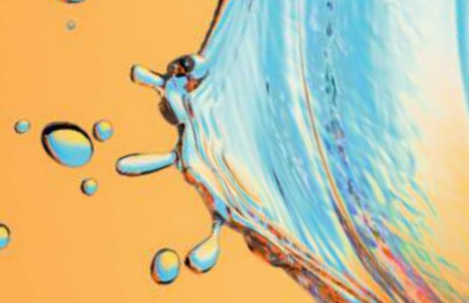


Could your patients be dealing with dehydration?



When the body loses more water than it's taking in, dehydration can set in¹

- **Clinical presentation is variable**, with non-specific symptoms ranging from mild thirst and fatigue to dizziness and muscle cramps^{2,3}
- Often caused by **acute and chronic illness and/or medication use**, not just reduced fluid intake^{2,4}
- Can have serious health consequences, especially in **vulnerable populations** such as children, the elderly, and people with chronic conditions^{1,2}

Think beyond acute gastroenteritis:

GPs may recognise many patients in everyday practice who could be at risk of mild-to-moderate dehydration



20-month-old child presenting with an acute RTI

- Dehydration was a significant risk factor for severe outcomes in children <16 years hospitalised for influenza-like illness.⁵
- In children aged 1 to 3 years hospitalised with lower RTIs, 1 in 4 presented with dehydration.⁶



71-year-old man with T2DM and CKD

- Dehydration is a common and concerning problem in older adults, which can be exacerbated by poor kidney function and impaired glucose metabolism.^{4,7}
- Medications used to manage kidney disease and diabetes, plus high rates of polypharmacy in older adults, also increase risk.^{4,8}



32-year-old first-time mother, post-partum and exclusively breastfeeding

- As breast milk is >85% water, breastfeeding women risk dehydration without adequate fluid intake.⁹
- Women who exclusively breastfeed can show greater water losses than women who mix-feed or bottle-feed.¹⁰



58-year-old woman initiated on an anti-obesity medication (AOM)

- Common side effects of AOMs include vomiting and diarrhoea.¹¹
- Effects of appetite suppression and potential thirst reduction also impact hydration status.¹²

Early intervention is key^{1,2} – recommend Hydralyte for optimal rehydration^{13,14}

Dehydration can progress rapidly, so early detection and intervention is important to prevent complications.^{1,2}

Hydralyte is a true oral hydration solution (ORS) suitable from newborns to older adults, scientifically formulated with the correct balance of glucose and electrolytes to rehydrate faster than water alone.^{13,14}



Hydralyte®

Australia's #1* true ORS for rapid rehydration^{13,14}

Unlike other electrolyte drinks, Hydralyte is specifically formulated based on WHO criteria for an effective ORS¹⁴

WHO recommendation for total osmolality¹⁴
200–310 mmol/L (Hypotonic)

Hydralyte total osmolality
220–240 mmol/L[†] (Hypotonic)

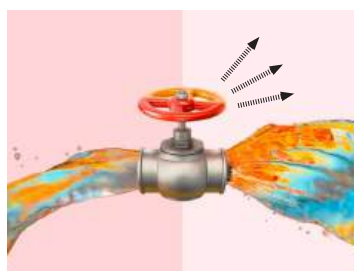
Per the recommended composition of an ORS, Hydralyte's active ingredients include:

- ✓ **Sodium** – helps the body to retain fluid¹⁵
- ✓ **Glucose (anhydrous)** – facilitates the absorption of sodium (and hence water) in the small intestine¹⁴
- ✓ **Potassium** – essential for nerve and muscle function¹⁵
- ✓ **Chloride** – helps the body to regulate fluids¹⁶
- ✓ **Citrate** – corrects acidosis that occurs due to diarrhoea and dehydration¹⁴

How Hydralyte's optimum ratio of sodium to glucose works to rehydrate patients faster than water alone^{13,14,17-19}



After drinking Hydralyte, **two sodium molecules and one glucose molecule are able to bind to the sodium-glucose cotransporter (SGLT1)** within the intestinal mucosa.



This activates SGLT1, causing it to **pump the sodium into the bloodstream** along with the glucose and some water.



As the sodium concentration increases in the bloodstream, **an osmotic gradient is created** that draws even more water in – resulting in **an ongoing influx of water for rapid rehydration.**

See it in action:



Scan the QR code for a video animation

Need **patient resources** on rehydration? Register to **Care Connect**

Scan the QR code or visit <https://hcp.carepharma.com.au/register>.



BROWSE

the range of flavours and formats – more options than any other rehydration drink

ORDER

free Hydralyte samples for your patients, delivered to your practice

DOWNLOAD

the Hydralyte patient leaflet for take-home education on rehydration



*IQVIA, Pharmacy Scan MAT to 02/08/2025. [†]Osmolality varies among Hydralyte products within the stated range.

CKD, chronic kidney disease; GLP-1RA, glucagon-like peptide-1 receptor agonist; GP, general practitioner; ORS, oral hydration solution; RTI, respiratory tract infection; T2DM, type 2 diabetes mellitus; WHO, World Health Organization.

References: 1. Thomas DR, et al. *J Am Med Dir Assoc.* 2008;9(5):292–301. 2. Taylor K, Tripathi AK. Adult dehydration (March 2025). In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. Available: <https://www.ncbi.nlm.nih.gov/books/NBK555956/> (accessed August 2025). 3. Acute gastroenteritis [published 2022 Aug]. In: Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited; accessed August 2025. <https://www.tg.org.au>. 4. Pence J, et al. *Nutrients.* 2025;17(14):2256. 5. Dalziel SR, et al. *BMJ.* 2013;347:f4836. 6. Sosa R, et al. *J Pediatr Res Rev Rep.* 2020;2(1):1–6. 7. Hooper L, et al. *Cochrane Database Syst Rev.* 2015;2015(4):CD009647. 8. Pazan F, Wehling M. *Eur Geriatr Med.* 2021;12(3):443–452. 9. Mazur D, et al. *Med Sci Monit.* 2024;30:e945591. 10. Malisova O, et al. *Nutrients.* 2024;16(13):2157. 11. Ismaiel A, et al. *Int J Obes (Lond).* Published online August 13, 2025. 12. Al-Najim W, et al. *Nutrients.* 2025;17(11):1934. 13. Wright EM, et al. *J Intern Med.* 2007;261(1):32–43. 14. World Health Organization (WHO). Oral rehydration salts. Production of the new ORS. 2006. Available at: <https://www.who.int/publications/i/item/WHO-FCH-CAH-06.1> (accessed August 2025). 15. Shrimanker I, Bhattarai S. Electrolytes. (July 2023). In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. Available: <https://www.ncbi.nlm.nih.gov/books/NBK541123/> (accessed August 2025). 16. Berend K, et al. *Eur J Intern Med.* 2012;23(3):203–211. 17. Jeukendrup AE, et al. *Nutr Metab (Lond).* 2009;6:9. 18. Kellett GL, Helliwell PA. *Biochem J.* 2000;350(1):155–162. 19. Zeuthen T, et al. *J Physiol.* 2001;531(Pt 3):631–644.

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