

Socialization, COVID-19 and hydration in residential care; potential for dehydration?

S. Syed¹, C. Wei¹, H. Keller^{1,2}, P. Gaspar³, G. Heckman², C. Lengyel⁴, L. Martin⁴, J. Mentes⁵, A. Namasivayam-MacDonald⁶, S. Slaughter⁷, M. N. Yoon.⁸ ¹*Department of Kinesiology, University of Waterloo, ON;* ²*Schlegel-UW Research Institute for Aging, University of Waterloo, ON;* ³*Consultant, Strongsville, OH, USA;* ⁴*Department of Food and Human Nutritional Sciences, University of Manitoba, Winnipeg, MB;* ⁵*School of Nursing, University of California, Los Angeles, CA, USA;* ⁶*Faculty of Health Sciences, McMaster University, Hamilton, ON;* ⁷*Faculty of Nursing, University of Alberta, Edmonton, AB;* ⁸*Faculty of Medicine & Dentistry, University of Alberta, Edmonton, AB.*

Introduction: Older adults living in residential care are at increased risk for dehydration due to factors at the resident, staff, and home level. Prior research indicates that social drinking opportunities may influence fluid intake. The COVID-19 pandemic has highlighted the relevance of social interactions to hydration. Restrictions intended to limit the spread of the virus have led to increased resident isolation, which may have increased the risk for dehydration. To date, there is limited examination for the potential effects of decreased socialization of residents on their hydration.

Objective: To identify the potential impact of restrictions on socialization arising from COVID-19 on hydration.

Methods: Experts (researchers n=18, providers n=9) participated in a knowledge exchange meeting to provide their insights into the potential impact of COVID-19 restrictions in residential care on social interactions and hydration. Zoom technology with audio recording was used; meeting notes and audio recordings were transcribed for qualitative content analysis. The majority were from Canada (78%), and although multiple disciplines were represented, the two most common groups were dietitians (44.4%) and nursing (18.5%).

Results: Participants shared that restrictions related to COVID-19 infection control procedures have reduced resident access to social programs and activities, volunteer/family visiting, and affected staff roles and activities, which resulted in fewer care touch points with residents during the day. Specifically, pandemic procedures caused compressed staff schedules - a barrier to resident-centred care practices -leading to less frequent beverage offerings, reminders, and inquiries regarding drink preferences. Physical distancing in the home environment has decreased opportunities for communal dining and social events, which would normally encourage fluid intake in non-outbreak situations. Rules around physical distancing decreased family visitations, further reducing opportunities for social drinking or the consumption of special drinks brought in by family.

Conclusions: COVID-19 restrictions have brought changes to the frequency of care touch points and opportunities for residents to socially engage, resulting in decreased opportunities for drink offers from staff and social drinking.

Significance: Incorporating opportunities for socialization and social interactions in hydration interventions can promote fluid intake in LTC residents.

Funded by: University of Waterloo International Research Development Program, with matching funds from Adelphi University (A. Namasivayam-MacDonald), and University of California at Los Angeles (J. Menten).