

Guidance for Prescribing Thickeners for Adults with Dysphagia

Introduction

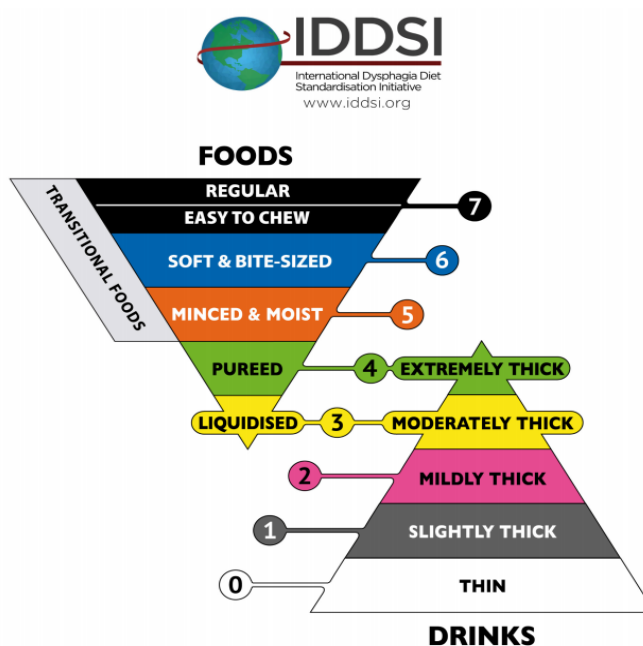
Thickeners are used to thicken fluids for people with dysphagia. Thickening fluids slows down the transit time through the mouth and throat and allows time for airway closure which can help reduce the risk of aspiration and therefore facilitate a safer swallow. Advice to thicken fluids will depend on the individual's type of dysphagia and will be described using the [International Dysphagia Diet Standardisation Initiative \(IDDSI\)](#) terminology.

Patients with suspected dysphagia must be referred for a speech and language therapist (SLT) assessment for guidance on appropriate food and drink consistencies

What is IDDSI?

In 2018 the [International Dysphagia Diet Standardisation Initiative \(IDDSI\)](#) was adopted across the UK to support safer modification of food and drink in all care settings following a [patient safety alert](#). The framework consists of a continuum of eight levels (0-7) where drinks are measured from Levels 0-4, while foods are measured from Levels 3-7. It provides a common terminology to describe food textures and drink thickness, as well as IDDSI testing methods to confirm the characteristics of a food or fluid at time of testing.

IDDSI Level	Description
Level 0	Thin
Level 1	Slightly Thick
Level 2	Mildly Thick
Level 3	Moderately Thick
Level 4	Extremely Thick



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@ <https://iddsi.org/framework/>

Which Thickener Should Be Prescribed?

Resource® ThickenUp Clear® is the preferred choice thickener in NHS Frimley. This is a clear gum-based thickener and is a safer, more palatable and cost-effective product compared to starch-based thickeners.

Nutlis Clear® should only be used if there is a supply problem with Resource® ThickenUp® Clear or if the patient has a potato allergy.


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How Much Thickener Should Be Prescribed?

The guidance below is based on a daily fluid intake of **1000ml**.

The amount drunk will vary between patients. At least 1600ml of drinks for women and 2000ml for men may be required unless there is a condition that affects a person's fluid intake. Please use the amount of thickener shown as a starting point and adjust prescription according to patient need.

*Scoop size is calibrated for use with 200ml volume of fluid.

FIRST LINE	IDDSI Level	Scoops per 200ml fluid	TINS per 28 days	Total weight per 28 days
Resource® ThickenUp® Clear (Nestle) 215g tin with 1.2g scoop* 	Level 1 (slightly thick)	1	1	215g
	Level 2 (mildly thick)	2	2	430g
	Level 3 (moderately thick)	4	4	860g
	Level 4 (extremely thick)	6	5	1075g

SECOND LINE	IDDSI Level	Scoops per 200ml fluid	TINS per 28 days	Total weight per 28 days
Nutillis Clear® (Nutricia) 175g tin with 1.25g scoop* 	Level 1 (slightly thick)	1	1	175g
	Level 2 (mildly thick)	2	2	350g
	Level 3 (moderately thick)	3	3	525g
	Level 4 (extremely thick)	7	7	1225g

Key Recommendations

- ✓ Where the patient is experiencing *frequent and distressing coughing on fluids*, a thickener may be prescribed (commence at IDDSI Level 1) prior to Speech & Language Therapy (SLT) assessment. However, the **patient must still be referred for SLT assessment, even if symptoms appear to improve. Advise SLT on the referral that you have prescribed thickener in the interim.**
- ✓ Review monthly quantities prescribed to avoid waste and overprescribing.
- ✓ Advise patients to follow manufacturer's instructions for usage and to store thickeners safely to avoid risk of accidental ingestion ([patient safety alert](#)). Once tin opened, use within 4 weeks.
- ✓ Consider adding 'thicken according to SLT advice' to the prescription instructions.
- ✓ Review all medications to ensure they are suitable for a person who requires thickened fluids.
- ✓ Refer a person who requires a thickener for a Structured Medication Review (SMR).
- ✓ It is recommended that all residents requiring thickener within a [care home](#) are prescribed the same brand to reduce risk of usage error.
- ✗ Avoid prescribing sachets of thickener unless specifically requested by SLT.
- ✗ Avoid prescribing pre-thickened Oral Nutritional Supplements (ONS) or commencing any ONS for a patient with dysphagia without prior advice and guidance from a Dietitian.

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Thickeners for Adults with Dysphagia: Frequently Asked Questions

Q1. Can I prescribe thickener for patients presenting with issues swallowing fluids, without a Speech & Language Therapy (SLT) assessment?

Thickener is not always indicated for fluid swallowing difficulties and can potentially make some swallowing difficulties worse. Use of thickener may reduce fluid intake if the patient is non-compliant, leading to dehydration and associated problems. In addition, it may also reduce quality of life.

Where the patient is experiencing *frequent and distressing coughing on fluids*, you may wish to commence thickener at IDDSI Level 1 while awaiting SLT assessment. It is essential that even if thickener is prescribed, the patient is referred to SLT for a full assessment.

If the patient continues to report frequent and distressing coughing even when taking Level 1 fluids while awaiting SLT assessment, you may wish to consider trying Level 2.

If you need more support while the patient is awaiting an SLT appointment, please contact the teams on the numbers provided below. This is to ensure that thickener is indicated and that the correct IDDSI Level is prescribed for the patient. This follows the guidelines set by the Royal College of Speech and Language Therapists.

Care homes can refer to the SLT team directly but may wish to discuss the referral with the patient's GP beforehand.

Any patient with possible dysphagia should be assessed by SLT. Symptoms may include:

- Choking, excessive throat clearing or regular coughing when eating and/or drinking
- Voice regularly sounding wet/'gurgly' when eating and/or drinking
- Recurrent chest infections
- Gasping for breath when eating and/or drinking
- Change of colour in the face when eating and/or drinking

Q2. A patient has been discharged with a prescription for thickener, what should I do?

Unless advised otherwise by SLT, issue a Repeat prescription for Resource® ThickenUp® Clear. Consider an initial prescription of 2 tins and adjust according to the patient's average fluid intake.

Q3. Should I prescribe tins or sachets of thickener?

Tins of thickener should be prescribed as they are more cost effective than boxes of individual sachets. Sachets may be useful for some mobile patients who are regularly outside of their home where a sachet would be easier to carry than a tin. This will be assessed by SLT on an individual basis. Sachets should not be prescribed unless specifically recommended by SLT with supporting justification. Only tins should be prescribed in a care home.

Q4. Should I adjust the quantity of thickener prescribed based on a patient's fluid intake?

Yes. The quantity of tins suggested in this guidance is based on a daily fluid intake of 1000ml. To reduce the risk of over/under-prescribing, suitable adjustments should be made based on the amount of fluid the patient drinks each day. Consider an initial prescription of 2 tins and adjust according to the patient's average fluid intake.

Q5. Should I prescribe thickener for modifying food e.g. puree food?

No. The indication for using a thickener is to thicken fluids only. SLT will advise if a modified diet is required and how this can be achieved using food-based ingredients.

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Q6. Can medications be thickened with thickener?

- Thickeners are not licensed as medicines. Many are classed as Food for Special Medical Purposes (FSMPs) intended for the dietary management, under medical supervision, of individuals with dysphagia.
- Mixing medication in a thickened fluid is an unlicensed method of administration. Patient response to medicines administered via unlicensed routes can be unpredictable. Medicines may have a different therapeutic effect or onset or duration of action. Medicines given by an unlicensed route are the responsibility of the prescriber.
- Patients with dysphagia should have a Structured Medication Review (SMR) to ensure all medication is suitable. Liquid medicine formulations should not be used routinely as it is difficult to check fluid consistency, which can affect whether the medicine is swallowed safely. Consider discontinuation of a medication if no longer appropriate or change to an alternative formulation or route of administration.
- All decisions on medication administration should be made on an individual patient basis and clearly documented. SLTs are not able to advise on how to thicken medications. **Please contact the Medicines Optimisation Team for support and advice.**
- Thickener products can affect the absorption and bioavailability of oral medications. The [MHRA alert](#) advises against mixing PEG laxatives with starch thickeners, instead they can be mixed with gum based thickeners, such as Resource® ThickenUp® Clear. The [Specialist Pharmacy Service](#) provides additional advice on the thickening of medications.

Q7. Can oral nutritional supplements (ONS) be thickened with a thickener?

- It is not recommended to add thickener to standard ONS, as it is unclear what IDDSI Level the liquid will become, and this could pose a risk to patients.
- Most manufacturers provide IDDSI Levels for their standard un-thickened ONS. Use of these is at the discretion of the Dietitian and at the patient's own risk. It is recommended to test the thickness of an ONS using the IDDSI flow test to be certain of IDDSI Level before consumption.
- The safest option for patients at high risk of dysphagia/aspiration is to use a commercial pre-thickened ONS. Refer patients with dysphagia who are at high risk of malnutrition to a Dietitian.

Q8. Are there any specific guidelines for Care Home residents?

Yes. It is recommended that all residents within one care home are prescribed the same brand of thickener. The use of different brands in a care home is high risk as the products differ in amounts of powder required and mixing directions. Use of more than one brand could lead to reduced familiarity of the products leading to incorrect usage, inadequate thickening and increased risk of patient harm.

Yes. Thickeners should be prescribed for an individual resident and not shared between them.

Yes. Residents should have details of the thickened consistency required (IDDSI Level) documented in their patient record and care plan. Care Home staff are encouraged to complete the ['thickeners record chart'](#) and to file this in the resident's care plan.

Yes. Residents must have documented instructions and guidance, in both their care plan and MAR chart, on how to administer medicines with thickened fluids.

Yes. Storage requirements must be adhered to. Access to thickeners should be restricted to prevent untrained members of staff, the resident, or their relatives, accidentally swallowing thickening powder. For further guidance, see [GPG for Care Homes: Use of Thickeners for Adults with Dysphagia](#)

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Q9. What about oral hygiene?

Poor oral hygiene has been linked with increased presence of respiratory pathogens in oral secretions. If those oral secretions are aspirated (inhaled into the lungs instead of being swallowed), they can significantly increase the likelihood of respiratory infection or aspiration pneumonia, requiring antibiotic prescription with or without acute admission. Good mouthcare is a necessity for anyone at risk of aspiration.

Q10. Can I prescribe thickener for paediatric patients?

- **Children under 3 years old**

Instant Carobel® may be requested by SLT or Paediatric Dietitian in special circumstances e.g. children with complex medical conditions who are at risk of choking or dysphagia

- **Children over 3 years old**

Can be prescribed Resource® ThickenUp® Clear as listed above.

Q11. What is the difference between starch-based and gum-based thickeners?

Starch-based thickeners tend to have an undesirable flavour, a grainy texture and form lumps when mixed with fluids which may increase risk of choking and reduce patient compliance. They usually continue to thicken the fluid they are added to, meaning that the consistency does not remain stable. For these reasons, starch-based thickeners are no longer recommended. Examples of starch-based thickeners include Thick & Easy®, Resource® ThickenUp®, Nutilis®.

Gum based thickeners are preferred due to their improved safety aspects and palatability. Increased palatability can improve compliance and therefore patient hydration. Gum-based products are normally identified by use of the word 'Clear' in the product name.

GUM based thickener	NHS Frimley formulary status
Resource® ThickenUp® Clear	Green status, First line
Nutilis Clear®	Green status, Second line
Thick & Easy Clear®	Non-formulary

This document reflects the literature at the time of writing. For further advice contact:

BHFT (For patients registered with a GP in East Berkshire)

AdultSpeechLanguageTherapy@berkshire.nhs.uk Phone: 01189 043629

HCRG (For patients registered with a GP in North East Hampshire, Farnham and Surrey Heath)

VCL.adminwestsurreyadultslt@nhs.net Phone: 01483 908150

Medicines Optimisation Team (Social Care and Care Homes Team or Prescribing Support Dietitian)

frimleyicb.prescribing@nhs.net

References

Position statement on the use of thickened fluids in the management of people with swallowing difficulties. RCSLT, March 2023. [Position-statement-thickened-fluids-1.pdf](#)

GPG for Care Homes: Use of Thickeners for Adults with Dysphagia. [GPG Care Homes: Thickeners](#) (icb.nhs.uk)

Drug Safety Update: [Polyethylene glycol \(PEG\) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration](#) GOV.UK

NHS England: Patient safety alert – Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder [patient safety alert](#).

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework [IDDSI framework](#)

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