

DEHYDRATION

A Summary for Teams Caring for Older Adults

- About 60% of the human body is water. This percentage is **lower** in older adults.
- Dehydration is the **most common fluid and electrolyte problem** in older adults.
- Older adults have a **diminished thirst response**, with some not experiencing thirst at all.
- In some older adults, the loss of as little as **2-3%** of body fluid can cause physical and cognitive impairment.
- 48% of older adults in Emergency Departments have lab values indicative of dehydration. 8-20% of hospitalized older adults and 31% of LTCH residents are dehydrated.

Risk Factors

- Medications (i.e. diuretics, laxatives)
- Speech or swallow issues
- Acute illness (i.e. fever, sweating, vomiting, diarrhea, blood loss)
- Pressure ulcers or other wounds
- Dementia
- Depression, loss of appetite
- Functional impairment (i.e. CVA)
- Access (i.e. income, transportation)
- Exercise
- Weather (i.e. hot days)

Consequences

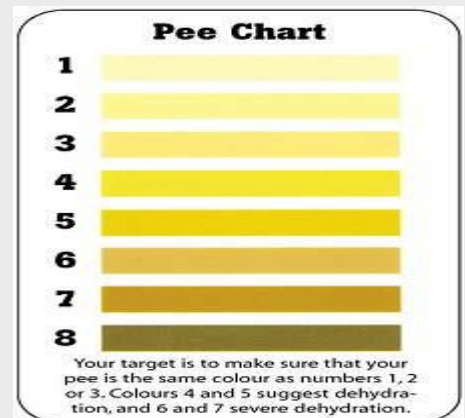
- Constipation
- Dizziness, low BP
- Falls
- Delirium
- Impaired cognitive function
- Pressure ulcers
- Renal failure
- UTIs
- Medication toxicity

Dehydration is ...

A fluid imbalance caused by inadequate intake or excessive losses (water or sodium).

Symptoms

- Dry mouth, lips and tongue
- Sunken eyes
- Reduced skin turgor
- Drowsiness, confusion or disorientation
- Dizziness and/or low BP
- Reduced urine output
- Concentrated urine



Source: Keller, H. Nutrition & Hydration.

References

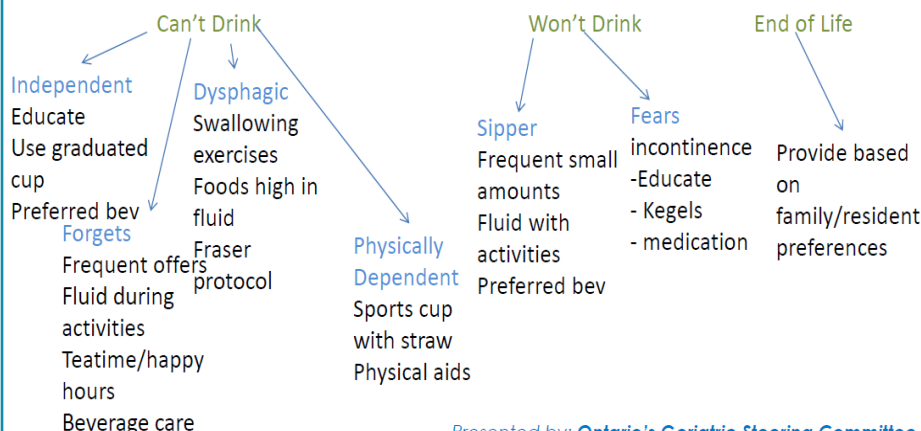
Keller, H. Nutrition & Hydration. Presented by: Ontario's Geriatric Steering Committee. Accessed September 30, 2020.

Picetti D, Foster S, Pangle AK, et al. Hydration health literacy in the elderly. Nutr Healthy Aging. 2017;4(3):227-237. Accessed September 30, 2020.

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Treating Dehydration based on Etiology

Mentes, 2006



Presented by: Ontario's Geriatric Steering Committee

Source: Keller, H. Nutrition & Hydration.

MALNUTRITION

A Summary for Teams Caring for Older Adults

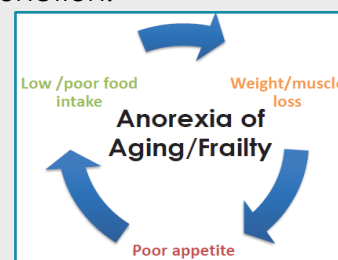
- Nutrition risk increases at older ages.
- There are two types of malnutrition:
 - Overnutrition (*too many calories, too much of any nutrient*)
 - Undernutrition (*not enough calories, protein or nutrients*).
- About 34% of community-dwelling older adults are at nutrition risk. Malnutrition rates range in institutionalized older adults from 12% - 85%.
- The 2008 Canadian Community Health Survey found:
 - 27% of older adults had a poor appetite;
 - 24% skipped meals;
 - 42% ate alone; and,
 - 52% had cooking difficulty.

Risk Factors

- History of eating disorders
- Speech, swallow or dentition issues
- Loss of taste or smell
- Eating alone
- Lack of knowledge (*i.e. diet requirements, healthy choices*)
- Medications
- Acute illness
- Pain
- Dementia
- Depression, loss of appetite
- Functional impairment (*i.e. CVA*)
- Access (*i.e. income, transportation*)

Malnutrition is ...

A state resulting from the lack of intake or uptake of nutrition that leads to altered body composition and function.



Source: Keller, H. Nutrition & Hydration

Benefits of Good Nutrition

Memory/Mood

- Improves sleep and mood
- Decreases risk of confusion

Heart

- Supports blood pressure and cardiovascular health

Gastrointestinal

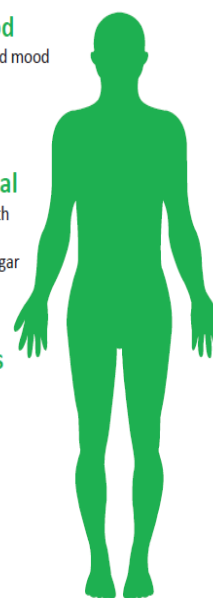
- Supports gut health and digestion
- Supports blood sugar

Immunity

- Decreases risk of infections
- Helps prevent or manage osteoporosis, diabetes, heart disease and some cancers
- Improves ability to heal from illness or injury
- Improves drug metabolism
- Supports wound healing

Muscles/Bones

- Improves strength
- Strengthens bones
- Supports weight management



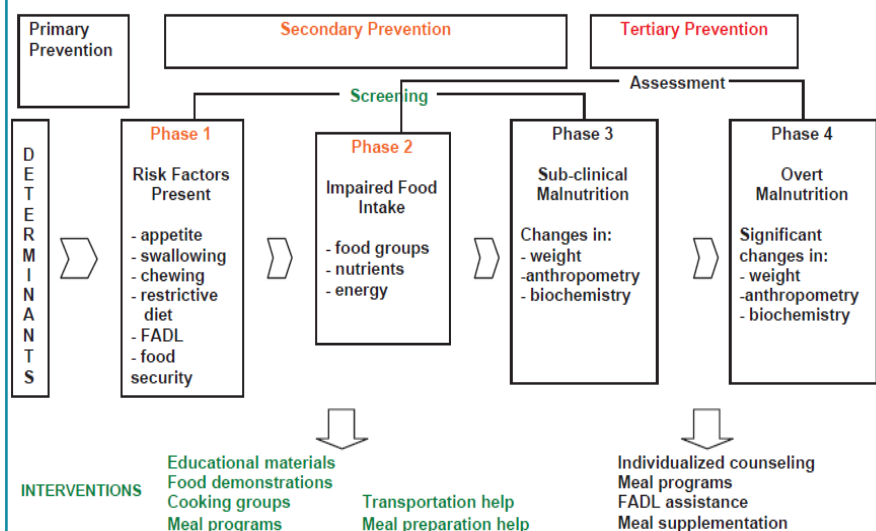
Source: RGP Toronto. sf7 Toolkit: Nutrition

References

Keller, H. Nutrition & Hydration. Presented by: Ontario's Geriatric Steering Committee. Accessed September 30, 2020.

RGP Toronto. Sf7 Toolkit: Nutrition. (2017) p.40-50. Accessed September 30, 2020

Screening and Assessment Across the Continuum of Care for Older Canadians



Source: Keller, H. Nutrition & Hydration