

# Bwyta, llyncu a rheoli'r poer wrth ddioddef o Parkinson's

**G**all rhai pobl sy'n dioddef o Parkinson's gael problemau gyda bwyta, llyncu a rheoli'r poer.

**Mae'r wybodaeth sy'n dilyn yn trafod y problemau y gallwch eu hwynebu, yn egluro pam eu bod yn digwydd a pha help sydd ar gael. Mae yma hefyd wybodaeth ac awgrymiadau allai fod o help i deuluoedd, ffrindiau a gofalwyr.**

## Bwyta a llyncu

Sut mae problemau gyda bwyta a llyncu yn effeithio ar eich bywyd beunyddiol?

Mae bwyta yn weithgaredd cymdeithasol, ac mae problemau sy'n mennu ar gnoi a llyncu yn gallu cael cryn effaith ar eich mwynhad o brydau bwyd. Er enghraifft, mae rhai pobl wedi dweud wrthym eu bod yn teimlo'n hunanymwybodol ac yn chwithig wrth fwyta oherwydd eu symptomau.

## Pa symptomau ddylwn i chwilio amdanynt?

Mae'n bwysig cadw llygad am symptomau cysylltiedig â thrafferthion gyda bwyta a llyncu. Gallai'r rhain ddatblygu'n araf dros gyfnod o amser, heb ichi sylwi arnynt o bosib, ac felly fe ddylai teuluoedd, ffrindiau a gofalwyr wybod am beth i chwilio hefyd.

Os nad ydych chi'n gallu llyncu'n iawn, fe allech gael problem gyda:

- glafoerio
- anallu i glirio bwyd o'r geg
- bwyd yn glynu yn y corn gwddw
- llais aneglur
- pesychu wrth fwyta neu yfed

- tagu ar fwyd, hylif neu boer
- problemau wrth lyncu meddyginiaethau
- poen wrth lyncu
- anghysur yn y frest neu'r corn gwddw

Gallai'r uchod arwain at nifer o broblemau tymor hir, gan gynnwys:

- peidio bwyta digon i gynnal lefel dda o iechyd yn gyffredinol (a elwir yn ddiffyg maeth)
- peidio yfed digon, sy'n gallu arwain at broblemau meddygol eraill, fel mynd yn rhwym neu ddiffyg hylif
- colli awydd bwyd
- cael mwy o drafferth i fwyta rhai mathau o fwyd (er eich bod yn dal i'w mwynhau)
- dŵr poeth neu adlifiad
- haint ar y frest oherwydd bod bwyd neu hylif yn mynd i'r ysgyfaint yn hytrach nag i'r stumog. Os ydy'r bwyd a fwytawn yn mynd i'r corn gwynt yn hytrach na'r corn gwddw (oesophagus), mae'r corff yn ymateb drwy besychu i'w rwystro rhag mynd i'r ysgyfaint. Ond mewn rhai achosion, gall pobl sy'n dioddef o Parkinson's brofi sugniad tawel, sef pan fod bwyd yn mynd i'r corn gwynt ac i lawr i'r ysgyfaint heb ddangos arwyddion o besychu neu dagu. Gall hyn arwain at broblemau fel pneumonia sugniad, pan fydd yr ysgyfaint yn cael ei niweidio neu yn cael haint.
- bwyd yn llenwi'r corn gwynt ac yn rhwystro i rywun anadlu a'u mygu

Mynnwch air gyda'ch meddyg teulu cyn gynted ag y dechreuwch gael trafferth gyda bwyta neu lyncu – gallent eich cyfeirio at arbenigwr fydd yn gallu helpu.

## Pam mod i'n cael trafferth i fwyta a lyncu?

### Cyhyrau'r ên a'r wyneb yn llai effeithiol

Gall Parkinson's achosi i gyhyrau'r ên a'r wyneb fynd yn llai effeithiol, sy'n mennu ar y rheolaeth sydd gennych dros gnoi a lyncu. Gall cyhyrau llai effeithiol hefyd leihau'r tyndra sydd gennych wrth gau eich gwefusau at ei gilydd, a gwneud hi'n anos lyncu.

### Trafferth gyda chyhyrau'r tafod

Gall Parkinson's hefyd achosi trafferthion gyda chyhyrau'r tafod. Mae'r tafod yn bwysig wrth lyncu. Byddwn yn ei ddefnyddio i symud bwyd o gwmpas y geg a'i symud tuag at y cefn er mwyn sbarduno'r atgyrch (reflex) llyncu. Gall Parkinson's hefyd niweidio'r atgyrchau sy'n amddiffyn ein corn gwynt rhag bwyd a diod. Byddai cael trafferth wrth gydgordio anadlu a lyncu yn gwneud y broblem hon yn waeth.

### Arafu cyhyrau sy'n cario bwyd i'r stumog

Gall Parkinson's hefyd arafu'r cyhyrau sy'n cario bwyd i lawr i'r stumog. Gallech deimlo'n rhy llawn oherwydd bod bwyd yn symud yn araf i lawr y biben fwyd i'r stumog. Ond wedi iddo gyrraedd y stumog, fe sylweddolwch eich bod yn dal â chwant bwyd. Erbyn hynny, mae'n bosib y byddai'r bwyd sydd ar eich plât wedi oeri a heb fod yn apelio bellach.

### Ceg sych

Gall bod â cheg sych fod yn arwydd arall o Parkinson's allai fennu ar y cysur a'r pleser sydd i'w gael wrth fwyta ac yfed. Mae'r poer yn helpu malurio'r bwyd wrth i ni ei gnoi ac yn ein galluogi i gael blas ar fwyd. Wrth gael blas ar fwyd, mae mwy o boer yn cael ei gynhyrchu sy'n iro'r hyn a fwyteuoch, gan wneud cnoi a lyncu'n fwy cyfforddus.

### Problemau ymarferol wrth fwyta ac yfed

Ar brydiau, nid ochr gorfforol llyncu sy'n achosi trafferthion gyda bwyta ac yfed, ond yn hytrach agwedd mwy ymarferol pethau. Gallai'r rheiny ymwneud â thrafferthion yn cael bwyd at y geg, neu gadw cwpan yn wastad ar gyfer yfed ohoni. Weithiau, mae blinder ac anallu i ganolbwyntio amser prydau bwyd hefyd yn broblem.

### Pwy all helpu?

Os ydych chi'n poeni am y problemau uchod, neu'n cael profiad ohonynt, gall y gweithwyr iechyd proffesiynol sy'n dilyn eich helpu:

- Mae therapyddion iaith a lleferydd yn gweithio gyda phobl sy'n cael problemau llyncu. Yn ôl y canllawiau clinigol, dylech fod yn gallu gweld un. Yn y mwyafrif o ardaloedd, dylech fod yn gallu cysylltu â therapydd iaith

a lleferydd yn eich ysbyty leol. Gall eich meddyg teulu, eich arbenigwr, neu eich nyrs Parkinson's eich cyfeirio atynt.

- Gall therapyddion galwedigaethol roi cyngor neu offer ichi i wneud bwyta ac yfed yn haws. Gall eich meddyg teulu, eich arbenigwr neu eich nyrs Parkinson's eich cyfeirio atynt.
- Gall dietegwyr gynnig cyngor ynglŷn â bwyta'n synhwyrol ac am y math o fwydydd allai fod yn haws eu llyncu. Os ydych chi wedi colli pwysau, byddent efallai'n argymhell ychwanegion maethol. Unwaith eto, gall eich meddyg teulu, eich arbenigwr neu eich nyrs Parkinson's eich cyfeirio atynt.
- Gall eich nyrs Parkinson's neu eich arbenigwr awgrymu meddyginiaeth amgen os ydych chi'n cael trafferth i lyncu – er enghraifft, clwt neu hylif yn hytrach na thabledi caled.

**Rhagor o gyngor: chwiliwch am ein gwybodaeth am therapi iaith a lleferydd, therapi galwedigaethol, a thriniaethau cyffuriau a diet ar gyfer Parkinson's.**

### **Beth fydd yn digwydd pan welwch therapydd iaith a lleferydd?**

Bydd eich therapydd iaith a lleferydd yn cychwyn drwy eich holi am eich anawsterau wrth lyncu, er enghraifft – beth sy'n digwydd wrth ichi geisio lyncu, neu oes gwahaniaeth rhwng mathau gwahanol o fwyd. Byddent efallai eisiau archwilio'ch ceg, a'ch gwyllo wrth ichi gymryd cegeidiau bach o fwyd neu ddiod, neu hyd yn oed yn ystod pryd bwyd. Os oes angen, fe allent fod eisiau eich anfon am brofion pellach. Byddai'r rheiny'n cynnwys y canlynol:

- Archwiliad o lyncu drwy ddefnyddio endosgôp [fiberoptic endoscopic examination of swallowing (FEES)] – pan fyddai tiwb bach hyblyg gyda golau arno yn cael ei wthio i lawr drwy'r trwyn i gefn y gwddw er mwyn gweld bwyd a hylif wrth iddo deithio dros gefn y tafod.
- Videofluoroscopy – byddai hyn yn cael ei wneud yn yr adran pelydr X. Bydd gofyn ichi fwyta ac yfed bwyd wedi'i gymysgu gyda sylwedd sy'n dangos ar belydr X. Gall hyn gadarnhau unrhyw broblemau llyncu.

Gallech hefyd gael eich cyfeirio at weithwyr iechyd proffesiynol eraill, gan gynnwys arbenigwr ar anhwylderau'r glust, trwyn a gwddw neu gastroenterolegydd, sy'n arbenigo yn y system dreulio.

### **Triniaethau ac opsiynau rheoli ar gyfer bwyta a llyncu**

Yn dilyn asesiad, bydd eich therapydd iaith a lleferydd yn gweithio gyda chi ac arbenigwyr perthnasol eraill, fel dietegydd, i lunio cynllun hunan-reoli sy'n cyfateb i'ch anghenion.

Gallai hyn gynnwys:

- addasu eich osgo wrth eistedd ac osgo eich pen wrth fwyta ac yfed
- ymarferion i gryfhau eich gwefusau, a chyhyrau'ch tafod a'ch gwddw, cryfder eich pesychiad a'ch gallu i ddal eich gwynt wrth lyncu
- newid eich diet er mwyn gwneud bwyd a diod yn haws ac yn fwy diogel i'w lyncu. Gallai hyn gynnwys osgoi bwyd caled, sych neu friwsionllyd, gan symud at fwyd mwy meddal a llaith, neu dewychu diodydd er mwyn gwneud iddynt symud yn arafach yn y geg
- osgoi cymryd cegeidiau ar yr un pryd o fwyd a diod sydd ag ansawdd gwahanol, fel 'Cornflakes' a llaeth, neu bys a grefi
- newid eich dull o fwyta ac yfed, yn enwedig cyflymdra'ch bwyta, a faint a roddwch yn eich ceg ar y tro, er mwyn lleihau'r tebygolrwydd o besychu neu dagu
- trafod gyda'ch meddyg teulu, eich arbenigwr neu'r nyrs Parkinson's am amseriad eich meddyginiaeth, a maint y dos. Gall bwyta yn fuan ar ôl cymryd levodopa (un o'r prif gyffuriau ar gyfer Parkinson's) wella'ch llyncu, er nad ydy manteision cyffredinol cymryd levodopa ar gyfer llyncu yn glir hyd yn hyn

Drwy ddefnyddio'r dulliau hyn ac eraill, gallwch leihau'r risg o dagu, pesychu a phethau'n mynd i lawr yn chwithig. Gall y dulliau yma hefyd wneud llyncu yn haws a phrydau bwyd yn fwy cyfforddus.

## Offer i'ch helpu gyda bwyta, yfed a llyncu

Mae amrywiaeth ar gael o offer arbenigol y gallech eu defnyddio i'ch helpu i fwyta ac yfed yn fwy diogel a chyfforddus. Er enghraifft, gallech ddefnyddio gwelltyn arbennig sy'n rhwystro diodydd rhag disgyn i waelod y gwelltyn ar ôl cael eu sugno. Gallech hefyd ddefnyddio cwpan wedi'i siapio fel bod modd yfed ohoni heb blygu'r pen.

Gall eich therapydd iaith a lleferydd roi mwy o wybodaeth ichi am yr offer sydd ar gael.

## Rhagor o gyngor: chwiliwch am wybodaeth am offer ar gyfer byw gyda Parkinson's bob dydd.

### Cefnogaeth i deuluoedd a gofalwyr

Gall therapyddion iaith a lleferydd hefyd weithio gyda'ch teulu, eich ffrindiau a'ch gofalwyr. Weithiau, dydy teuluoedd ddim yn sylweddoli mai problemau llyncu yw'r rheswm pam fod prydau bwyd yn amser anodd ichi. Gall eu helpu i ddeall eich problemau a rhoi cyngor ymarferol ar beth i'w wneud fod o fudd i bawb deimlo'n llai pryderus a gwneud amser prydau bwyd yn fwy pleserus.

### Awgrymiadau ymarferol i helpu gyda bwyta ac yfed

Gall therapyddion iaith a lleferydd roi cynghorion defnyddiol ichi i'w hymarfer er mwyn helpu lleihau problemau llyncu. Heblaw am ddilyn y cynghorion hyn, gallech hefyd roi cynnig ar y canlynol:

- Cyn llyncu, plygwch eich gêm tuag at y frest er mwyn lleihau'r tebygolrwydd y byddai bwyd neu ddiod yn mynd i lawr i'r ysgyfaint.
- Ceisiwch gymryd cegeidiau bach. Bydd hyn yn rhoi mwy o reolaeth ichi dros eich cnoi a'ch llyncu ac yn lleihau'r posibilrwydd y byddai bwyd yn llithro i gefn y corn gwddw cyn ichi orffen ei gnoi.
- Peidiwch â chymryd cegaid arall heb fod yn siŵr eich bod wedi clirio'r geg a'r gwddw.
- Peidiwch â brysio.
- Eisteddwch yn syth mewn cadair sy'n cynnal eich corff.

- Ceisiwch osgoi pethau sy'n tynnu sylw, fel gwyllo teledu.
- Ail-lenwch eich cwpan neu wydr pan fo'n hanner gwag, fel nad oes raid ichi roi eich pen yn ôl i yfed – peth allai wneud i fwyd a diod fynd i lawr y ffordd chwith.
- Rhowch gynnig ar yfed hylifau oer iawn, sy'n gallu annog llyncu, y peth cyntaf cyn brecwast neu cyn pryd bwyd.
- Ceisiwch yfed diodydd mwy trwchus, sy'n symud yn arafach ac sy'n haws eu rheoli, ac o'r herwydd yn llai tebyg o fynd i lawr yn chwithig. Gallwch gael tewychwyr powdr ar bresgripsiwn, a hefyd sudd a dewychwyd yn barod. Gall eich therapydd iaith a lleferydd eich helpu yn glŷn â hyn.

Wrth llyncu bwyd a diod, gall dilyn y drefn yma eich helpu:

- Cymerwch gegaid fach o fwyd neu ddiod, ac yna gau eich ceg, gan gnoi'n dda, ac yna llyncwch yn fwriadol.
- Llyncwch eto i sicrhau fod y bwyd neu'r ddiod i gyd wedi mynd.
- Ceisiwch wasgu'n galed gyda holl gyhyrau'r geg a'r gwddw. Bydd hyn yn gwthio'r bwyd i lawr i'r stumog ac yn ei rwystro rhag mynd yn sownd yn eich gwddw.
- Llyfwch gyda'ch tafod o gwmpas y geg i sicrhau fod y bwyd i gyd wedi mynd.
- Gwnewch yr un peth eto.

### Bwyta allan

Bydd rhai pobl sy'n dioddef o Parkinson's yn teimlo fod bwyta allan gyda theulu a ffrindiau yn mynd yn anodd. Byddwch efallai'n poeni am fwyta'n flêr, neu am fethu torri eich bwyd neu ei reoli ar y fforc neu'r llwy.

Mae pobl â Parkinson's a'u gofalwyr wedi dweud wrthym y gall fod yn llai annifyr os ydy pobl o'u cwmpas yn cael gwybod beth yw'r broblem.

Dywedodd un ddynes, sydd â gŵr sy'n dioddef o Parkinson's, mai ei strategaeth hi wrth fwyta allan, os ydynt yn sylweddoli eu bod yn cael eu gwyllo, ydy codi'n dawel a dweud: "Mae'n wir ddrwg gen i os ydyn ni'n tarfu arnoch chi.

Mae gan fy ngŵr Parkinson's." Dywed fod pobl yn mynegi diddordeb ac yn fwy gofalgarn, ac fe gânt hwythau fwynhau eu pryd mewn heddwch.

Gall fod yn ddefnyddiol i fynd ag unrhyw offer ar gyfer bwyta ac yfed gyda chi wrth fwyta oddi cartref. Gallwch hefyd ffonio'r bwyty ymlaen llaw i sicrhau fod ganddynt bopeth sydd ei angen arnoch.

Er hynny, mae'n well gan rai pobl sy'n dioddef o Parkinson's fwyta yn rhywle preifat – mae'n bwysig rhoi gwybod i bobl beth sy'n well gennych chi.

Dyweddod rhai pobl â Parkinson's eu bod yn rhoi'r argraff eu bod yn ddiflas am eu bod yn bwyta'n araf, neu eu bod wedi gorffen eu pryd bwyd. Oherwydd hyn, mae'r gweinydd yn clirio'r platiau. Os ydy hyn yn digwydd, atgoffwch nhw fod yn rhaid ichi gymryd eich amser.

Dylai teuluoedd sy'n teimlo ei bod yn anodd bwyta allan gyda pherthynas sydd â Parkinson's drafod y broblem. Eglurwch wrth blant nad ydy eu perthynas wedi newid fel person, ond fod y Parkinson's yn gwneud bwyta'n anodd iddynt a'u bod angen cefnogaeth, amser a dealltwriaeth.

Y peth pwysig i'w gofio ydy fod yn rhaid ichi deimlo'n ddiogel ac yn gyfforddus wrth fwyta, a bod cael bwyd maethlon yn angenrheidiol ar gyfer iechyd da.

## Rheoli poer

Mae llawer o bobl â Parkinson's yn datblygu problemau wrth reoli eu poer, sy'n arwain at broblem glafoerio a driblo. Y term meddygol am hyn ydy sialorrhea.

### Beth sy'n achosi problemau i reoli'r poer?

Pan fyddwch yn dioddef o Parkinson's, mae'r tueddiad naturiol i lyncu'n arafu. Rydym i gyd yn llyncu lawer o weithiau bob dydd, ond gall hynny leihau oherwydd yr arafu yn eu symud sy'n digwydd i bobl â Parkinson's. Os ydych chi'n llyncu llai, gall y poer gronni yn eich ceg, ac yn hytrach na'i lyncu, gall orlifo o gorneli'r geg. Gall hyn ddigwydd pan fyddwch yn canolbwyntio ar bethau eraill, fel gwyllo'r teledu neu wneud gwaith tŷ.

“Wrth neilltuo bwrdd, rwy'n egluro sut mae Parkinson's yn gallu cael effaith ar fwyta, a faint o amser mae bwyta'n ei gymryd (rwy'n aml yn gofyn am help wrth dorri bwyd yn ddarnau hawdd i'w bwyta) ac i lyncu eich bwyd. Rwy'n rhybuddio'r rhai sy'n gweini y gallem ni fod angen mwy o amser er mwyn osgoi unrhyw annifyrrwch.

Rwyf hefyd yn mynd â chlustog (neu'n gofyn i'r bwyty am fenthyg un), er mwyn sicrhau mod i ar yr uchder iawn i wneud rheoli cylllell a fforc yn haws .

Rwy'n mynd â chyllell ddanheddog a fforc hefo mi, er mwyn gwneud torri cig yn haws. Rwy'n eu cario mewn bocs gemwaith, ac yn gofyn i'r gweinydd eu golchi a'u sychu ar ddiwedd y pryd bwyd.

Rwyf hefyd yn gofyn am wydr tal, main ar gyfer dŵr, yn hytrach nag un sy'n llydan ei ganol sy'n anos ei ddal, ac yn gofyn am napcynnau ychwanegol i ddelio ag unrhyw lanast.”

Su

Mae gan rai pobl sydd â Parkinson's osgo crwm, pen-i-lawr, ac fe allent gael trafferth i selio'r gwefusau. Gall hyn ei gwneud hi'n anos rhwystro poer rhag llifo o gorneli'r geg.

## Pa broblemau all gael eu hachosi gan ddiffyg rheoli poer?

Os ydych chi'n cael trafferth gyda glafoerio neu ddriblo, gall hyn arwain at gael llid a haint, craciau a briwiau o amgylch y geg. Mae hyn wedyn yn gwneud gweithgareddau arferol fel siarad, bwyta neu yfed yn anodd. Gall hefyd fod yn anghyfleus i orfod newid eich dillad yn gyson.

## Beth allai fy helpu i reoli fy mhoer?

Weithiau, mae gwella'ch osgo neu'ch ffordd o eistedd yn gallu helpu. Gall ffisiotherapi neu therapi galwedigaethol hefyd fod yn fuddiol. Er enghraifft gallai therapydd galwedigaethol fod yn gallu argymell cadair sy'n gwyro fyddai'n cadw eich pen a'ch gwddw yn fwy syth. Gall eich meddyg teulu, eich arbenigwr neu'r nyrs Parkinson's eich cyfeirio at y therapyddion hyn.

Mae hefyd yn bwysig cofio llyncu'n aml, gan y bydd hyn yn rhwystro poer rhag cronni yn eich ceg. Mae rhai pobl â Parkinson's yn dweud fod cnoi gwm neu sugno fferins/da da/losin yn eu helpu i lyncu'n amlach. Ond cofiwch sicrhau fod y rhain heb siwgr ynddynt er mwyn osgoi pydredd dannedd.

Gall cymryd llymaid o ddŵr atgoffa rhywun i lyncu a helpu clirio'r poer sy'n cronni. Os ydych chi'n cael trafferth am fod poer yn llifo o'ch ceg wrth ichi bwysu ymlaen, ceisiwch hymian er mwyn cadw'ch gwefusau'n dynn yn ei gilydd.

Mae ap ar gael i'w lawr lwytho i'ch ffôn glyfar neu dabled sy'n eich atgoffa i lyncu (swallow prompt) a gallai hwnnw fod yn fuddiol. Mae rhagor o wybodaeth ar gael ar **[speechtools.co/swallow-prompt](https://speechtools.co/swallow-prompt)**.

**Rhagor o gyngor: chwiliwch am wybodaeth am ffisiotherapi a therapi galwedigaethol ar gyfer Parkinson's.**

## Sut all therapi iaith a lleferydd helpu?

Gallai therapydd iaith a lleferydd ddysgu nifer o dechnegau defnyddiol ichi fyddai'n helpu gyda rheoli'r poer.

Er enghraifft, mae'n bwysig iawn eich bod yn gallu cau eich gwefusau'n dynn, gan y byddai hyn yn rhwystro glafoerio. Gall eich therapydd iaith a lleferydd eich helpu i'w reoli.

Gallwch hefyd roi cynnig ar rai o'r ymarferion syml sy'n dilyn o flaen y drych gartref. Byddent yn eich helpu i ddod yn fwy ymwybodol o'ch gwefusau a pha mor dynn sy'n rhaid ichi eu cau i gadw'ch poer rhag llifo allan.

- Caewch eich gwefusau mor dynn â phosib a chyfrif i bedwar, yna ymlacio, ac ailadrodd hyn bump o weithiau.
- Agorwch a chau eich gwefusau'n swllyd fel petaech yn smocio pibell.
- Gwenwch yn llydan, ei ddal a chyfrif i bedwar, ac yna ymlacio.
- Crychwch eich gwefusau fel petaech yn mynd i chwibanu neu gusanu rhywun, a'i ddal a chyfrif i bedwar, ac yna ymlacio.

**Rhagor o gyngor: chwiliwch am wybodaeth ar therapi iaith a lleferydd ar gyfer Parkinson's.**

## Triniaethau

Gall eich meddyg teulu neu eich arbenigwr awgrymu'r canlynol i helpu rheoli trafferthion gyda'r poer:

- Cyffuriau all helpu rheoli faint o boer a gynhyrchir. Mae rhai pobl â Parkinson's yn gallu goddef rhai o'r cyffuriau a ddefnyddir i reoli poer yn well na phobl eraill. Yn ôl canllawiau clinigol, dim ond pan fydd dulliau eraill o reoli'r poer, fel therapi iaith a lleferydd, wedi methu y dylai'r meddyg ystyried defnyddio cyffuriau.
- Chwistrellu botulinum toxin (Botox) i mewn i'r chwarennau poer. Mae hwn yn ymyrryd â negeseuon i'r nerfau o'r ymennydd sy'n rhoi gorchymyn i'r chwarennau gynhyrchu poer. Mae'n bwysig trafod hyn gyda'ch meddyg teulu, gan y gallai'r driniaeth hon gael sgil-effeithiau, fel gwneud i'r geg fod yn rhy sych.
- Radiotherapi, sy'n helpu cyfyngu ar y chwarennau sy'n cynhyrchu poer.

- Dewis o driniaethau llawfeddygol, fel tynnu'r chwarennau poer.

Trafodwch y triniaethau hyn gyda'ch meddyg teulu, gan nad ydynt yn addas – nag yn angenrheidiol – i bawb.

### Problemau gyda cheg sych

Mae llawer o bobl â Parkinson's yn cael problemau gyda cheg sych, ac mae'n bosib fod hyn oherwydd meddyginiaethau Parkinson's. Gan fod poer yn gweithio i iro'r geg wrth gnoi a llyncu, gall cheg sych fod yn anghyfforddus. Mae poer hefyd yn bwysig er mwyn cadw'r geg yn iach, ac i rwystro trafferthion fel briwiau, arogl ar y gwynt, heintiau, pydredd y dannedd a chlefydau'r deintgig.

Dyma rai awgrymiadau ar gyfer delio gyda cheg sych:

- Holwch am gyngor ynglŷn â'ch diet. Mae rhai bwydydd yn gwneud cheg sych yn waeth. Gall eich meddyg teulu eich cyfeirio at ddietegydd.
- Cymerwch ddiod o ddŵr yn aml, fel nad ydych yn dadhydradu.
- Defnyddiwch falm gwefus i gadw'r gwefusau'n llaith, yn enwedig corneli'r geg.
- Tynnwch eich dannedd gosod a'u glanhau dros nos i roi cyfle i'ch cheg wella.
- Gofynnwch i'ch deintydd neu'ch meddyg am y posibilrwydd o ddefnyddio poer artiffisial. Mae cynhyrchion arbenigol ar gyfer cheg sych ar gael ar bresgripsiwn.
- Sugnwch felysion neu gnoi gwm er mwyn helpu cynyddu poer a lleihau sychder. Ond gwnewch yn siŵr fod y rhain yn rhydd o siwgr i helpu osgoi pydredd dannedd a phroblemau eraill yn y geg.

Mae'n bwysig mynd i weld y deintydd a chael archwiliadau rheolaidd. Gall bod â cheg sych, a phoer a bwyd yn cronni yn y geg, achosi problemau gydag iechyd eich geg a'ch dannedd.

I gael manylion eich deintyddion GIG lleol yng Nghymru a Lloegr ffoniwch **NHS 111** neu ewch i **www.nhs.uk**

Am ddeintyddion yn yr Alban ffoniwch **NHS 111** neu ewch i **www.nhs24.com**

Am ddeintyddion yng Ngogledd Iwerddon siaradwch â'ch meddyg teulu neu ewch i **servicefinder.hscni.net**

**Rhagor o gyngor: gweler ein gwybodaeth am faterion yn ymwneud â'r geg a materion deintyddol i rywun â Parkinson's.**

## Rhagor o wybodaeth a chymorth

### Nyrsys Parkinson's

Mae nyrsys Parkinson's yn darparu cyngor a chymorth arbenigol i bobl â Parkinson's a'r rhai hynny sy'n gofalu amdany'n nhw. Hefyd gallan nhw gysylltu â gweithwyr proffesiynol eraill ym maes iechyd a gofal cymdeithasol i sicrhau y diwallir eich anghenion.

Mae'r rôl nyrs Parkinson's yn amrywio. Bydd pob un yn cynnig gwasanaethau gwahanol, yan anelu at ddiwallu anghenion lleol. Lleolir rhai nyrsys yn y gymuned, tra bod eraill wedi'u lleoli mewn sefyllfaoedd ysbyty.

Mae llawer o nyrsys Parkinson's yn rhagnodwyr annibynnol. Mae hyn yn golygu y gallan nhw ragnodi a gwneud addasiadau i feddyginiaeth, felly nid oes angen i rywun â Parkinson's weld eu harbenigwr am newidiadau i neu ymholiadau ynghylch eu cyffuriau a gyfer Parkinson's bob tro.

Efallai na fydd nyrsys Parkinson's ar gael ym mhob ardal, ond gall eich Meddyg Teulu neu arbenigwr roi rhagor o fanylion ichi am wasanaethau lleol.

Gallwch chi ddysgu rhagor yn [parkinsons.org.uk/nurses](http://parkinsons.org.uk/nurses)

### Gwybodaeth a chymorth gan Parkinson's UK

Gallwch chi ffonio ein llinell gymorth gyfrinachol am ddim i gael cymorth a gwybodaeth gyffredinol. Ffoniwch **0808 800 0303** (mae galwadau am ddim ar linellau tir yn y DU a'r mwyafrif o rwydweithiau symudol) neu e-bostiwch [hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk). Rydyn ni'n rhedeg gwasanaeth cymorth cyfoedion os hoffech chi siarad ar y ffôn â rhywun a effeithir gan Parkinson's sydd wedi wynebu problemau tebyg i chi. Mae'r gwasanaeth yn gyfrinachol ac am ddim – ffoniwch y llinell gymorth i siarad â rhywun am gael eich paru â gwirfoddolwr.

Gall ein llinell gymorth eich cysylltu ag un o'n cynghorwyr lleol Parkinson's, sy'n rhoi gwybodaeth a chymorth unigol i unrhyw un a effeithir gan Parkinson's. Hefyd gallan nhw ddarparu dolenni i grwpiau a gwasanaethau lleol. Mae gan ein gwefan [parkinsons.org.uk](http://parkinsons.org.uk) lawer o wybodaeth ynghylch Parkinson's a bywyd

dyddiol gyda'r cyflwr. Hefyd gallwch chi ganfod manylion ynghylch eich tîm cymorth lleol a'ch cyfarfod grŵp lleol agosaf yn [parkinsons.org.uk/localtoyou](http://parkinsons.org.uk/localtoyou)

Ewch at [parkinsons.org.uk/forum](http://parkinsons.org.uk/forum) i sgwrsio gyda phobl eraill sydd wedi cael profiadau tebyg ar ein fforwm trafod ar-lein.



Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol.

Mae'r dudalen hon wedi'i gadael yn wag yn fwriadol.

## Diolch

Diolch i bawb a sydd wedi cyfrannu i'r ddalen wybodaeth hon a'i hadolygu:

### Hannah Reynolds, Independent Speech and Language Therapist

### Nick Miller, Emeritus Professor at the Institute of Health and Society and Newcastle University Institute for Ageing

Diolch hefyd i'n grŵp adolygu gwybodaeth a phobl eraill a effeithir gan Parkinson's a ddarparodd adborth.

## Allwch chi helpu?

Yn Parkinson's UK, rydyn ni'n gwbl ddbynol ar roddion gan unigolion a sefydliadau i ariannu'r gwaith rydyn ni'n ei wneud. Mae sawl ffordd y gallwch chi ein helpu i gefnogi pobl â Parkinson's.

Os hoffech chi gymryd rhan, cysylltwch â'n tîm Gwasanaethau Cefnogwyr ar **0800 138 6593** neu ewch i'n gwefan yn [parkinsons.org.uk/donate](https://www.parkinsons.org.uk/donate). Diolch.

## Ynghylch ein gwybodaeth

Mae'r cyfan o'n gwybodaeth ddiweddaraf ar gael ar [parkinsons.org.uk/information-support](https://www.parkinsons.org.uk/information-support)

Os byddai'n well gennyh ddarllen un o'n taflenni neu lyfrynnau mewn print, gallwch weld sut i archebu ar [parkinsons.org.uk/ordering-resources](https://www.parkinsons.org.uk/ordering-resources) neu drwy ein ffonio ar **0300 123 3689**.

Rydyn ni'n gwneud pob ymdrech i sicrhau bod ein gwasanaethau'n darparu gwybodaeth gyfredol, ddiuedd a chywir. Rydyn ni'n gobeithio y bydd hon yn ychwanegu at unrhyw gyngor proffesiynol a dderbyniwch a'ch helpu i wneud unrhyw benderfyniadau y gallech chi eu hwynebu. Os gwelwch yn dda parhewch i siarad â'ch tîm iechyd a gofal cymdeithasol os ydych chi'n poeni ynghylch unrhyw agwedd ar fyw gyda Parkinson's.

Os hoffech chi ddysgu rhagor am sut rydyn ni'n rhoi eich gwybodaeth ynghyd, gan gynnwys cyfeiriadau a'r ffynonellau gwybodaeth rydyn ni'n eu defnyddio, cysylltwch â ni yn [publications@parkinsons.org.uk](mailto:publications@parkinsons.org.uk).



## Bwyta, llyncu a rheoli'r poer wrth ddioddef o Parkinson's (FS22W/2018)

A oes gennyh unrhyw adborth ynghylch yr wybodaeth hon? Bydd eich sylwadau'n ein helpu i sicrhau bod ein hadnoddau mor ddefnyddiol a hawdd eu deall â phosibl. Dychwelwch at Y **Tîm Cynnwys Gwybodaeth, Parkinson's UK, 215 Vauxhall Bridge Road, Llundain SW1V 1EJ**, neu e-bostiwch [publications@parkinsons.org.uk](mailto:publications@parkinsons.org.uk). Diolch!

### 1. Dewiswch yr opsiwn sy'n addasach i chi.

- Mae gen i Parkinson's a ches i fy niagnosio yn
- Rwy'n gofalu am rywun â Parkinson's  Mae gen i ffrind neu aelod teulu â Parkinson's
- Rwy'n weithiwr proffesiynol yn gweithio gyda phobl â Parkinson's
- Arall (pennwch)

### 2. O ble gawsoch chi'r wybodaeth hon?

- Meddyg Teulu  Arbenigwr  Nyrs Parkinson's  Grŵp lleol Parkinson's UK
- Cynghorydd lleol Parkinson's UK  Wedi'i harchebu'n uniongyrchol gennym ni
- Galwad i'r llinell gymorth  Arall (pennwch)

### 3. A ydy wedi ateb eich holl gwestiynau?

- Ydy, yn gyfangwbl  Ydy, gan fwyaf  Ddim yn siŵr  Yn rhannol  Ddim o gwbl

### 4. Pa mor hawdd oedd ei deall?

- Hawdd iawn  Hawdd  Ddim yn siŵr  Eithaf anodd  Anodd iawn

Ni yw'r elusen Parkinson's sy'n gyrru gofal, triniaethau ac ansawdd bywyd gwell.

**Gyda'n gilydd gallwn ni symud y dydd ymlaen pan na fydd unrhyw un yn ofni Parkinson's.**

Parkinson's UK  
215 Vauxhall Bridge Road  
Llundain SW1V 1EJ

Llinell gyfrinachol am ddim **0808 800 0303**  
(Dydd Llun I Ddydd Gwener 9am–7pm, Saturday 10am–2pm).

Cyfieithu ar y pryd ar gael

NGT Relay **18001 0808 800 0303** (I'w ddefnyddio gyda ffonau clyfar, llechenni, Cyfrifiaduron Personol a dyfeisiau eraill). Am ragor o wybodaeth gweler **www.ngts.org.uk**

**hello@parkinsons.org.uk**  
**parkinsons.org.uk**

Cod archeb: FS22W



**Diweddariad diwethaf Tachwedd 2018. Rydyn ni'n adolygu ein gwybodaeth o fewn tair blynedd. Gwiriwch ein gwefan am y fersiynau mwyaf cyfredol o'n holl wybodaeth.**



© Parkinson's UK. Parkinson's UK yw enw gweithredu'r Parkinson's Disease Society of the United Kingdom [Cymdeithas Clefyd Parkinson's y Deyrnas Unedig]. Elusen wedi'i chofrestru yng Nghymru a Lloegr (258197) ac yn yr Alban (SC037554).



**5. A ydy wedi'ch helpu i reoli'ch cyflwr yn well, neu wneud dewisiadau sydd wedi gwella'ch bywyd mewn rhyw ffordd?**

- Mae wedi helpu llawer  Mae wedi helpu ychydig  Dim newid  
 Dydy hi ddim wedi helpu  Mae wedi gwneud pethau'n waeth

**6. Beth yw eich cefndir ethnig?\***

- Asiaidd neu Asiaidd Prydeinig  Du neu Ddu Prydeinig  Tsieineaidd  Cymysg  
 Gwyn - Prydeinig  Gwyn - arall  Arall (pennwch)

\*Rydyn ni'n gofyn am eich ethnigrwydd er mwyn sicrhau bod ein gwybodaeth yn cyrraedd amrediad eang o bobl. Fodd bynnag, mae'r cwestiwn hwn yn opsiynol.

**Eisiau clywed rhagor gennym?**

- Hoffwn i gael ymateb i fy adborth  Hoffwn i fod yn aelod o Parkinson's UK  
 Mae gen i ddiddordeb mewn ymuno â'r Grŵp adolygu Gwybodaeth, i gynnig adborth ar wybodaeth Parkinson's UK

**Os ydych chi wedi ateb 'le' i unrhyw un o'r opsiynau hyn, byddwch gystal â chwblhau'ch manylion isod.**

Enw

Cyfeiriad

E-bost

Ffôn

Pa ddull fyddai'n well gennych inni gysylltu â chi?  E-bost  Post  Ffôn

Fyddwn ni ddim yn trosglwyddo'ch manylion i unrhyw sefydliad neu drydydd parti arall. I ddysgu rhagor, darllenwch ein polisi preifat yn [parkinsons.org.uk/termsandconditions](http://parkinsons.org.uk/termsandconditions)

We're the Parkinson's charity that drives better care, treatments and quality of life.

## Together we can bring forward the day when no one fears Parkinson's.

Parkinson's UK  
215 Vauxhall Bridge Road  
London SW1V 1EJ

Free confidential helpline **0808 800 0303** (Monday to Friday 9am–7pm, Saturday 10am–2pm). Interpreting available.

NGT Relay **18001 0808 800 0303** (for use with smart phones, tablets, PCs and other devices). For more information see [www.ngts.org.uk](http://www.ngts.org.uk)

[hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk)  
[parkinsons.org.uk](http://parkinsons.org.uk)

Order code: PKFS22

Last updated November 2018. We review our information within three years. Please check our website for the most up-to-date versions of all our information.

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**5. Has it helped you manage your condition better, or make choices that have improved your life in some way?**

It helped a lot  It helped a little  No change  It didn't help  It made things worse

**6. What is your ethnic background?\***

Asian or Asian British  Black or Black British  Chinese  Mixed  White British  White other  Other (please specify)

\*We ask about your ethnicity to ensure our information is reaching a broad range of people. However, this question is optional.

[Want to hear more from us?](#)

I would like a response to my feedback  I would like to be a member of Parkinson's UK  I'm interested in joining the Information review group, to offer feedback on Parkinson's UK information

**If you've answered yes to any of these options, please complete your details below.**

Name

Address

Email

Telephone

**How would you prefer us to contact you?**

Email  Post  Phone

We will not pass on your details to any other organisation or third party. To find out more, read our privacy policy

at [parkinsons.org.uk/termsandconditions](http://parkinsons.org.uk/termsandconditions)



**Thank you**  
Thank you very much to everyone who contributed to or reviewed this information sheet:

**Hannah Reynolds, independent speech and language therapist**

**Nick Miller, Emeritus Professor at the Institute of Health and Society and Newcastle University**

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

### Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do. There are many ways that you can help us to support people with Parkinson's.

If you would like to get involved, please contact our Supporter Services team on **0800 138 6593** or visit our website at [parkinsons.org.uk/donate](http://parkinsons.org.uk/donate). Thank you.

### Our information

All of our most up-to-date information is available at [parkinsons.org.uk/information-support](http://parkinsons.org.uk/information-support). If you'd prefer to read one of our printed leaflets or booklets, find out how to place an order at [parkinsons.org.uk/orderingresources](http://parkinsons.org.uk/orderingresources) or by calling **0300 123 3689**.

We make every effort to ensure that our services provide current, unbiased and accurate information. We hope that this will add to any professional advice you receive and help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson's.

If you'd like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at [publications@parkinsons.org.uk](mailto:publications@parkinsons.org.uk)

## Eating, swallowing and saliva control (PKFS22/2018)

Do you have any feedback about this information? Your comments will help us ensure our resources are as useful and easy to understand as possible. Please return to [Information Content team, Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ](mailto:Information Content team, Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ), or email [publications@parkinsons.org.uk](mailto:publications@parkinsons.org.uk). Thank you!

### 1. Please choose the option that best fits you.

- I have Parkinson's and was diagnosed in          I care for someone with Parkinson's
- I have a friend or family member with Parkinson's  I'm a professional working with people with Parkinson's
- Other (please specify)

### 2. Where did you get this information from?

- GP  Specialist  Parkinson's nurse  Parkinson's UK local group  Parkinson's UK local adviser
- Ordered directly from us  Call to the helpline
- Other (please specify)

### 3. Has it answered all your questions?

- Yes, completely  Yes, mostly  Not sure  Partly  Not at all

### 4. How easy was it to understand?

- Very easy  Easy  Not sure  Quite difficult  Very difficult

## More information and support

### Parkinson's nurses

Parkinson's nurses provide expert advice and support to people with Parkinson's and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson's nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson's nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson's doesn't always need to see their specialist for changes to or queries about their Parkinson's drugs.

Parkinson's nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at [parkinsons.org.uk/nurses](http://parkinsons.org.uk/nurses)

**Information and support from Parkinson's UK**  
You can call our free confidential helpline for general support and information. Call **0808 800 0303** (calls are free from UK landlines and most mobile networks) or email [hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk).

We run a peer support service if you'd like to talk on the phone with someone affected by Parkinson's who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer. Our helpline can put you in touch with one of our Parkinson's local advisers, who give one-to-one information and support to anyone affected by Parkinson's. They can also provide links to local groups and services.

We have a self-management programme for people with Parkinson's, partners and carers. It is an opportunity to reflect on life with the condition, learn about self-management and think about the future. To find out if there is a group near you, visit [parkinsons.org.uk/selfmanagement](http://parkinsons.org.uk/selfmanagement)

Our website [parkinsons.org.uk](http://parkinsons.org.uk) has a lot of information about Parkinson's and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at [parkinsons.org.uk/localtoyou](http://parkinsons.org.uk/localtoyou)

Visit [parkinsons.org.uk/forum](http://parkinsons.org.uk/forum) to chat to other people with similar experiences on our online discussion forum.

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For dentists in Scotland call **NHS 111** or  
visit **[www.nhs24.com](http://www.nhs24.com)**

For dentists in Northern Ireland speak to your GP  
or visit **[servicefinder.hscni.net](http://servicefinder.hscni.net)**

**Find out more:** see our information on mouth and  
dental issues in Parkinson's.

as this treatment may have side effects, such as causing your mouth to be too dry.

- Radiotherapy, which helps to restrict the glands that produce saliva.
- Surgical treatment options, such as salivary gland removal.

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

### Dry mouth problems

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:

- Get advice about your diet. Some foods make dryness worse. Your GP can refer you to a dietitian.
- Take frequent sips of water, so you're not dehydrated.
- Use lip balm to keep lips moist, particularly the corners of the mouth.
- Remove and clean dentures at night to give your mouth a chance to recover.
- Ask your dentist or doctor about the possibility of using artificial saliva. Specialist dry mouth products are available on prescription.

- 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 **NHS 111** or visit [www.nhs.uk](http://www.nhs.uk)

There is a 'swallow prompt' app you can download to use on your smartphone or tablet that may also be helpful – you can find out more at [speechtools.co/swallow-prompt](http://speechtools.co/swallow-prompt).

**Find out more:** see our information on [physiotherapy and occupational therapy](#) and [Parkinson's](#).

### How can speech and language therapy help?

A speech and language therapist can teach you a number of useful techniques to help with saliva control.

For example, making sure you can seal your lips well is very important, as it will stop saliva flowing from your mouth. Your speech and language therapist can help you with this.

You can also try the simple exercises below at home in front of a mirror. They'll help you become more aware of what your lips are doing and how tightly you need to hold them closed to keep saliva in.

- Close your lips as tightly as possible and hold for a count of four, relax, then repeat five times.

- Smack your lips together as if puffing on a pipe.

- Stretch your lips in a wide smile, hold for a count of four, and relax.

- Purse your lips as if you're going to whistle or kiss someone, hold for a count of four, and relax.

**Find out more:** see our information on [speech and language therapy](#) and [Parkinson's](#).

### Treatments

Your GP or specialist may suggest the following to help control problems with saliva:

- Drugs that can help control saliva production. People with Parkinson's tolerate some of the drugs used to control saliva better than others. Clinical guidelines say your doctor should only consider drugs after other ways to control saliva, like speech and language therapy, have failed.
- 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,

It's also important to remember to swallow often, as this will stop saliva pooling in your mouth. Some people with Parkinson's find that chewing gum or sucking sweets helps them to swallow more frequently. But try to make sure these are sugar-free to help avoid tooth decay.

Sipping water can prompt swallowing and help clear the pooled saliva. If you have problems with saliva flowing from your mouth when you lean forward, try humming to keep your lips together.

## Sn

“When making a reservation, I explain how Parkinson's can affect your eating, and the length of time it takes to eat (I often ask for help with cutting up food into bite size pieces) and swallow your food. I warn the waiters that extra time may be needed to avoid any embarrassment.

I also take a cushion (or ask the restaurant for one), to make sure I'm at the right height to make managing cutlery easy. I take a serrated knife and fork with me too, to make cutting up meat easier. I pack mine in a jewellery box, and ask the waiter if he can wash and dry up the cutlery at the end of the meal. I also ask for a tall, thin water glass, rather than one which is wide in the middle and therefore harder to grip, and ask for extra napkins to mop up any spills.”

Families who find eating with a relative who has Parkinson's difficult should talk about the problem. Explain to children that their relative hasn't changed as a person, but their Parkinson's can make eating hard for them and they need support, time and understanding.

The important thing to remember is that you have to feel safe and comfortable when eating and that good nutrition is necessary for good health.

## Saliva control

Many people with Parkinson's develop problems controlling their saliva, which can lead to drooling or dribbling. The medical term for this is sialorrhoea.

### What causes problems with saliva control?

When you have Parkinson's, the natural tendency to swallow slows down. We all swallow many times a day, but the slowing down of movement that people with Parkinson's experience may reduce this. If you swallow less, saliva can pool in your mouth and, instead of you swallowing it, it can overflow from the corners of your mouth. This may happen when you're concentrating on other things, like watching TV or doing chores.

Some people with Parkinson's can have a stooped, head-down posture and may find it hard to seal their lips. This can make it harder to control saliva flowing from the mouth.

### What problems can lack of saliva control cause?

If you have problems with drooling or dribbling this may lead to irritation, discomfort, cracks and infections around your mouth. This can make some everyday activities, like talking, eating meals or having a drink, difficult. Constant need to change clothes can also be irritating.

### What can help me manage my saliva?

In some cases, improving your posture or the way you sit can help. Physiotherapy or occupational therapy may be beneficial. For example, an occupational therapist may be able to recommend a tilting chair that will help your head and neck stay upright. Your GP, specialist or Parkinson's nurse can refer you to these therapists.

## Support for families and carers

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.

### Practical tips to help with eating and drinking

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:

- Before swallowing, lower your chin towards your chest to reduce the chance of food or drink going down the wrong way into the lungs.

- Try to take small mouthfuls. This will give you more control over your chewing and swallowing and will reduce the possibility of food slipping to the back of your throat before you've chewed properly.

- Avoid taking another mouthful until you're sure you've cleared your mouth and throat.
- Take your time.

- Sit upright in a chair that supports your body.
- Reduce distractions, such as watching TV.
- Refill your cup or glass when it's half empty, so you don't have to tilt your head back to drink, which can make food or drink go down the wrong way.

- Try drinking very cold liquids, which can encourage swallowing, first thing before breakfast or with a meal.

- Try drinking thicker drinks, which move more slowly and are easier to control, so are less likely to go down the wrong way. Powdered thickeners are available on prescription, as are pre-thickened juices. Your speech and language therapist will be able to help you with this.

When swallowing food or drink the following process can help:

- Take a small mouthful of food or drink, close your lips, chew well, and then take a deliberate swallow.
- Swallow again to make sure all the food or drink has gone.
- Try to squeeze hard with all the muscles in your mouth and throat. This will push food down to your stomach and stop it getting stuck in your throat.
- Try licking with your tongue round your mouth to check all the food is gone.
- Repeat the process.

### Eating out

Some people with Parkinson's may find that eating out with family and friends becomes difficult. You might get anxious about messy eating, or being unable to cut up your food or control it on the fork or spoon.

People with Parkinson's and their carers have told us that it can be less embarrassing if people around them are told why there are problems.

One lady, whose husband has Parkinson's, says her strategy when eating out, if they become aware of being watched, is to get up quietly and say, "I'm so sorry if we're troubling you. My husband has Parkinson's." She says people become caring and interested and they enjoy their meal in peace.

It can be useful to take any drinking or eating aids out with you when you eat away from home. You could also phone the restaurant first to make sure they can provide what you need.

However, some people with Parkinson's may prefer to eat somewhere private – it's important to let people know what your preference is.

Some people with Parkinson's have told us that because they eat slowly, it sometimes gives the impression they're bored or have finished their meal. Because of this waiters take their plate away. If this happens, remind them that you need to take your time.

- exercises to strengthen your lips, tongue and throat muscles, cough strength and breath hold during swallowing
- 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
- avoiding taking mouthfuls of food or drink that have different consistencies together, like cornflakes and milk, or peas and gravy
- changing how you eat and drink, particularly the speed you eat and your mouthful size, to reduce the risk of coughing and choking

- 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.

### Equipment to help with eating, drinking and swallowing

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.

**Find out more:** see our information on daily living equipment for Parkinson's.

- Your Parkinson's nurse or specialist will be able to suggest alternative medication options if you struggle to swallow – for example, a patch or liquid instead of hard tablets.

**Find out more:** see our information on speech and language therapy, occupational therapy, diet and drug treatments for Parkinson's.

### What happens when you see a speech and language therapist?

Your speech and language therapist will start by asking about your swallowing difficulties, for example what happens when you try to swallow, or if it's different with different types of food. They may want to examine your mouth and observe you while you take small mouthfuls of food or drink, or even at a mealtime. If necessary, they may refer you for further tests. These include the following:

- Fiberoptic endoscopic examination of swallowing (FEES) – a small flexible tube with a light at the end is passed down the nose into the back of the throat to observe food and liquid as it passes over the back of the tongue.
  - Videofluoroscopy – this is carried out in an X-ray department. You'll be asked to eat and drink foods mixed with a substance that shows up on an X-ray. It can help pinpoint any swallowing problems.
- You may also be referred to other health professionals, including an ear, nose and throat specialist or a gastroenterologist, who specialises in the digestive system.

### Treatments and management options for eating and swallowing

Following an assessment, your speech and language therapist will work with you and other relevant specialists, such as a dietitian, to come up with a self-management plan to suit your needs.

This might include:

- adjusting your sitting posture and head posture when eating or drinking

**Problems with tongue muscles**  
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.

**Less efficient jaw and face muscles**  
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.

## Why do I find it difficult to eat and swallow?

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.

- food blocking the airway and stopping breathing (known as asphyxiation)
- 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.
- being less able to manage to eat certain foods (even though you may still enjoy them)
- heartburn or reflux
- 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.
- not eating enough to maintain good general health (known as malnutrition)
- not drinking enough, which can lead to other medical issues, like constipation or dehydration
- loss of appetite
- These things can lead to a number of long-term problems, including:

- problems swallowing medication
- pain when swallowing
- discomfort in the chest or throat

- Speech and language therapists work with people with swallowing problems. Clinical guidelines say you should be able to see one. In most areas you'll be able to contact a speech and language therapist through the speech and language therapy department at your local hospital. Your GP, specialist or Parkinson's nurse can also refer you.
- Occupational therapists can provide advice or equipment to make eating and drinking easier. Your GP, specialist or Parkinson's nurse can refer you.
- Dietitians can offer advice about eating a good diet and about types of food that may be easier to swallow. If you've lost weight they may

## What can help?

If you're worried about, or are experiencing, any of the problems above, the following professionals can help:

- Speech and language therapists work with people with swallowing problems. Clinical guidelines say you should be able to see one. In most areas you'll be able to contact a speech and language therapist through the speech and language therapy department at your local hospital. Your GP, specialist or Parkinson's nurse can also refer you.

## Practical problems with eating and drinking

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.

## Dry mouth

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.

## Slow muscles carrying food to your stomach

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.

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.

# Eating, swallowing and saliva control in Parkinson's

Some people with Parkinson's may find they have problems with eating, swallowing and controlling their saliva.

This information looks at the issues you may face, explains why they happen and what help is available. It also has information and practical tips for family, friends and carers.

- drooling
- inability to clear food from the mouth
- food sticking in the throat
- a gurgly voice
- coughing when eating or drinking
- choking on food, liquid or saliva

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

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.

## What symptoms should I look out for?

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.

## Eating and swallowing

How can eating and swallowing problems affect your day-to-day life?