



Good hydration in elderly is critical

By Terry Owen



Eating a good meal and being properly hydrated is essential for maintaining good health. But while there is increasing focus on tackling malnutrition and improving nutritional care, warning signs are pointing to hydration that is being overlooked.

So says Lesley Carter, an Age UK health influencing programme manager. Her findings were published in *Nursing in Practice*.

“Good hydration enhances feelings of wellbeing, reduces the use of medication and helps prevent illness. For most adults, dehydration is a problem with a quick fix. However, for older adults, dehydration is the most common cause of fluid and electrolyte imbalance and one that can have devastating long-term effects. Therefore, ensuring good practice in hydration care is key to improving quality of life and maintaining older people's health,” she says.

Carter says that it is well documented that many older people continue to suffer from preventable dehydration, even though it can be easily avoided by ensuring individuals have enough to drink. Despite this apparently simple and cost-effective preventative measure, dehydration is still a major problem for older people in care homes, hospitals and in their own homes.

She says that recent research shows that patients admitted to hospital from care homes are commonly dehydrated on admission and are consequently at a significantly greater risk of in-hospital mortality.

There are many examples of poor hydration practice, says the report. To cite just one, the Francis Inquiry Report into failings at Mid Staffordshire Foundation Trust, concluded that: “some patients were left food and drink and offered inadequate or no assistance in consuming it, even water or the means to drink it could be hard to come by.”

Carter says issues raised in the Francis Inquiry Report are also fairly typical and the basic principles it proposes for improving hydration are equally telling: ensuring drinks are within reach; recording fluid balance accurately; delivering drinks in appropriate containers; and using systems to highlight patients who need assistance with hydration.

Causes of dehydration in older adults

Dehydration in older adults can occur for a myriad reasons, including both physiological and environmental factors.

"As ageing occurs, the water content of our bodies' and our thirst decreases. People usually rely on thirst as a signal for needing to drink. For older people this may not be an accurate indicator of the body's fluid needs. Equally, difficulties with swallowing, mobility and sensory impairment can create barriers to maintaining adequate hydration," says Carter.

"However, there are a number of key risk factors that are not associated with the physical ability to drink. If older people must rely on others to supply drinks, then they will probably not be drinking enough. Understanding the patient and seeing the person behind the illness will help to maintain hydration. For example, recognising that:

- Being admitted to hospital can increase disorientation and confusion particularly if there is impaired sensory perception and glasses or other aids are not to hand.
- Changes in functional mobility or poor oral health may cause difficulties in drinking.
- People who have dementia or cognitive impairment may not recognise thirst and need regular prompts that they can understand to remind them.
- Older people will often self-limit fluid intake for fear of incontinence or being a nuisance if they need help to use the lavatory bedpan or commode.
- Being lonely, afraid, or not understanding what is happening in a ward or care home can have a devastating effect on wellbeing and maintaining health.
- Knowing and offering what people like to drink will help to increase fluid intake.

Carter says that if mild dehydration is not recognised or is left uncorrected, the effects can be serious and rapid. Common consequences of dehydration include confusion, falls, pressure ulcers and Urinary Tract Infections (UTIs). Dehydration can deteriorate rapidly and lead to unnecessary invasive clinical interventions and long-term outcomes that can result in the loss of independence, dignity and death.

"Chronic dehydration also develops over time, which is why detailed, structured, standardised and regular assessments are needed.

"Achieving and maintaining good hydration in healthcare is complex and can often be complicated by pre-existing long-term conditions. Bridging the theory to practice gap remains a constant challenge and identifying and addressing why staff do not recognise dehydration is fundamental to improving practice," she says.