

Position Statement

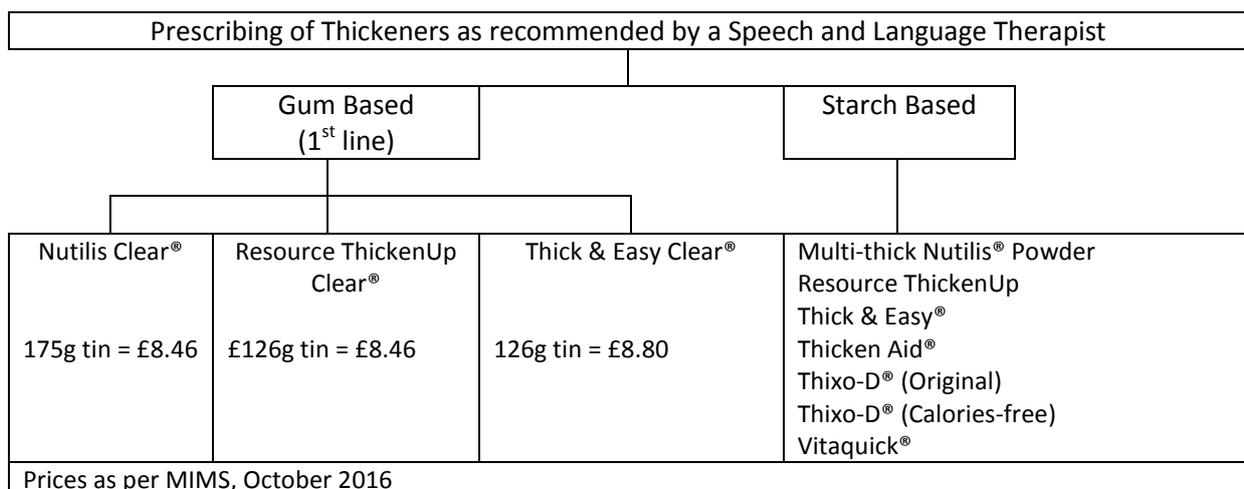
Prescribing for Clinical Need: Thickeners*

Summary

It is estimated that dysphagia can occur in up to 30% of people aged over 65 years. Stroke, neurodegenerative disease and learning disability are common causes. Thickeners are used to thicken liquids and foods to various consistencies. They help to slow the transit of foods and fluids to allow more time to co-ordinate the swallowing process safely. This prevents foods and fluids from entering the lungs to cause serious complications e.g. chest infections and death due to choking or aspirational pneumonia.

Background

Thickeners have evolved over the last few years and companies are striving to improve the compliance of thickened fluids by improving their appearance, solubility and palatability. A new range of gum based thickeners are proving successful in meeting all the desired requirements. The key to their success is due to their benefits compared to starch based thickeners (see next page) which therefore results in a significant higher compliance rate consequently improving hydration. The flow chart below shows the available thickeners and the recommended first line gum based thickeners.



Factors to Consider when Prescribing Thickeners

- Type of thickener:

Gum based thickeners

- Unaffected by amylase
- More palatable
- Improved stability
- Small volume required for different consistencies
- Does not affect visual appearance
- More soluble

Starch based thickeners

- Need to stir vigorously to avoid lumps
- Less palatable
- Consistency alters over time
- Additional powder can be added to achieve the appropriate consistency

*This guidance is not aimed for catering where starch based thickeners are used to enhance food.

Factors to Consider when Prescribing Thickeners (continued)

- Other medications, including formulation, to be reviewed to ensure that they are suitable for a patient with dysphagia
- Liquid formulations may not be appropriate because they may need to be thickened
- Consider alternative formulations or alternative routes of administration
- Specialist input is required from a Speech and Language therapist when considering changing between a current thickener prescription to an alternative product: scoop quantities for desired consistency vary between the different manufacturers
- As dysphagia can be temporary the duration of treatment must be clearly documented

How much to prescribe?

The amount of thickener required by each patient will vary and is dependent on how much fluid they drink and which consistency is required. All adults should be encouraged to drink at least 1500ml fluid per day, therefore the amounts of thickener advised below are the **minimum** quantities required to thicken 1500ml fluid per day to the correct consistency, for 28 days:

Thickener	Presentation	Min. requirement per month		
		Stage 1	Stage 2	Stage 3
Nutilus Clear	175g tin	3	6	9
Resoure ThickenUp Clear	125g tin	3	6	10
Thick & Easy Clear	126g tin	4	7	11

Key Recommendations for Prescribing

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| <ul style="list-style-type: none"> ✓ Patients with swallowing difficulties to be assessed by Speech and Language ✓ Review quantities prescribed to avoid waste and overprescribing ✓ For care home, use the same thickener for all residents (unless strong clinical need for alternative preparation) ✓ For gum based thickeners, add the desired quantity of thickener before adding the fluid to achieve desired consistency | <ul style="list-style-type: none"> ✗ Avoid prescribing pre-thickened drinks e.g. Slo-drinks, Fresubin® stage 1 or 2 (unless recommended by a dietitian) ✗ Avoid prescribing sachets – convert to the equivalent tin presentation ✗ Avoid prescribing different thickeners in care homes - minimizes administration errors and wastage (unless recommended by a speech and language therapist) |
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Patient Safety Considerations

Patients with dysphagia often require modifications of their medication dosage forms as certain forms cannot be crushed (for example, modified release tablets). Oral liquid formulations may not be of the safest consistency for patients on modified texture diets and the use of gum based thickeners to thicken these has not been established. Any thickening of a liquid medicine is using the medication off label and as such prescribing should be in line with the principles of BCCG's guidance on unlicensed medicines.

A patient safety alert has been issued by NHS England to raise awareness of the need for proper storage and management of thickening powder used as part of the treatment of people with dysphagia. The alert highlighted a case where a care home resident died following accidental ingestion of a thickener that had been left within their reach.

Whilst it is important that products remain accessible, all relevant care home staff need to be aware of potential risks to patient safety. Appropriate storage and administration of thickening powder needs to be embedded within the wider context of protocols, bedside documentation, training programmes and access to expert advice required to safely manage all aspects of the care of individuals with dysphagia. Individualised risk assessment and care planning is required to ensure that vulnerable people are identified and protected.

References

Dysphagia (swallowing problems) NHS Choices

<http://www.nhs.uk/conditions/Dysphagia/Pages/definition.aspx>

PrescQIPP Appropriate thickeners for dysphasia in adults Bulletin No. 100 May 2015

<https://www.prescqipp.info/thickeners-for-dysphagia/send/169-thickeners-for-dysphagia/1939-bulletin-100-thickeners-for-dysphagia>

Ensuring safer practice for adults with learning disabilities who have dysphagia

National Patient Safety July 2007

<https://www.england.nhs.uk/2015/02/psa-fluidfood-thickening-powder/>