

Dehydration

Introduction

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 – that is, lacking in water. This can affect the balance of mineral salts and may lead to kidney problems.

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

This information sheet looks at the causes and symptoms of dehydration and some ways to prevent and treat it.

What is 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 through a combination of both causes.

Dehydration is usually described as mild, moderate, or severe, according to how much body weight has been lost because of fluid loss.

Mild dehydration is a loss of less than 1% of body weight. It carries few risks and can usually be dealt with by replacing lost salts and fluids. **Moderate dehydration** is a loss of 3-5% of body weight and is rather more serious. Moderate dehydration that is chronic (ongoing) can affect kidney function and may lead to the development of kidney stones.

Severe dehydration (a decrease of more than 5% of body weight due to fluid loss) is very serious and needs immediate treatment. You may need to go to hospital and be put on a drip to restore lost fluids.

What causes dehydration?

We lose body fluid and salt throughout the day in sweat, tears, urine and stools (faeces). Usually, the water and salt content of what we eat and drink make up this loss – but we become dehydrated if fluid loss exceeds fluid intake.

You may be at greater risk and more likely to become dehydrated if:

- 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 more than usual amounts of water and salt through your skin because you are sweating excessively, for example during hot weather or exercise, or because you have a fever
- your urine output is too high. This can happen if you have uncontrolled diabetes, are taking diuretic drugs, or drinking too much caffeine
- you are suffering from gastroenteritis (food poisoning)
- you have an ileostomy, because 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, as this affects your body's ability to absorb fluid and electrolytes (essential salts such as potassium and sodium) from your diet.

How will I know if I am dehydrated?

The first sign of dehydration is thirst. Mild dehydration can also cause a dry mouth, headaches, tiredness and a lack of energy. Feeling faint on standing up is another common symptom. If you have to pass urine fewer than three or four times a day, and can only pass small amounts, you are probably mildly dehydrated. Urine that is unusually dark in colour also suggests you may be dehydrated.

If you think you may have an ongoing mild dehydration problem one way to check is to measure how much urine you pass over 24 hours: it should be at least a litre.

Signs of more serious dehydration ('moderate' rather than 'mild') include dizziness, muscle cramps, pale skin, and sunken eyes. Seek medical advice about symptoms like these.

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. Severe dehydration is dangerous and you will need urgent medical treatment.

How can I avoid becoming dehydrated?

- The easiest way to avoid dehydration is to make sure that you drink enough water. In the UK, to keep well hydrated, most people need to drink about two litres (about eight to ten average size glasses) of water a day. You will need more in hot weather or hotter climates, or when exercising or playing sports, when you lose more salt and water through your skin.
- Drinks such as tea, coffee and cola will also help, but because these contain caffeine they are mild diuretics and will make you urinate more. So, such drinks are slightly less effective at rehydration.
- Be aware of situations when you may be more likely to susceptible to

dehydration and don't wait until you feel thirsty before you start drinking extra water.

- 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 IBD but a normal or near normal bowel length, increasing the amount of water you drink should not worsen your diarrhoea. This is because the diarrhoea is more likely to be caused by your IBD rather than as a direct result of a failure to absorb fluid from the bowel. For the same reason, restricting how much you drink will probably not help to lessen the diarrhoea. However, it could still increase the likelihood of you becoming dehydrated and so is not a good idea.

If your diarrhoea is very troublesome anti-diarrhoeals such as loperamide (Imodium) or codeine phosphate may help. However, it is a good idea to check with your doctor or IBD team before taking these. For more information see our leaflet on *Managing Diarrhoea*.

If you have a stoma it is particularly important to drink enough water to keep yourself well hydrated. You may also need to add extra salt to your diet, and if you do become dehydrated, drink an Oral Rehydration Solution (see below). ORS drinks can also be useful if you have a short bowel, but with this condition you may also need to **restrict** your fluid intake to avoid dehydration, so it is particularly important to discuss your needs with your IBD team or nutritionist.

What should I do if I become dehydrated?

To treat dehydration you have to rehydrate the body. Once you have become dehydrated however, just drinking plain water may not be enough, because you will have lost sugars and salts as well as water.

For mild dehydration you will need to increase your fluid intake and increase the amount of salt in your diet. One way to do this would be to drink a commercial rehydration solution such as Dioralyte, Electolade, or Rehydrit. However, it can be as effective to drink water or a flat cola drink and eat a salty snack such as a packet of crisps. If this doesn't help, or you find you keep feeling dehydrated, talk to your doctor about whether it would be a good idea to make up and drink an Oral Rehydration Solution (ORS) to a recipe like that given below.

For more serious dehydration, or if you have an ileostomy or short bowel after surgery, you may need to take in more salt than most commercial rehydration solutions provide. So, your doctor or IBD team may recommend drinking an Oral Rehydration Solution with a higher sodium (salt) level. One recipe for a homemade version of this type of ORS is as follows:

Oral Rehydrate Solution (ORS)

- 3.5g (approx one level teaspoon) 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 with water. If preferred, use carbonated water and/or flavour with low sugar fruit squash. Refrigerate and drink chilled.

This ORS tastes both salty and sweet and some people find it unpalatable unless they add quite a lot of flavouring. The usual recommendation is to drink the full litre in one day, sipping it slowly to maximise the rehydrating effect.

It was developed for people with a short bowel and may not be as useful for people with diarrhoea caused by other forms of IBD. If you are unsure about whether it will help you, talk to your doctor or IBD team.

A similar rehydration solution can be made by dissolving eight sachets of Dioralyte in one litre of water (instead of one per 200ml). This solution then also contains potassium, unlike the ORS above.

Because both these solutions have a high sugar content they should be used with particular care if you are a diabetic. Do not take them 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.

Seek medical help immediately if you think you have become severely dehydrated.

Further information

Crohn's and Colitis UK Information Line: 0845 130 2233, Monday to Friday 10am-1pm. There is an answerphone service outside these hours, or you may email info@crohnsandcolitis.org.uk Information staff will help with any IBD related queries.

Crohn's and Colitis Support: 0845 130 3344, Monday to Friday 1pm-3.30pm and 6.30pm-9pm. This is a supportive listening service staffed by trained volunteers with experience of IBD.

Other useful organisations

IA (The Ileostomy and Internal Pouch Support Group)

Peveill 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

Email: info@iasupport.org

Young IA Co-ordinator: Peter Laflin –

Email: peter.laflin@iasupport.org

Colostomy Association

15 Station Road,

Reading RG1 1LG

☎ Freephone 0800 587 6744

Website:

www.colostomyassociation.org.uk

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We hope that you have found the information helpful and relevant. We welcome any comments from readers, or suggestions for improvements. References or details of the research on which this publication is based, and details of any conflicts of interest can be obtained from Crohn's and Colitis UK at the address below. Please send your comments to Helen Terry at Crohn's and Colitis UK, 4 Beaumont House, Sutton Road, St Albans, Herts AL1 5HH, or email h.terry@crohnsandcolitis.org.uk

Crohn's and Colitis UK is the working name for the National Association for Colitis and Crohn's Disease (NACC). NACC is a voluntary Association, established in 1979, which has 30,000 members and 70 Groups throughout the United Kingdom.

Membership costs £12 a year. New members who are on lower incomes due to their health or employment circumstances may join at a lower rate. Additional donations to help our work are always welcomed.