

Ageing Well series

Hydration

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Hello, my name is Jitka Vseteckova and I am Senior Lecturer in Health and Social Care in the Faculty of Wellbeing, Education and Language Studies at The Open University.

As part of the Ageing Well series of mini lectures, we are exploring how important it is, over our lifespan, to maintain a well-balanced nutrition and hydration as well as a regular physical and social activity in the older age. We explore how using this knowledge might help you learn, facilitate self-management and delay the ageing processes for as long as we can. As we know, we start ageing the moment we are born, it demonstrates more significantly when we reach a certain age, the usual benchmark being 65+, but our ageing starts much, sooner, and the way ageing demonstrates when we are over 65 depends a lot on decisions we have been making over our life span. Having said that it is never too late to start looking after our health.

Today we'll focus on hydration.

Ageing brings about changes in metabolic rate and muscles, brain, liver, kidneys, and overall mobility. All these changes are affected by how well do on a daily basis in terms of hydration. Also, our daily hydration (the amount of water, liquids we drink every day) will affect further changes and how fast these age-related changes I mentioned above will happen: the metabolic rate, liver and kidney function, muscle function, nervous system and overall feeling of wellbeing and mobility.

When we don't drink enough:

- Metabolic rate decreases – slowing further down metabolic processes in our body (how fast we process not just food, alcohol, but mainly any drugs/medication we are take).
- Our, already, ageing liver and kidneys suffer from insufficient hydration, processing drugs/medication is slowed down, and we are more likely to suffer negative side effects of drugs we are taking AND we risk that the drugs were taking will have a further cumulative side effects in our body...
- This is closely linked to how drugs are moving through our body. We NEED TO BE concerned about how we can eliminate any meds from the system quickly, as a cumulation of drugs leads to many negative effects, some of which may also affect the way our brain works
- dehydration also changes how the drugs take effect. Ageing changes result in different responses to the same amount of the same drugs we have been taking over our lifespan. Drugs take longer to act and longer to clear out. This is in a relatively hydrated body, so further dehydration makes all metabolic processes much slower, prolonging the negative effects of the drugs.
- This negatively influences our muscle function and neural system functions, increases our sedation, we may feel confused, our memory won't work very well, we feel weaker, dizzy, wobblier and have also higher risks of falls and falls-related injuries – one of the main consequences here is immobility and loss of independence in our lives.
- Dehydration long-term can cause memory loss and other symptoms mimicking early signs of dementia or Alzheimer disease. When drinking plenty these are usually reversible.

When we are well hydrated, it helps our metabolism to work optimally. Coffee, tea, alcohol can overstimulate the bladder and have a diuretic effect, so go easy on those. For each cup of

coffee or tea or alcohol, you may want to have a glass of water. Staying hydrated is good and very necessary for our physical, cognitive, emotional and mental health and wellbeing.

What can you then do better?

- Keep well hydrated throughout your day (Water, milk, and tea all count).
- Enjoyable and varied food with plenty of fruit and vegetables, enough fibre, reducing salt intake, is really important and will help us keep an eye on having enough vitamins in our diet,
- The government and the NHS recommend in the Eatwell guide that we drink plenty of fluids, equivalent to 6-8 glasses of fluid a day or 1.5-2 litres. The fluids we drink can include water, lower-fat milk and sugar-free drinks like tea and coffee.
- Being thirsty is our body's natural way of saying we need a drink. Doctors call this drinking to thirst.

Everyone should drink to thirst, unless we are advised differently or specifically restricted by our doctor to what we can drink. This can be the case if we have conditions linked to our heart, kidney or liver. For example, it's important that if we have a condition like heart failure that we just drink to thirst and don't drink excessively. Some people with heart failure may have a fluid restriction that is usually around 1.5 litres a day, but this can vary from individual to individual. If you are not sure, check with your GP before changing the amount you drink.

- It's normal to sometimes feel thirsty and we may need to drink more fluids, especially if the weather is hot, exercising or not feeling well. However, it is not normal to constantly feel thirsty. If you find that you are feeling more thirsty than normal and drinking doesn't quench your thirst, please see your GP to check this out.
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- Make sure you get enough sleep, discuss with your GP if you need all the medication you are taking, stop smoking, and go easy on alcohol (maybe avoid it completely if possible, especially if you are taking medication on regular basis).

Our thirst mechanism can change as we get older, and if you know that you have become less thirsty, it's important to more closely monitor how much you drink every day to ensure you are keeping hydrated.

Staying hydrated is good and very necessary for our physical, cognitive and mental wellbeing. As we grow older, we may also forget to drink, and our feeling of thirst decreases with increasing age, so please let others remind you to drink and have a measure of what you have drunk so far throughout the day. Here's to your good health and thanks for watching!