

# Thickener Prescribing Guide for Primary Care:

## Thickeners for adult patients with dysphagia

### Background

- Thickeners are indicated for the treatment of dysphagia - difficulty in swallowing, eating and drinking. They act by slowing down the transit of fluids to allow the patient more time to co-ordinate the swallowing process safely. The recommendation to prescribe a thickener should come from a Speech and Language Therapist (SLT) in BHFT.

### Clinical effectiveness

- Thickened foods and fluids enter the pharynx more slowly, allowing time for the pathway to the lungs to be closed off, and improving swallowing safety. This reduces the risk of aspiration; choking and can help to reduce hospital admissions, hospital stays and death. Two types of thickening product are available: **Gum based** and **Starch based**.
- Clear gum based thickeners** (e.g. Nutilis Clear, Resource Thicken Up Clear) are preferred due to their improved aspects of safety and palatability. Starch-based thickeners tend to be unstable as they thicken over time and separate on contact with saliva, causing separation, so are a risk for swallowing. They can also have undesirable flavour, a grainy texture and can form lumps when mixed with fluids, which may reduce compliance.

### Prescribing recommendations for fluids

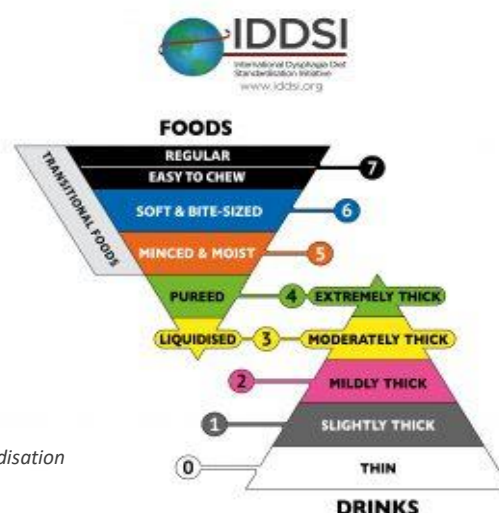
- The recommendation to prescribe a thickener should come from an appropriately trained healthcare professional, e.g. a Speech and Language Therapist.
- The choice and amount of thickener should be based on the patient's degree of dysphagia, desired consistency required, the texture required, palatability and cost-effectiveness.
- Review the patient's medical record to ensure it contains clear documented details of the consistency of the foods and levels of fluids the patient is able to manage.
- Consider adding to the prescription, directions for use based on the recommended consistency.
- Thickeners should be prescribed in appropriate quantities to avoid over-ordering leading to stockpiling and waste or under-ordering. This could put patients at risk of running out causing mid-cycle ordering or the need to borrow from other residents if in a care home which is not acceptable.
- Review other medications to ensure they are suitable for a patient with dysphagia, liquid formulations may not be appropriate as they may also need to be thickened. Consider discontinuation if no longer appropriate or alternative formulations or routes of administration.
- For care home patients, details of the thickened consistency required should be documented in the patient's record and care plan.
- Pre-thickened drinks should only be prescribed on the recommendation of a dietitian.

### IDDSI

Guidance for the thickening of fluids is based on IDDSI levels:

Thickening level required:
IDDSI 0 - Thin
IDDSI 1 - Slightly Thick
IDDSI 2 - Mildly Thick
IDDSI 3 - Moderately Thick
IDDSI 4 - Extremely Thick

The International Dysphagia Diet Standardisation Initiative 2016  
@<https://iddsi.org/framework/>



## Which thickener to prescribe

Following a multi-disciplinary review of thickening products involving SLTs, dietitians and medicine optimisation pharmacists, the below **clear gum-based thickeners** have been agreed as the safest options for patients.

**1<sup>st</sup> Line for patients requiring  
IDDSI Level 2, 3 or 4 fluids**

**Nutlis Clear**

(Nutricia)

175g tin

**2<sup>nd</sup> Line (if 1<sup>st</sup> line not tolerated)  
OR 1<sup>st</sup> line for patients requiring  
IDDSI Level 1 fluids**

**Resource Thicken Up Clear**

(Nestle)

127g tin

- **GP'S/Prescribing HCPs:** If you are commencing a patient on thickener who has **NOT** yet had **SALT** guidance, please start the patient on **RESOURCE THICKEN UP CLEAR** as their fluid requirements are yet to be confirmed by SALT. If you receive a letter from a SALT, please always follow their guidance. **Existing patients on thickener should not have their prescription changed unless advised to do so by a SALT.**
- **SALT:** if you are commencing a patient on a thickener, please follow the above guidance and use **NUTILIS CLEAR** where indicated as first line for those who require IDDSI Level 2, 3 or 4 fluids. Resource Thicken Up Clear may be used for patients requiring Level 1 fluids, or if they do not tolerate the first line option.
- ✗ Avoid prescribing thickeners as sachets
- ✗ Avoid prescribing pre-thickened drinks e.g. Slo-drinks, Fresubin Thickened, unless on the recommendation of a dietitian.

## How much thickener to prescribe

Adults should be encouraged to drink approximately 1600-2000mls fluid per day, therefore the amounts of thickener advised below are the minimum quantities required for 28 days to thicken 1600ml fluid per day to the correct consistency. Patients who drink more than 1600ml fluid per day will require more thickener. **Please adjust prescription according to fluid intake.**

THICKENER (Gluten and Lactose Free)	Presentation	Level IDDSI 1	Level IDDSI 2 (Stage 1)	Level IDDSI 3 (Stage 2)	Level IDDSI 4 (Stage 3)
<b>NUTILIS CLEAR</b> (gum based) Est. starting no. tins per month	175g Tin (£8.46)	2 Tins	4 Tins	5 Tins	12 Tins
<b>No. scoops required per 200ml</b>	Scoop size 1.25g	1 scoop	2 scoops	3 scoops	7 scoops
<b>Resource Thicken Up Clear</b> (gum based) Est. starting no. tins per month	127g Tin (£8.46)	3 Tins	5 Tins	9 Tins	13 Tins
<b>No. scoops required per 200ml</b>	Scoop size 1.2g	1 scoop	2 scoops	4 scoops	6 scoops

\* Scoop is calibrated for 200ml. Number of tins based on daily fluid intake of 1600mls per day.

## Thickening liquid formulation medications

Note: thickeners are not licensed for mixing with medication so decisions on medication administration should be made on an individual patient basis and clearly documented.

- Dysphagia patients should have a medication review to ensure all medicines are still appropriate.
- Liquid formulations may no longer be appropriate (especially thin liquids). Consider alternative formulations or other routes of administration and seek advice from manufacturers or a pharmacist.
- Please note that thickener products can affect the absorption and bioavailability of oral medications.

**This document is believed to accurately reflect the literature at the time of writing.**

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Authorised by: Berkshire West CCG Prescribing Oversight Committee	Review date: November 2021	