Benefits of hydration compared to the bed rest alone. In women with risk for preterm labor, intravenous hydration does not seem to have beneficial effects, however, patients with evidence of dehydration may benefit from the intervention.

Key words: preterm birth hydration.
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Conditions of fluid intake in the elderly
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Introduction: Aging process is associated with several physiologic changes that may affect the water balance, influencing the water input (thirst) and water output (urine, stool, sweat, and insensible respiration and perspiration). Some studies claim that 1% of hospitalized elderly suffer dehydration. This diagnosis is associated with increased morbidity-mortality (40-70%).
Objective: To describe the determinants of fluid intake in the elderly. Urine osmolality will also be measured.
Method: Descriptive, transversal and observational study. Sample: people aged ≥ 65 years from Toledo. Exclusion criteria: enteral-parenteral nutrition, pathology with water restriction, current acute process, terminal illness and severe dementia. Sampling: recruitment of convenience. Variables (Ad hoc questionnaire): sociodemographic, clinical (drugs, water intake volume, nutritional habits, symptoms and related factors), density and urine pH. Statistical analysis: SPSS 22. Pilot study was conducted to verify the relevance of the questionnaire.
Results: Pilot study: Sixteen adults. 43.8% women, aged 77±7.46. Urine density=1.029.38±6.80, pH=6.03±0.53. Drugs: 12.5% don’t take, 25% take 1-3, 62.5% take ≥4.75% take IECAS and 31.25% take diuretics. Water intake: 12.5%: 6-8 glasses, 37.5%: 8-12 glasses and 50%: ≥12 glasses. Intake of fruits and vegetables: 50% ≥3 times daily and 12.5% don’t take daily. Causes of decreased fluid intake: 44.44% decrease in thirst, 22.22% quickly sated and 11.11% doesn’t like water. Consequences: 28.95% xerostomia, 13.16% dizziness/hypertension-weakness, 13.16% constipation, 15.79% less urine and 10.53% urinary infection.
Conclusions: Elderly don’t have a good habit of hydration. It’s important to prevent dehydration to minimize the effects on their health. More measures should be included in Health Programs.
Key words: water, hydration, thirst, elderly, fluid-intake.
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Dehydration, cognitive and skill performance in sport. Systematic review
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Introduction: Currently, there is a lack of information about the effect of dehydration on cognitive performance in athletes. Moreover, this information could be an incentive for athletes to improve their liquid intake and, consequently, obtain performance and health benefits.
Objective: To check the effect of dehydration on cognitive and skill performance in sport.
Method: Systematic review following the Campbell Collaboration guidelines. A bibliographic search was performed in Web of Science using the following topic search strategy: (dehydration OR hydration OR liquid* OR fluid*) AND (cognitive performance OR cognitive function OR decision making) AND (sport* OR athlete*); by two independent reviewers. Inclusion criteria were: original research that test the effect of dehydration on cognitive performance with similar conditions for experimental and control groups, not including food-intake restriction. From a total of 56 articles, 12 articles met the inclusion criteria.
Results: Most of the studies (n=8) showed an impairment of cognitive capacities or skills in sport by dehydration. However, 4 articles did not find significant effects. In general, laboratory tasks are more sensitive to find negative effects of dehydration than a more real context (e.g., basketball shooting).
Conclusions: Cofound variables could affect results due to dehydration induction mechanisms and lack of control studies. Notwithstanding, dehydration seems to impair the cognitive performance and it can be used as an incentive for athletes to prevent dehydration and health problems.
Key words: cognitive performance, making decision, athletes.
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Relation of liquid-intake habits and nutritional status, dependency and quality of life in malnourished patients
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Objectives: Study hydration degree in patients attending the Health Center, analyze age groups, gender, MS pathologies and good control criteria.

Method: Descriptive study of a random sample of patients between 18 May-19 June 2015. Those without MS (according to WHO criteria) are discarded. Sample n=102 (64 female, 38 male). Assessed variables: 1) Hydration (per day): a. <1 liter; b. 1-1.5 liters; c. 1.5-2 liters; d. >2 liters. 2) Age group: a. <65 years; b. 65-80 years; c. >80 years. 3) Gender: a. Male; b. Female. 4) Compliance with good control criteria (last 3 months): a. Type 2 Diabetes. HbA1c <7 if age <75, HbA1c <8 if age >75; b. Obesity. Lower abdominal perimeter or BMI; c. Dyslipemia. Triglycerides >150 or HDL cholesterol >40 if male, >50 if female; d. Hypertension. Average on 80% of measurements <130/85.

Results: The study shows that the hydration level is below recommended in 56.9% of the sample. By age groups, the best hydrated are those between 65-80 years. By gender, women are more hydrated than men, though only 46.8% get to drink more than 1.5 liter per day. Regarding the last variable, we found a correlation between higher consumption of water and good control of HbA1c glycated, HDL and blood pressure values.

Conclusions: We may affirm that a proper degree of hydration contributes to a better management of metabolic syndrome. Dietary Advice in Primary Care should include recommendations on hydration by health professionals.

Key words: hydration influence metabolic syndrome management.

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Is hydration enough in a healthy group of the elderly in a Valladolid neighbourhood?

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Introduction: Health education is the best tool to promote changes in the behaviour in the elderly to increase liquid consumption as a habit.

Objective: a) General: Improve the hydration in the elderly of a Valladolid neighbourhood; b) Specific: Determine water consumption and other liquids in an elderly group. Design an Education programme for health (EpS) to improve hydration.