Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Healthcare Professional Guide – Hertfordshire Place

Thickeners & Thickened Oral Nutritional Supplements (ONS)

Overview

Thickened fluids are commonly used in managing dysphagia (eating, drinking, and swallowing difficulties). However, current evidence does not conclusively show that they reduce complications such as aspiration pneumonia, dehydration, or death, and their use does not consistently improve quality of life. Thickened fluids can lead to thirst, dehydration, impaired bioavailability of certain medications, altered bowel habits and if aspirated can increase risk of respiratory tract infections. Studies reporting patients' views generally indicate a preference not to have thickened fluids.

Despite this, some individuals do find them helpful in improving oral control of fluid, increasing fluid intake or reducing distressing coughing.

Prescribing Thickeners

Thickeners should only be prescribed following a Speech and Language Therapist (SLT) diagnosis of dysphagia. SLTs will recommend a fluid consistency as described by IDDSI (International Dysphagia Diet Standardisation Initiative), increasing in thickness from Level 1 to Level 4.

It is important to remember that regardless of their mental capacity to make other decisions, people with diagnosed dysphagia can make the decision not to adhere to SLT recommendations regarding thickened fluids, and their right to make this decision should be respected. If the person chooses to follow the SLTs advice for all fluids, then all fluids consumed need to be thickened to the correct texture, including those taken with or as part of medication.

An Eating and Drinking at acknowledged risk of aspiration (EDAR), formally Risk Feeding, decision should be agreed with the patient, GP/Consultant and care providers (if appropriate) to recognise the decision not to follow the SLT recommendations relating to not thickening drinks/following modified textures advised.

Key Principle: Use of thickened fluids should be a shared decision based on a comprehensive assessment and informed consent. Patient preference and ongoing review are essential and should be clearly documented.

Product & Quantity Guidance

In Hertfordshire hospitals and community, the product used is **Resource® ThickenUp® Clear**.
All women should be encouraged to drink at least 1,600ml fluid and all men at least 2,000ml per day.
Quantities below are the *minimum* required for any patient drinking 1,600ml/day per 28 days. Adjust prescribed quantities based on individual fluid intake.

IDDSI Level	**Resource® ThickenUp® Clear** (215g tub*)
Level 1	2 tubs (430g)
Level 2	3 tubs (645g)
Level 3	5 tubs (1075g)
Level 4	8 tubs (1720g)

*Avoid: Sachets/sticks - they are not cost-effective choices.

Caution: Do not substitute alternative thickeners without SLT advice - quantities and usage instructions vary.

Thickening Oral Nutritional Supplements (ONS)

Thickening milky drinks or standard ONS can be challenging and is not recommended. For patients at high risk of malnutrition (see Adult ONS in Primary Care - Quick guide), prescription of a pre-thickened ONS is preferable.

The following products may be appropriate to prescribe in this situation:

Criteria (in addition to criteria in Adult ONS in Primary Care - Quick guide)	**Product Recommendation**
Level 1 if ONS indicated	No suitable pre-thickened ONS – seek SLT/dietetic input as level 2 ONS may be suitable
Level 2 or 3 if ONS indicated	Fresubin Thickened Level 2 or 3 (200ml)
Level 3 if ONS indicated & fluid restriction (e.g. renal or liver disease) also advised	Nutilis Complete Level 3 drink (125mls) or Nutilis Complete Level 3 Crème (125g)
Level 4 if ONS indicated	Seek dietetic input & consider Nutilis Fruit Level 4 (150g)

If the person has chosen to follow SLT advice about thickening drinks, a thickener will still need to be prescribed for addition to other drinks.

Oral Hygiene & Aspiration Risk

Poor oral hygiene has been linked with increased presence of respiratory pathogens in oral secretions. If those oral secretions are aspirated, they can significantly increase likelihood of respiratory infection or aspiration pneumonia requiring antibiotic prescription with or without acute admission. Good mouth care is therefore vital for all patients at risk of aspiration - regardless of whether thickener is used or not.

Resources for Supporting Good Mouth Care:

Written Guides:
Mouth care for older people - Information for carers (British Society of Gerodontology)
Improving oral health for adults in care homes: A quick guide for care home managers (NICE)
Mouth care for people with dementia (Dementia UK)

Videos:

Looking after the mouth for carers (British Society for Disability and Oral Health and British Society for Gerodontology)
How to clean a denture (Health Education England)
Supporting patients who are resistant to mouth care (Health Education England)

Version	1.0
Developed by	Prescribing Support Dietitians, HWE ICB
Approved by	HWE Area Prescribing Committee
Date approved / updated	ICB wide original approved in July 2022. Amended version October 2025.
Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.