

## Evaluation of Elderly Hydration in Primary Care

Giovanna Morales and Elizete R Antonio

UNILUS - Centro Universitário Lusíada, Brazil

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The aim of the study is to evaluate the hydration, to perform health education about the importance of hydration and encourage changes in behavior related to the hydration of elderly assisted at the Basic Health Units of the municipality of Santos (Brazil).

This is a descriptive quantitative study, which includes patients over 60 years old. The investigation started with data collection through interviews, with a structured questionnaire and specific physical examination. These were guided by a script developed based on the defining characteristics of the diagnosis "*deficient fluid volume*" NANDA-I Taxonomy.<sup>1</sup> The research started after the approval of the Santos City Hall, through the Coordination of Training and Management of Human Resources, Audit of the National Research Ethics Commission and signature of the Free and Informed Consent Form.

Concomitant to the investigation, nursing interventions were carried out informing patients about the importance of hydration, the signs and symptoms of dehydration and the hydric volume recommended for 24 hours. The minimum intake of 1500 ml per day was considered ideal, according to Correia<sup>2</sup>. It was also offered a kit containing a Hydration Flyer and a 250 ml disposable cup.

The study included 47 participants from 60 to 80 years, of which 34 (72%) were female and 13 (28%) were male. The most of all participants were aged between 60-74 years.

When questioned the total fluid intake by the elderly, we observed in 14 (30%) of them, an intake lower than 1500 ml per day, being a worrisome data because, according to Lopes<sup>3</sup>, insufficient fluid consumption and senescence involve a high risk dehydration.

Only 33 (70%) of the elderly appeared to be within the established recommendations. However, this study is unspecific about the amount of water contained in other drinks consumed by the elderly. When analysing only the consumption of water, it was concluded that 66% of them reported an intake of less than 1500 ml per day. From the data analysed, it can not be affirmed that 70% of the elderly adhere to the recommended amount of fluids.

The behavior of inadequate water consumption is common among the elderly. Genaro, Gomes and Lenaga<sup>4</sup> in their research, identified that the consumption of water by the elderly was lower than recommended in 74% of them.

Through the physical examination, it was identified that the diagnosis "*deficient fluid volume*" was present in 16 (34%) of the elderly attended at the Basic Health Units. The prevalence of the diagnosis is considered high.

Martins, Silva, Abreu, Rosa, Lima and Bandeira,<sup>5</sup> executed several diagnosis in elderly people hospitalized in a surgical unit, among the results, the diagnosis "*deficiente fluid volume*" represented 7.9% of the results.

Also, Oliveira, Ribeiro, Godoy, Cavalcante, Stival and Lima,<sup>6</sup> executed several diagnosis in elderly people listed in Family Health Strategies, in a city of the Goiás state, among the results, the diagnosis "*deficient fluid volume*" represented 0.6% of the results.

The diagnosis was more related to the insufficient fluid intake, present in 7 (44%) of those who contained some defining characteristic. Put up, apart from the defining characteristics, associated condition was observed, 4 (25%) of the elderly used some pharmaceutical agent like diuretics and laxatives, and about at risk population, 9 (56%) were overweight.

The most common characteristics found in the diagnosed elderly were dry skin, in 9 (56%), and dry mucous membranes, in 7 (44%). These findings corroborate the results found in Araújo's,<sup>7</sup> research which detected in more than 50% of the dehydrated elderly in his sample, the characteristics dry mouth and dry skin. However, Fortes et al.,<sup>8</sup> say that the gold standard for diagnosing dehydration is through salivary osmolarity, which is a simple, non-invasive method with 70% sensitivity. According to them, physical signs are not the most appropriate method to diagnose dehydration in the elderly, due to confusion related to the ageing process, as the alteration in skin turgor may be related to reduced skin elasticity and dry mouth to anticholinergic drugs used by this age group.

The nursing diagnosis "*risk for deficient fluid volume*" was present in 31 (66%) of the patients, mainly determined by the fact that it is a at risk population: Extremes of Age.

Miller,<sup>9</sup> reports that the elderly are at risk for dehydration because they experience decreased thirst sensation, reduction of the antidiuretic hormone (ADH) secretion, muscle loss (responsible for storing 70% water) and increased fat tissue (stores 10 to 40 % of water).

Clares and Freitas,<sup>10</sup> say that the use of diuretics and the behavior of water intake below the recommended, make the elderly more vulnerable to water-electrolyte imbalance. Among the 9 diagnoses identified in their study, the diagnosis "*risk for deficient fluid volume*" was the most prevalent among patients.

These findings deserve attention on the part of health professionals, as they are associated with a at risk population and the NANDA-I taxonomy,<sup>1</sup> states that the more related factors, the greater the accuracy of the diagnosis.

### Conclusion

Nursing practice should target both nursing diagnosis, since the real diagnosis "*deficient fluid volume*" should not be considered more important than the risk diagnosis "*risk for deficient fluid volume*". Considering the fact that the elderly is an individual who is at risk for dehydration, it makes us reflect on the importance of contemplating aspects related to hydration during any and all care for the elderly and devising interventions that minimize or eliminate the diagnosis.

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