

Avoiding dehydration in older people

Prescribing Support Bitesize

This leaflet is aimed at GPs and practice nurses / District Nurses.

Older people are at risk of dehydration especially in hot weather. They have multiple risks for dehydration. The acute hospitals have seen an increase in admissions from older people with dehydration this summer.

Risk Factors for dehydration in older people

- Medical conditions that dehydrate e.g. diabetes
- Reduction in sensation of thirst
- Access to fluids
- Communication problems
- Dementia and cognitive impairment
- Dysphagia
- Acute illness (e.g., fever, vomiting, diarrhoea)
- Medicines that dehydrate (e.g., diuretic, laxatives)
- Medicines that reduce renal reserve (e.g. diuretics, ACE-I, ARBs, NSAIDs)
- Medicine that sedate (e.g. benzodiazepines, antipsychotics)

Prevent Dehydration in older people

- Identify at-risk individuals
- Help, encourage and educate older people to drink even when they are not thirsty
- Provide easy access to fluids
- Check environmental factors for obstacles to drinking
- Review medicines
 - o Stop or reduce dose of loop diuretics (e.g. furosemide, bumetanide) if possible (we suggest you send yourself a “task” as a reminder to restart diuretics when appropriate)
 - o Stop NSAIDs and replace with simple analgesics
 - o Review need for antipsychotics in dementia
 - o Make night sedation prn (don’t give every night unless needed)
 - o Identify and review combinations of loop diuretics, ACE-I/ARB and NSAIDs.
- Loop diuretics used in heart failure should always be titrated against symptoms and daily weight. During periods of warm or hot weather or when fluid is lost through symptoms such as diarrhoea then the dose should be reduced according to breathless symptoms.

Old people need to drink around one and a half litres of water per day ie roughly around three small bottles of water. In hot weather people need to drink more. Drinking more often rather than large quantities at one time is preferable.

Make sure people have easy access to fluid (applies to care home residents and people in their own homes), especially for those with poor mobility.

In care homes staff need to anticipate dehydration and increase amounts given as soon as an event that could lead to dehydration occurs. Be especially vigilant of cognitively impaired people and those with physical difficulties who need help to drink.

Adapted from Strategies for Ensuring Good Hydration in the Elderly *Nutrition Reviews* 2005: 63: S22–S29

Prescribing Support Services for Primary Care

Prescribing Support Bitesize: up to date evidence and advice on prescribing.

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