

Care homes - Assisting people with swallowing difficulties

Dysphagia is eating, drinking and swallowing difficulties. It can lead to malnutrition, dehydration, reduced quality of life, choking and asphyxia.¹ Management requires environmental modifications, safe swallowing advice, dietary modification, and swallowing strategies.² Thickeners can help people with dysphagia to swallow fluids and eat foods safely.

Key recommendations

- All adults with dysphagia should have an individual management plan.
- People presenting with indicators of dysphagia should be referred to healthcare professionals with relevant skills and training in the diagnosis, assessment and management of swallowing disorders, e.g. a Speech and Language Therapist (SLT).
- Swallowing therapy should be offered at least three times a week if appropriate.
- Food and fluids should be in a form that can be swallowed without aspiration and adequate mealtime support provided. Thickeners can be prescribed if appropriate to modify the consistency of foods and fluids.
- The recommendation to prescribe a thickener should come from an appropriately trained healthcare professional, e.g. an SLT after diagnosis.
- Thickeners should be prescribed by the tin rather than sachets or pre-thickened drinks.
- Review all medications to ensure they are suitable. Discontinuation, alternative formulations or routes of administration should be considered. Liquid formulations may not be appropriate as they may require thickening.

Additional resources available: <https://www.prescqipp.info/resources/category/402-care-homes-assisting-people-with-swallowing-difficulties>



Bulletin



Data pack

Treatment strategies for adults with dysphagia

Treatment may be managed by a multidisciplinary team (MDT).³ Management frequently requires environmental modifications, safe swallowing advice, appropriate dietary modification, and the application of swallowing strategies.² Thickeners are effective to help people swallow fluids and eat foods safely. The choice (starch or gum) should be based on the degree of dysphagia, consistency required, texture required, palatability and cost-effectiveness amongst other considerations.^{4,5} Starch-based thickeners are commonly prescribed as they have been available longer and are cheaper. Fluids thickened with starch-based products can become thinner over time as the thickener is broken down by amylase.⁵ Gum-based thickeners have been shown to be more stable and maintain their thickness due to their amylase resistant properties. They are also less grainy and are said to be more palatable when mixed in fluids.⁵

Care homes and domiciliary care

An SLT can give training on the treatment strategies required including how to mix fluids and foods to the consistencies needed. The recommended consistency should also be included in the management plan and advice to check the latest SLT assessment for consistency should be included in the directions on the prescription and MAR chart. This will allow for any changes in consistency between prescriptions. The management plan should also include the duration of treatment as sometimes dysphagia can be temporary. This will also highlight when a review is required and the thickener is continued or discontinued. Quantities of thickeners prescribed should be reviewed as too many can lead to stockpiling and waste. Too little could put people at risk, lead to care homes ordering mid-cycle and borrowing from other residents. Quantities may vary due to the time of year, e.g. more drinks maybe required in the summer. Consider bulk prescribing to avoid waste and reduce costs.

Costs

In England and Wales, almost £23.6 million (ePACT April to June 2017) is spent on thickeners annually. Assuming there is a 10% wastage in this figure, a 10% reduction in prescribing would equate to savings of £2.36 million annually. This equates to £4,063 per 100,000 patients.

Thickeners should be prescribed by the tin rather than sachets or pre-thickened drinks as this is more cost-effective. £6.3 million is spent on sachet thickeners or pre-thickened drinks annually in England and Wales. Prescribing tins instead could save £2.9 million annually. This equates to £4,887 per 100,000 patients.

References

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