

# DRIE 2 (Dehydration Recognition in our Elders, Re-test) Participant information sheet

**Your care home will be hosting a research study called DRIE 2. This study will test a way of identifying early dehydration in older people.** This leaflet will tell you more about the research, and what it will mean for you.

## **Water-loss dehydration – what is the problem?**

Dehydration happens when we don't drink enough for our needs. It is bad for all of us. In older people severe dehydration increases confusion and falls, can increase the risk of urinary tract infections, kidney stones and constipation, and makes sudden hospital admission more likely. We have never had a good method of recognising dehydration early, before it becomes severe. If we could identify that people had early dehydration we could support them to drink more. This would enable us to prevent severe dehydration and its consequences.



## **What is the study about?**

The research will test an easy method that can signal when someone needs to drink a bit more. This method was developed in our earlier study. We test the new method by interviewing people living in care homes. Later, care home staff will be offered training in how to recognise water-loss dehydration, and how to respond to it when they find it.

## **Who will be involved in this research?**

We will involve people living in care homes aged at least 65 years, who do not have heart failure or kidney failure. Within your care home we will ask you and other people whether you would like to be part of the study. We will ask you to make this decision yourself if you can, after you have had time to talk with friends, relatives and staff. If you cannot make this decision yourself we will ask your relative (consultee) whether you would want to participate if you could still make this decision yourself. Overall we will recruit 200 older people.

## **If I take part in the study, what will happen?**

If you take part we will ask you to have some simple tests, answer some questions, give a blood sample and a urine sample (if you are able to). This will take place in a private area of the care home, probably your own bedroom, and will take about 45 minutes. We will also ask your care home manager for information on your health, medications and how well you can carry out some tasks (like dressing).



## Why is the blood test needed?

The blood test is needed as we will use it to measure serum osmolality. This is the best way of assessing water-loss dehydration. Serum osmolality is the concentration of some components of the blood, as the concentration rises so does the level of dehydration. This is the measure that the new test will be compared to, when we see how well it works in identifying dehydration. The final method that we develop to identify water-loss dehydration will NOT include a blood test.



## What else will be assessed?

We will carry out a series of simple tests, and ask you some questions. One of the tests is the squeeze test. We will check how quickly your flesh springs back after your hand, arm and foot are lightly squeezed.

Other tests include:

- Asking you about whether you have a drink first thing in the morning before breakfast
- Taking your blood pressure while you are sitting down, and again once you have been standing up for a few minutes (if you are able to)
- Looking to see whether your lips are dry
- Your weight and height
- Whether you are feeling out-of-sorts
- Questions about how clearly you are thinking
- Testing a sample of urine (if you are able to provide a sample)
- Watching to see what happens when you are offered a drink



## Who will know the results of my tests?

With your consent your blood and urine test results, and blood pressure, will be given to your care home manager and to your own GP. All other information will be confidential, and only seen by the researchers.



**I'm thirsty**



## Will any other information be recorded?

Yes, we will ask you about your, and your spouse's, jobs and previous postcode. If you do not remember any of this we will ask your care home manager.

We will also gather some information from your care home manager. We will ask them about your medications, any health problems, what your weight has been over the last six months, how active you are and whether you need help with tasks like dressing and going to the toilet.

We will also ask your care home manager about your care home itself, about what type of care it offers, numbers of people living in the home, numbers of staff and numbers of residents with dementia, as well as the ways it works to reduce the risk of dehydration.



## What are the risks?

Some people find blood tests slightly painful, and sometimes a blood test causes bleeding or bruising, but we will work to prevent this. When we ask you to stand up to take your blood pressure, we will make sure that you are safe, can lean on your walking frame or stick, supporting you if necessary.

## Do I have to take part?

No, you should only participate if you really want to. If you decide not to participate you do not need to say why. If you decide not to take part there will be NO bad effects – it will not alter your care or support in your care home or with your GP.



## What will I gain from involvement?

We hope you enjoy the interview, and we aim to make it pleasant and friendly. You will be helping other older people as we learn to recognise dehydration, and you should feel good about this. We will also offer you a £10 voucher or equivalent gift to say "thank you" for helping with our research.



**If anything goes wrong, or if you have any worries or complaints** about the research or the way it is conducted please contact Lee Hooper or Sue Steel (who is the study sponsor). Sue can be contacted on 01603 591486, at the Research & Enterprise Hub, UEA, Norwich NR4 7TJ, or email [sue.steel@uea.ac.uk](mailto:sue.steel@uea.ac.uk)

### **Who is funding the research?**

The research is funded by the National Institute for Health Research (NIHR, NIHR-CDF-2011-04-025). The funding is as part of a Career Development Fellowship to Lee Hooper, the lead researcher. Some of the research may be used towards a PhD for Diane Bunn (Diane is a Research Assistant who is working on this study).

### **Who has assessed the ethical implications of the research?**

The research has been checked and accepted by the National Research Ethics Service Committee Wales REC 7 (14/WA/0145, 25/4/14).

### **Will the information gathered be confidential?**

Yes, the only information gathered in the research that will be available outside the researcher and research assistant team will be your blood and urine test results, and blood pressure, which will be reported back to your *care home manager* and your *GP*. All other information will remain confidential and will be kept separate from your name and identifying details. Information will be kept in locked filing cabinets, and on computers with access restricted to the researchers. Research publications and publicity about the results of the research will not allow identification of individuals of individuals or care homes.

**CONFIDENTIAL**

### **Would you like to take part in DRIE 2?**

If you live in a care home and would like to take part in DRIE 2 we will talk to you about the study and ask some questions. If you show us you understand we will ask you to sign a consent form. If we are not sure that you understand and can remember about the study we will ask your consultee whether they believe that you would want to participate if you could make that decision. A consultee is a person who is interested in your welfare and is prepared to be consulted, and is usually (but not always) a relative or friend<sup>1</sup>.

### **If you have any questions or suggestions please contact the lead researcher:**

Dr. Lee Hooper, Norwich Medical School, University of East Anglia, Norwich NR4 7TJ, Norfolk, UK. Phone (mobile): 0781 391 7444. Email: [l.hooper@uea.ac.uk](mailto:l.hooper@uea.ac.uk).  
DRIE Website: <http://driestudy.appspot.com/>

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<sup>1</sup> The consultee advises the researcher on what the participant's wishes and feelings would be if they were able to consent for themselves, and on whether they should take part. The consultee does not give consent, only advice. Their advice will be respected. For more information on consultees see <http://www.hra.nhs.uk/resources/research-legislation-and-governance/questions-and-answers-mental-capacity-act-2005/> or talk to your care home manager.