

Identifying low intake dehydration in older people

Maintaining a healthy bladder and bowel is very important. In younger people, pale coloured urine indicates good hydration, however for older adults (aged 65 and over) pale coloured urine does not signify good hydration so should **not** be used as an indicator. For this reason, it **can be very hard to spot dehydration in older adults** because there are no easy-to-use tests that can identify whether a person is dehydrated or not. Signs such as urine colour, thirst and a dry mouth that may be suggested as showing dehydration, but do not actually work in older adults because they lack even basic levels of diagnostic accuracy.

There is currently no validated screening tool for dehydration either, and those that are used should not be relied on as ways of assessing either presence or absence of dehydration in older people. Therefore, studies have concluded that **low intake dehydration should simply be assumed for all dependent, older people** (Hooper et al 2015, Bunn & Hooper 2019).

Although it may not seem a problem to continue using ineffective tests for dehydration in older adults it can cause harm. Using any of these inaccurate tests can falsely indicate adequate hydration and so may discourage staff from supporting an older person to drink enough, and therefore may exacerbate dehydration.

What can you do prevent dehydration in older adults?

There are some steps an individual can take to help maintain a healthy bladder and bowel. The following is what is now included in HWE ICB's "My urinary catheter passport":

- Daily Fluid Requirements:

- Older women – 1,600ml per day
 - = 7 full (250ml) mugs/ 11 full (150ml) cups



- Older men – 2,000ml per day
 - = 8 full (250ml) mugs/ 13 full (150ml) cups
- Drinks containing caffeine are not dehydrating so only limit intake if you find they irritate your bladder. Weak alcoholic drinks of up to 4% alcohol volume (ABV) are hydrating but NHS recommendation to drink no more than 14 units of alcohol a week, spread across 3 days or more should be followed.
- There is no increased risk of incontinence with a higher fluid intake or with certain drink choices so people at risk of incontinence should **not** be encouraged to:
 - Limit fluid intake in the evening,
 - Avoid caffeine
 - Avoid fizzy drinks.

- Keeping fluid record charts for residents is unlikely to be helpful because assessment of fluid intake by others is often very inaccurate. European guidance advises that within health and social care settings, fluid intake or fluid balance should only be assessed by specifically trained personnel in specialist medical units (Volkert et al 2018). If older people can complete fluid charts themselves, they may be more accurate
- Thirst recognition decreases as we age so encouraging drinks for residents and prompting them to drink are vital.
- Personal drink preferences are very important so offer and encourage residents to choose the drinks that they want and enjoy