



## Dehydration

Our bodies are made up of about two-thirds water. We only need the total water level to drop by a few percent for us to become dehydrated.

Dehydration can be classified as mild, moderate or severe, depending on the percentage of body weight lost.

Mild dehydration carries few risks, and can usually be dealt with by replacing lost salts and fluids. However dehydration that is chronic (ongoing) can affect kidney function and may lead to the development of kidney stones.

Severe dehydration is very serious and needs immediate treatment; hospitalisation and intravenous fluids may be necessary.

Usually, dehydration is not likely to be a major problem for people with Inflammatory Bowel Disease. Even so, having IBD can sometimes increase the risk of becoming dehydrated.

### What causes dehydration?

We become dehydrated if our bodies do not have enough water. This can happen if we lose too much body fluid, are not drinking enough water or fluid, or a combination of both.

The loss of essential blood salts such as potassium and sodium affects the body's ability to keep the body fluids in balance.

Body fluid and salt lost throughout the day in sweat, tears, urine and stools are usually replaced from the water and salt content of what we normally eat and drink. Dehydration occurs when fluid loss exceeds fluid intake.

There may be an increased risk of becoming dehydrated if:

- you have a ileostomy – output from an ileostomy contains more water than normal stool;
- you have a very short bowel as a result of extensive surgery;
- you have had your colon removed, affecting your body's ability to absorb fluid and electrolytes from your diet;
- you suffer from frequent or watery diarrhoea;
- you are not drinking enough water because, for example, you are feeling nauseous or have lost your appetite through illness;

- you are losing water and salt through your skin because you are sweating excessively during hot weather or exercise, or because you have a fever;
- your urine output is excessive - this can occur if you have uncontrolled diabetes, you are taking diuretic drugs, or because of excessive caffeine intake (including drinks such as cola, coffee or tea);
- you are suffering from gastroenteritis (food poisoning).

## **How can I avoid becoming dehydrated?**

Be aware of situations when you may be more susceptible to dehydration. Remember that your body needs a constant source of salts and fluids, especially during warm weather or if you are exercising or playing sports, when you lose more salt and water through your skin. You can begin to replace lost fluids even before you start to notice any of the symptoms of dehydration. Two litres (approximately eight to ten average glasses) of fluid a day is the suggested amount to keep your body well hydrated. Sip your drinks rather than gulping them down. This will help you to avoid getting too much air into your system, which can cause discomfort.

A balanced diet that includes foods rich in essential body salts (potassium and sodium), such as avocado, bananas, cheese, salted crisps and marmite, can also help to maintain the electrolyte balance in your body.

## **Will increasing my fluid intake make my diarrhoea worse?**

If you have a normal or near normal bowel length, diarrhoea is unlikely to be caused as a direct result of increasing your fluid intake. Each day, your body passes four to five litres of fluid from the circulation into the bowel. Fluid is then absorbed back into the circulation further along the bowel. This fluid shift is helpful in digestion. When you have diarrhoea, however, the balance is altered - either more fluid is put in or less is taken back. Your fluid intake (the amount that you drink) is secondary to this fluid shift. Restricting your fluid intake will therefore not help to lessen diarrhoea, but will increase the likelihood of you becoming dehydrated. Antidiarrhoeals such as loperamide (Imodium) or codeine phosphate may be prescribed by your doctor to help control your diarrhoea. (NACC has a leaflet on *Managing Diarrhoea* available from the NACC Office or website.)

If you have a stoma, or have had part of your bowel removed through surgery, increasing your fluid intake without adding extra salt to your diet can actually make the situation worse by increasing your output.

## **How will I know that I am dehydrated?**

One way to assess if you are **mildly** dehydrated is by noting how often you pass urine. If you have to urinate less than three to four times a day, and/or the volume of urine passed is small, you may be running dry. Urine that is unusually dark in colour also suggests that you may be dehydrated.

If you are feeling thirsty it is likely that you are already **mildly** dehydrated. Headaches, tiredness and a lack of energy can all be signs of mild dehydration. Feeling faint, especially when standing up, is another common symptom.

Physical signs of **moderate** dehydration include a dry mouth, sunken eyes, pale skin, poor skin tone, decreased alertness and muscle cramps.

You could be **severely** dehydrated if, in addition to any of these symptoms, you become confused or disorientated, are difficult to arouse, your lips turn blue or your breathing or pulse becomes rapid.

**NOTE that severe dehydration is very dangerous and that you need urgent medical treatment.**

### **What should I do if I become dehydrated?**

To treat dehydration you have to rehydrate the body. Once you have become dehydrated, however, drinking too much plain water may make the problem worse. Dehydration means that sugar and salts have been lost as well as water. Therefore it is important that the fluids used to treat dehydration contain the right balance of all these elements.

Commercial rehydration products are available to buy, for example Dioralyte, Electrolade and Rehidrat.

A flat cola drink can also be a useful standby as a rehydration drink, and a packet of salted crisps may also help with replacing lost salt.

**If you have an ileostomy, or very short bowel** (following extensive surgery), some rehydration solutions may not contain enough salt to restore hydration. Double strength Dioralyte may be suggested by your doctor; or a homemade oral rehydration, made to the recipe below, which has a higher salt content than commercial solutions, may be needed.

#### **Oral Rehydration Solution (ORS)**

3.5g (approx one level teaspoonful) table salt  
2.5g (scant level teaspoon) sodium bicarbonate (baking soda)  
20g (approx 6.5 level teaspoonfuls) glucose or sugar.

Make up to 1 litre in a measuring jug with drinking water, and flavour (if you prefer) with low sugar fruit squash.

Refrigerate and drink cold.

You can take as much of the ORS as you need to reduce the feelings of dehydration. Restoring your salt and water levels in this way should relieve mild dehydration

quickly. If you do not respond quickly, or you develop any of the symptoms of severe dehydration, you should seek medical advice urgently.

**Do not take the ORS without medical advice if**

- **your ankles are swollen**
- **you are taking diuretic tablets (encouraging urine production)**
- **you are taking tablets for heart or blood pressure problems.**

**Oral rehydration solutions have a high sugar content, and should be used with care if you are diabetic.**

**Further information**

NACC hopes that the information contained in this Information Sheet has proved helpful. If you have any further questions you may wish to telephone our **Information Line: 0845 130 2233**. Or you might like to speak with a volunteer in our **NACC-in-Contact** supportive listening service: **0845 130 3344** (national line, at local call rates from most telephones).

**Other useful organisations**

**IA** (The Ileostomy and Internal Pouch Support Group)

Peeverill House, 1-5 Mill Road, Ballyclare, Co Antrim BT39 9DR

☎ 0800 018 4724 or 028 9334 4043 Fax: 028 9332 4606.

Website: [www.iasupport.org](http://www.iasupport.org) Email: [info@iasupport.org](mailto:info@iasupport.org)

Young IA Co-ordinator: Peter Laflin – Email: [peter.laflin@iasupport.org](mailto:peter.laflin@iasupport.org)

The **IA** gives advice to anyone who has an ostomy. They are also happy to visit people in their own homes to offer counselling.

**Colostomy Association**

15 Station Road, Reading RG1 1LG

☎ Freephone 0800 587 6744 Website: [www.colostomyassociation.org.uk](http://www.colostomyassociation.org.uk)

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*This document has been prepared by NACC as general information on the subject and is not intended to replace specific advice about your treatment from your own doctor.*

The National Association for Colitis and Crohn's Disease (NACC) is a voluntary Association, established in 1979, which has 30,000 members and 70 Groups throughout the United Kingdom. The Association also provides a supportive listening service called NACC-in-Contact which is available to anyone affected by Inflammatory Bowel Disease.

Membership of the Association costs £12 for the first year and £10 subsequently. Additional donations to help the work of the Association are always welcomed.

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