallowing of a dangerous substance

How the cause is found

A healthcare professional will ask when the drooling began, when it occurs, and whether you have trouble chewing, swallowing, speaking, or breathing. They may review your medicines and ask about nasal blockage, dental symptoms, heartburn, recent illness, and nervous system symptoms.

An examination may include your lips, tongue, teeth, mouth, throat, neck, and facial movements. The clinician may also watch how you sit, speak, drink, or swallow.

If swallowing problems are suspected, you may be referred to a speech and language therapist. Despite the job title, these clinicians also assess swallowing. They may suggest a swallowing study using moving X-rays or a small flexible camera passed through the nose. These tests show whether saliva, food, or drink is entering the airway.

Blood tests or scans are not needed for every person. They are chosen only when the history or examination suggests a particular cause.

Treatment and self-care

Treatment depends on why drooling is happening and how much it affects you. Mild drooling during sleep or a short illness may not need treatment.

Simple measures can include sitting upright, taking regular swallowing breaks, and gently patting wet skin dry. A plain barrier ointment may protect irritated skin. Good dental care matters because mouth pain and gum disease can make saliva control harder.

Treating nasal congestion, dental disease, or another identified cause may help. A speech and language therapist can advise on safer swallowing, posture, cup or utensil choices, and ways to improve lip closure. Exercises are not suitable for every cause and should be matched to your needs.

If a medicine may be responsible, its prescriber can review the dose or alternatives. Do not change it without advice.

For troublesome ongoing drooling, clinicians sometimes use medicines that reduce saliva. Possible side effects include dry mouth, constipation, blurred vision, difficulty passing urine, and confusion. Botulinum toxin injections into the salivary glands are another option; they temporarily reduce saliva production. Surgery is reserved for selected severe cases when other approaches have not helped.

What to expect

Drooling caused by sleep, congestion, nausea, or mouth irritation often improves when the trigger settles. Developmental drooling usually becomes less noticeable as a young child gains better control of the lips and swallowing.

When drooling is linked to an ongoing movement or swallowing condition, it may continue or change over time. Treatment may not stop it completely, but it can reduce wetness, skin problems, choking risk, and disruption to daily life.

Follow-up is useful after starting treatment because reducing saliva too much can make the mouth uncomfortably dry or produce thick secretions that are harder to clear.

Common questions

Does drooling mean I make too much saliva?

Not necessarily. Many people produce a normal amount but cannot contain or swallow it efficiently. Posture, open-mouth breathing, reduced awareness, and swallowing difficulty can all contribute.

Is drooling during sleep normal?

Occasional sleep drooling is common. Arrange a routine assessment if it is new and persistent or comes with loud snoring, pauses in breathing, daytime sleepiness, nasal blockage, or swallowing problems.

Can anxiety cause drooling?

Anxiety is more often linked with a dry mouth, but nausea, altered breathing, or greater awareness of saliva may make drooling feel more noticeable. Persistent drooling should not automatically be attributed to anxiety.

Can drooling cause chest infections?

Saliva entering the airway is called aspiration. This can sometimes contribute to chest infections, especially when swallowing is impaired. Coughing during meals, a wet-sounding voice after swallowing, or repeated chest infections should be assessed.

Sources

- Hockstein NG, Samadi DS, Gendron K, Handler SD. Sialorrhea: A Management Challenge . American Family Physician . 2004;69(11):2628-2634.
- McGeachan AJ, McDermott CJ. Management of oral secretions in neurological disease . Practical Neurology . 2017;17(2):96-103.
- National Institute for Health and Care Excellence. Cerebral palsy in under 25s: assessment and management-managing saliva control . NICE guideline NG62. Published 2017.
- American Speech-Language-Hearing Association. Adult Dysphagia . Practice Portal.
- US Food and Drug Administration. BOTOX prescribing information . OnabotulinumtoxinA product label. Revised 2023.