



## DEHYDRATION

### INTRODUCTION

Our bodies are made up of about two-thirds water. We only need the total water level to drop by as little as a few percent for us to become dehydrated – that is, lacking in water. Lack of water can eventually lead to problems within the body, such as kidney stones, and liver, muscle and joint damage.

Having Crohn's Disease or Ulcerative Colitis (UC) - the two main forms of Inflammatory Bowel Disease (IBD) - can sometimes increase the risk of becoming dehydrated. This information sheet looks at why this may happen and some ways to prevent and treat it.

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### WHAT IS DEHYDRATION?

- We become dehydrated if our bodies do not have enough water. This can happen through a combination of causes, such as not drinking enough water or fluids, or losing too much body fluid (for example through sickness or diarrhoea).
- Dehydration is usually described as mild, moderate, or severe, according to how much body weight has been lost due to fluid loss.
- Mild dehydration is the loss of 3-5% of your body weight. It carries few risks and can usually be dealt with by replacing lost salts and fluids.
- Moderate dehydration is a loss of between 5-9% 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. This can also be dealt with by replacing lost salts and fluids.
- Severe dehydration (a decrease of more than 10% of body weight due to fluid loss) is very serious and needs immediate treatment as it can be fatal. You may need to go to hospital and be put on a drip to restore lost fluids.
- Dehydration can be very serious in children and babies because they have a low body weight, making them even more susceptible to fluid loss.

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### WHAT CAUSES DEHYDRATION?

Dehydration happens when we lose more fluid than we take in. 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.

Our kidneys and intestines work together to control the level of fluid in the body. The intestines absorb salt and water, while the kidneys regulate how much of this is lost through urine. If a large amount of fluid is lost through diarrhoea, then the kidneys may be unable to regulate the balance of salt and water. This means that you may need extra salt as well as extra water.

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For more information see **What should I do if I become dehydrated?**

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I often become dehydrated when I have a flare-up of my Crohn's and I have diarrhoea. Now I am mindful of how much water I am drinking at all times, especially when my Crohn's is active. I ensure that I am drinking plenty of water during a flare-up, and I find that this generally avoids me getting dehydrated.

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—  
**Karen**, age 55  
diagnosed with Crohn's Disease in 1990

“

I know I am dehydrated by the colour of my urine, and also dry scaly skin is an indicator for me.

”

—  
**Sarah**, age 33  
diagnosed with Ulcerative Colitis in 2013

## WILL I BECOME DEHYDRATED?

Dehydration may not be a problem for everyone with IBD. However, you may be 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. This might be, 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 (drugs which increase the amount of urine you pass), or drinking too much caffeine.
  - you have drunk too much alcohol. Alcohol is a diuretic, which increases the amount of urine you pass.
  - you are suffering from gastroenteritis (a stomach or bowel infection), which can be caused by a virus or bacterial infection, or by food poisoning.
  - you have had your colon removed - this affects your body's ability to absorb fluid and electrolytes (essential salts such as potassium and sodium) from your diet.
  - you have an ileostomy (or stoma), 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 bile salt malabsorption. This can happen if you have Crohn's in the ileum (the lower part of the small intestine), or you have had a resection in that area.
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## HOW WILL I KNOW IF I AM DEHYDRATED?

One of the first signs 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. Another early sign of dehydration is urine which is unusually dark in colour. Dehydration can also cause constipation, which can be a problem for people with proctitis (inflammation in the rectum).

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 and dry skin, and sunken eyes. Seek medical advice if you have symptoms like these.

You could be severely dehydrated if, in addition to any of these symptoms, you become confused or disorientated, are difficult to rouse, your lips turn blue or your breathing or pulse becomes rapid. Severe dehydration is dangerous and you will need urgent medical treatment.

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## DEHYDRATION

### 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 essential salts as well as water.

For mild or moderate dehydration you will need to increase your fluid intake and the level of salt in your body. One way to do this is to drink a commercial rehydration solution such as Dioralyte, or Electrolade. 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. They may suggest that you make up and drink an Oral Rehydration Solution (ORS) to a recipe like that given below.

For more serious dehydration, or if you have a high output ileostomy or short bowel after surgery, you are more likely to need 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 Rehydration Solution (ORS)

- 3.5g (approx one level 5ml teaspoon) table salt
- 2.5g (one heaped 2.5ml teaspoon) sodium bicarbonate (baking soda)
- 20g (6 level 5ml teaspoons) 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.

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 (an essential mineral), unlike the ORS above.

It is particularly important to check with your doctor before taking an ORS if you are diabetic. This is because both of these solutions have a high sugar content and can increase blood sugar levels if drunk very rapidly or in large amounts (more than one litre a day). Your doctor may suggest you see a dietician. You should also talk to your doctor before taking an ORS if:

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

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

### 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.

“  
I try and make sure I always  
have a bottle of water with me.  
I don't drink alcohol as I find it  
dehydrates me.  
”

—  
Sarah, age 33  
diagnosed with Ulcerative Colitis in  
2013

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When it is hotter I tend to get dehydrated much more quickly, especially if I have a flare-up of my Crohn's. Now I try to avoid getting too hot by staying out of the sun, wearing a hat, using a fan and drinking water.

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Karen, age 55  
diagnosed with Crohn's Disease in  
1990

- 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 be susceptible to dehydration - for example when it is very hot, or you are active. 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 and marmite, can also help to maintain the electrolyte balance in your body.
- Avoid drinking alcohol, which can make you dehydrated.

## 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 does seem to be getting worse, and 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 **Diarrhoea and Constipation**.

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 perhaps take an ORS. Check with your doctor first.

ORS drinks can be useful if you have a short bowel, or a high output ileostomy, but with these conditions you may also need to restrict your fluid intake to avoid dehydration. Your IBD team will tell you if this is the case, and can also help you manage your general diet and fluid intake.

## HELP AND SUPPORT FROM CROHN'S AND COLITIS UK

All our information sheets and booklets are available to download from our website: **[www.crohnsandcolitis.org.uk](http://www.crohnsandcolitis.org.uk)**

If you would like a printed copy, please contact our information line – details below.

**Crohn's and Colitis UK Information Line:** 0300 222 5700: Open Monday to Friday, 9 am to 5 pm, except Thursday open 9 am to 1 pm, and excluding English bank holidays. An answer phone and call back service operates outside these hours. You can also contact the service by email **[info@crohnsandcolitis.org.uk](mailto:info@crohnsandcolitis.org.uk)** or letter (addressed to our St Albans office). Trained Information Officers provide callers with clear and balanced information on a wide range of issues relating to IBD.

**Crohn's and Colitis Support:** 0121 7379 931: Open Monday to Friday, 1 pm to 3.30 pm and 6.30 pm to 9 pm, excluding English bank holidays. This is a confidential, supportive listening service, which is provided by trained volunteers and available to anyone affected by IBD. These volunteers are skilled in providing emotional support to anyone who needs a safe place to talk about living with IBD.

## DEHYDRATION

### OTHER USEFUL ORGANISATIONS

**IA (The Ileostomy and Internal Pouch Support Group)**  
0800 018 4724 or 028 9334 4043  
Website: [www.iasupport.org](http://www.iasupport.org)

**Colostomy Association**  
0800 328 4257  
Website: [www.colostomyassociation.org.uk](http://www.colostomyassociation.org.uk)

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Dehydration - Edition 4  
Last review: April 2014  
Contact details updated: March 2016  
Next planned review: 2017

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### ABOUT CROHN'S & COLITIS UK

We are a **national** charity established in 1979. Our aim is to improve life for anyone affected by Inflammatory Bowel Diseases. We have over 28,000 members and 50 Local groups throughout the UK. Membership costs start from £15 per year with concessionary rates for anyone experiencing financial hardship or on a low income.

This publication is available free of charge, but we would not be able to do this without our supporters and members. Please consider making a donation or becoming a member of Crohn's and Colitis UK. To find out how call **01727 734465** or visit [www.crohnsandcolitis.org.uk](http://www.crohnsandcolitis.org.uk)

