

# How To stay hydrated

## controlling a silent epidemic

**D**ehydration among the elderly continues to be an underappreciated health problem and one of the biggest silent epidemics in the U.S. Reasons the elderly become dehydrated include poor oral intake, diarrhea, overuse of diuretics and sweat loss. “The elderly person’s regulatory system doesn’t work as well as in younger persons,” says Dr. Nigar Shahid, a physician from the International Center. “The elderly often have a depressed thirst drive due to a decrease in a particular hormone and are more likely to suffer from depression or forgetfulness. They have decreased taste, smell and appetite. All these may lead to decreased fluid intake.” Many elderly may be on medicines that contribute to dehydration, notes Dr. Shahid.

### Norovirus and Rotavirus Risks

Anytime of year, the elderly can catch viruses that cause diarrhea, also resulting in dehydration. “Gastroenteritis, such as norovirus and rotavirus, is the most common reason for diarrhea and dehydration in the elderly in nursing homes,” says Dr. Andres Salazar, a multi-facility medical director for several nursing homes in the Baltimore- Washington area. However, Cera Products, along with progressive nursing home physicians around the country such as Dr. Salazar, has a simple

solution to dehydration called CeraLyte® oral rehydration solution (ORS), which provides an excellent balance of carbohydrates and electrolytes to be absorbed efficiently into the body in a “timed release” kind of action, thanks to its mixed chain carbohydrate delivery system.

### Start ORS Early

The way to prevent dehydration is early recognition and early intervention with proper hydration fluid,” says Dr. Salazar. Both he and Shahid agree that the key concept is to put back lost fluids with the right composition of electrolytes and water that the body has lost.

### Elderly Lack Awareness

Since elderly patients are usually unaware they are dehydrated and either reluctant to say they have diarrhea or unaware they have it, Dr. Shahid recommends that nursing homes institute and implement ways to identify patients with dehydration, plus a protocol to address the condition.

Protocols should be very specific. “In some nursing homes, nurses get orders to increase fluids for the patient without specifying what type of fluids. The nurses often give soft drinks, sweet juices or water,” says Dr. Shahid. These options open up the possibility that the patient will not receive proper electrolyte replacement.

Dr. Salazar has ensured that the nursing homes under his medical direction

### SIGNS OF DEHYDRATION:

- Sunken eyes
- No tears
- Cracked lips
- Dry, sticky mouth
- Low urine output
- Low blood pressure
- Fainting when standing up

### SIGNS THE PATIENT IS NO LONGER DEHYDRATED:

- Not feeling weak or dizzy when standing up
- Urine is pale in color, normal volume
- Skin not loose
- Eyes not sunken

“have policies and procedures in place for treating dehydration.”

Dr. Salazar starts CeraLyte even before dehydration begins. “When a patient eats less than 25 percent of the amount of food they ate the day before or 50 percent or less than in the previous 48 hours, I analyze why the patient’s eating habits have changed, and I put them on it,” he says.

### Avoiding IVs

In addition, fast, effective oral rehydration can avoid the need for IV hydration. “Only when patients are very, very sick, have we needed to give them IV hydration,” says Dr. Salazar. <sup>GRL</sup>

For more information, go to [www.ceraproductsinc.com](http://www.ceraproductsinc.com).

## CeraLyte® ORAL REHYDRATION THERAPY



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- Safe for all ages, any type of diarrhea
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