

Those pauses that refresh



Helping clients stay cool and hydrated is a matter of vigilance and tailoring drinks to their preferences.

By Linda Kilworth

Summer is here and whilst most people enjoy the warmth, a common recurrent issue it causes for older people is dehydration.

The risk for this problem is higher in older adults, due to physical changes in body water composition, renal function and thirst perception. These risks are exaggerated in summer's prolonged periods of hot weather, and can be fatal. It is important for care teams to work together and, with the family, encourage adequate fluid consumption to minimise complications in this at-risk population.

The body loses fluid as we age. Until age 40, the proportion of body fluid to body weight is about 60 per cent in men and 52 per cent in women. Muscle cells hold water and men generally have more of them than women. As we age, we lose muscle mass. After 60 years, fluid makes up just 52 per cent of body weight in men and 46 per cent in women.

Concurrently, the kidneys become less able to concentrate urine, so water loss is greater in the elderly. In addition, kidney function declines with age.

Older adults are also less aware of thirst, due to deterioration of osmoreceptor sensitivity. And many older people consciously decrease their fluid intake in an attempt to stop the need to get up from bed to urinate or due to urinary incontinence.

Dehydration increases the chance of constipation, falls, urinary tract infections, poor mental function, poor oral health and pressure sores. These incidents noticeably spike when dehydration is prevalent.

Unfortunately, the classic signs of dehydration may be absent or misleading in older people; therefore, it may be difficult to diagnose early. Here are the dehydration risk factors to watch for.

POOR ORAL INTAKE DUE TO:

- poor access to fluids due to mobility issues or items being "out of reach"
- assistance required for feeding
- food or fluid refusal
- poor dentition or swallowing issues such as dysphagia
- dry mouth due to oral breathing
- medically restricted food or fluid intake.

INCREASED FLUID LOSS, DUE TO:

- fever
- diarrhea, vomiting, excessive sweating, excessive saliva production
- wounds, burns and blood loss
- increased urine output due to illness; for example, poorly controlled diabetes, hypercalcaemia, hypokalaemia, urinary incontinence
- prescribed medications; for example, diuretics.

OTHER RISK FACTORS INCLUDE:

- being more than 85 years old
- being a woman
- five or more illnesses or chronic diseases
- polypharmacy
- an impaired cognitive state, such as confusion or dementia
- impaired functional abilities, in particular being bed ridden.

MEASURING DEHYDRATION

Dehydration has already progressed by the time someone feels thirsty. The best way to measure dehydration in people more than 65 years old is to look at skin recoil time. Dry oral mucosa, reduced axillary sweating and darker urine can also indicate dehydration. Biochemical signs are raised serum osmolality (greater than 295 mOsmol); raised serum sodium (above 145 mmol/L) and raised blood urea/creatinine ratio (more than 50 mmol/L)

Someone who is well hydrated will have pale yellow urine.

FLUID GOALS

There is no recommended daily fluid intake for older people, although the accepted minimum is 1500 millilitres. Commonly, 6–8 glasses of water a day is recommended, but this is not evidence-based. There are several methods to calculate the exact fluid intake for older people. An accredited practising dietitian (APD) can help.

TYPES OF FLUIDS

Encourage water first. Otherwise, milk, juice and cordial are good options.

Tea and coffee are suitable alternatives and do not act as diuretics. Alcohol has a marked diuretic effect and is not recommended.

Oral hydration supplements may be beneficial in some cases, but are not generally for daily consumption.

Thickened fluids used for swallowing difficulties assist with meeting requirements. People who need thickened fluids may require more drinks during the day.

Encouraging fruit and vegetable consumption can also help, as most of these are 70–80 per cent fluid.

TIPS TO INCREASE HYDRATION

- ensure people always have water or their favourite fluid within reach
- encourage small amounts sipped often throughout the day
- assist people who need help to drink
- provide a full glass of fluid with medications
- offer a glass of water after toileting, with teeth cleaning, before and after showering or washing, before and after any activity program and every 90 minutes on hot days
- prompt people to drink full cups at meals
- encourage consumption of foods high in fluids, such as jelly, custard, yoghurt, ice cream, fruit and soup
- consider regular fluid rounds using a hydration cart, providing happy hours or a slushie hour
- educate staff and visitors to offer fluids regularly
- know individual preferences for fluid temperatures; some may like warm drinks. ■

Linda Kilworth is an accredited practising dietitian. To locate an APD in your area, visit the Find an Accredited Practising Dietitian section on the DAA website at daa.asn.au or call 1800 812 942.