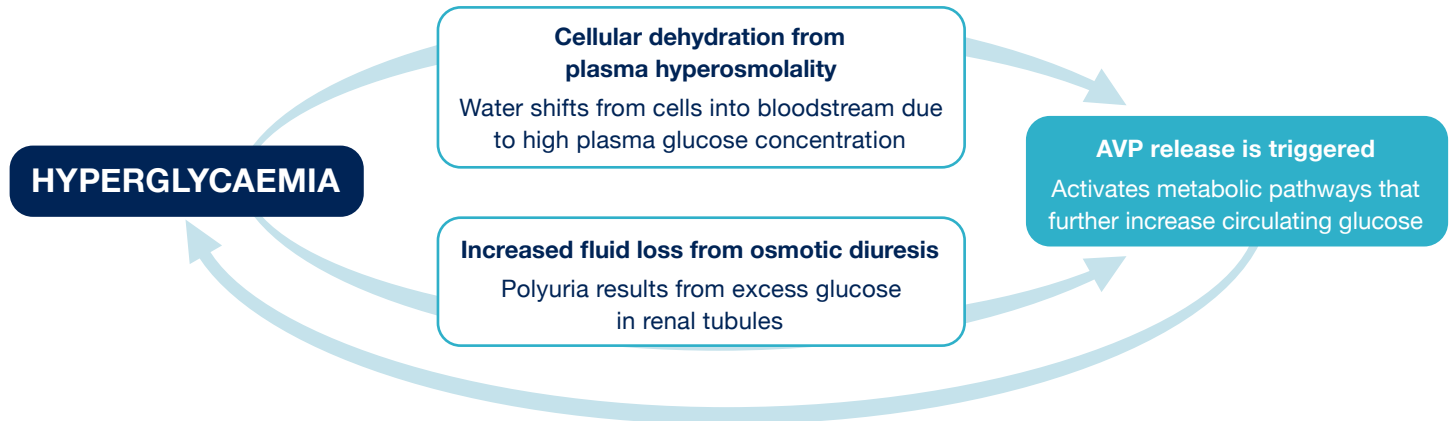


Is **Hydralyte** suitable for my patients with diabetes?

Dehydration is risky in people living with diabetes because hyperglycaemia disturbs water-electrolyte balance¹⁻³

Hyperglycaemia triggers a self-perpetuating **cycle of dehydration risk** via two key processes:¹⁻³



If left uncorrected, dehydration in people with diabetes can lead to

- **impaired glucose control**¹⁻³
- **altered drug pharmacokinetics**^{4,5}
- **impacts on kidney function**^{2,6}
- **life-threatening complications such as DKA and HHS**^{3,4}

Patients with diabetes may benefit from oral rehydration solutions (ORS), which are formulated with a small amount of glucose for rapid rehydration^{5,7-9}

- ORS are designed with a specific formulation of water, electrolytes, and glucose to restore fluid and electrolyte losses from dehydration⁹
- The small and precise amount of glucose in ORS is necessary to activate **sodium-glucose cotransporters** in the intestinal lumen, which creates an **osmotic gradient to rehydrate faster than water alone**^{3,10,11}
- The WHO recommends that ORS formulations **contain only 1.35 g of glucose per 100 mL** – less than many everyday foods and drinks^{9,12}



As a true ORS specifically formulated based on WHO-recommended criteria, clinicians can feel confident recommending Hydralyte to help patients with diabetes manage dehydration



Recommend Hydralyte to maintain adequate hydration during sick days

Illness can trigger hyperglycaemia, increasing dehydration risk – especially when vomiting and diarrhoea are also present.⁷ This makes hydration an important component of sick day planning for people with diabetes.⁷

Australian guidelines recommend ORS such as Hydralyte for diabetes sick day management^{5,7,8}

Fluid intake of 125 mL to 250 mL every hour is recommended during acute illness to reduce dehydration risk^{*7}

Ideal fluid type is guided by BGL⁷

- **BGL >10 mmol/L:** carb-free fluids (e.g., water, black tea, broth)
- **BGL <10 mmol/L:** carb-containing fluids (e.g., fruit juice, soft drinks, milk)

Certain ORS products contain very little glucose and can be considered carb-free, making them suitable for patients with higher BGL^{†7}

Available in a wide range of flavours and formats to suit different patient preferences and support ease-of-use



Ready-to-use solutions
– no preparation required



Sachets or Tablets
– for flexible, portable dosing



Ice blocks – child-friendly
when fluid intake is difficult

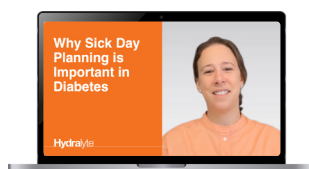
Do your patients with diabetes have a sick day action plan?

Register at hcp.carepharma.com.au/register to learn more and access helpful resources



Sick Day Action Plan

A simple two-page template to personalise for your patients



Clinical Bites Series: Diabetes Sick Day Management

Bite-sized videos offering practical guidance from CDE Deborah Hawthorne

^{*}Unless otherwise stated by a medical practitioner (e.g., patient requires fluid restriction).⁷

[†]When used as directed. ORS carbohydrate content is dose-dependent and may impact blood glucose levels with additional doses.

AVP, arginine vasopressin; BGL, blood glucose level; CDE, credentialled diabetes educator; DKA, diabetic ketoacidosis; HHS, hyperosmolar hyperglycaemic state; ORS, oral rehydration solutions; WHO, World Health Organization.

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