

Making drinking fun

Submission date	Recruitment status	<input checked="" type="checkbox"/> Prospectively registered
14/12/2015	No longer recruiting	<input type="checkbox"/> Protocol
Registration date	Overall study status	<input type="checkbox"/> Statistical analysis plan
17/12/2015	Completed	<input type="checkbox"/> Results
Last Edited	Condition category	<input type="checkbox"/> Individual participant data
11/05/2016	Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

International and UK evidence suggests that 20% of older care-home residents are dehydrated (not drinking enough to maintain hydration and health) and more are verging on dehydration. Dehydration increases risks of mortality (death) and disability. As people we get older they are less likely to feel thirsty, so they lose their internal signal that they need to drink more. This means that conscious decisions to drink plenty, environmental reminders and finding ways around barriers to drinking, are key to ensuring that they drink enough fluids. Finding enjoyable ways to encourage this is the focus of this study. Care-home residents say that it needs to be explained to both residents and staff why drinking is crucial, and provide clear, consistent prompts – a “pro-drinking” environment. The researchers running this study will work with care-home residents, activity co-ordinators and care-staff to make drinking fun, and to create a varied, interesting, potentially low-cost, intervention (treatment) package to support “pro-drinking” environments in residential and nursing care-homes. This intervention will be an enjoyable drinking-focussed activities programme (the pro-drinking activities toolkit) supporting engagement, activity and mental health which can make drinking fun for residents and staff. Once developed, the intervention will be tried out in three care-homes, to find out if it is acceptable and practical. Potential effects on resident engagement, cognition, mood, drinking and hydration will also be investigated.

Who can participate?

Residents of one of the three care homes taking part in the study.

What does the study involve?

Initially, the researchers and care staff from the care homes participating in the study brainstorm drinking-related activities. East Anglian Film Footage around drinking is also collated and added to a DVD to be used as a basis for reminiscence, discussion and tastings around drinks. This DVD is included as part of the pro-drinking activities toolkit. Other potential activities to be included in the toolkit may, for example, include setting up a tea club, discussions around drinking, quizzes and games, keeping a drinks diary and talking to residents about the importance of drinking well and how it can help with any health problems. Meetings are also set up with the residents of the care homes, their relatives and the staff to discuss the importance of hydration and making drinking fun and developing the toolkit. Once the toolkit is developed,

it is tried out in the three care homes to find out whether it's acceptable, practical and to assess any potential effects on the residents. A blood sample are also taken from each resident to assess health.

What are the possible benefits and risks of participating?

Potential benefits include an improved assessment and development of care home activities, involvement in a home-wide push to make drinking more pleasant and support socialising around drinking, improving drinking and the ability to work together and feel part of a community, the positive feeling of contributing to research likely to benefit others, better staff and resident knowledge of the need to drink well, and individual drinks intakes and assessment of own hydration status and risk of depression, shared with care home manager and resident's general practitioner. Potential risks include being bothered by additional activities (though areas of each home will be maintained where activities do not take place) and assessment of cognitive function and mood causing some embarrassment and/or distress (this will be minimised by establishing a relaxed, friendly and accepting atmosphere in a private area for the interview). The blood test might cause some pain, bruising, infection and excessive blood loss, but this will be minimised by following correct technique and using appropriately trained and equipped staff.

Where is the study run from?

Three care homes for the elderly in the UK and the University of East Anglia (UK)

When is the study starting and how long is it expected to run for?

January 2016 to July 2017

Who is funding the study?

The Dunhill Medical Trust (UK)

Who is the main contact?

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

Making drinking fun - creating a pro-drinking environment: developing and testing an innovative low-cost activity-based intervention (pro-drinking toolkit) to support care home residents in keeping hydrated

Study objectives

The aim of this study is to assess the feasibility, acceptability and potential effects on drinking, hydration, engagement, cognition and mood of a low-cost activity-based intervention aimed at creating a consistent “pro-drinking” environment, the pro-drinking activities toolkit, in care-homes over 12 weeks.

Hypothesis:

Making drinking fun and creating a pro-drinking environment in care homes will help older adults drink well and prevent dehydration.

Ethics approval required

Old ethics approval format

Ethics approval(s)

South Central - Hampshire A Research Ethics Committee, 17/02/2016, ref: 16/SC/0017

Study design

Non-randomised interventional study

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Dehydration

Interventions

Care-home residents tell us we must explain to residents and staff why drinking is crucial, and provide clear, consistent prompts – a “pro-drinking” environment. We will work with care-home residents, activity co-ordinators and care-staff to make drinking fun, and to create a varied, interesting, potentially low-cost, intervention package to support “pro-drinking” environments in residential and nursing care-homes. This intervention will be an enjoyable drinking-focused activities programme (the pro-drinking activities toolkit) supporting engagement, activity and

mental health which can make drinking fun for residents and staff. We will also work with residents, relatives, staff and managers to discuss ways we can all work together to make drinking more sociable & fun.

We will work with three activities co-ordinators or active members of care staff (ACs, from three different homes) to brainstorm drinking-related activities based on their own experience, and inspired by the College of Occupational Therapists toolkit (www.cot.co.uk/publication/cot-publications/living-well-through-activity-care-homes-toolkit). Concurrently we will collate East Anglian Film Archive footage around drinking (including twentieth century tea shops, milk bars, wartime coffee, fetes, public houses) onto a DVD (with appropriate copyright approvals) to be used as a basis for reminiscence, discussion and tastings around drinks. Additional activities for the activities pack may include (but not be limited to):

1. Setting up a tea club (regular social occasions where residents are supported to socialise, and share drinks and cakes)
2. Recordings of popular programs with a hydration or drinking theme (e.g. an episode of ITV's 'Doc Martin' featuring dehydration in an older person)
3. Discussion around drinking
4. Socialising with drinks
5. Drinks-themed music (e.g. Tea for Two)
6. Self-assessment of drinks intake using a Drinks Diary
7. Quizzes/games
8. Posters to remind residents and staff of the importance of drinking
9. Continence workshops (including use of self-monitoring bladder diaries, discussion of effects of caffeine, orange and tomato juice on continence, trials of low-caffeine tea and coffee, discussions with staff on prompted voiding),
10. Meetings between residents and staff to choose drinks for the home
11. Making drinks more accessible
12. Ensuring drinks are always available for existing favourite activities and exercise sessions
13. Discussions with residents on how drinking well could help with their own health problems (such as constipation, urinary incontinence, urinary tract infections, kidney stones, respiratory infections)
14. Performing familiar tasks (such as making drinks for each other)

Alongside toolkit development we will hold open meetings with residents, relatives and staff, where we discuss the importance of hydration and making drinking fun, development of the pro-drinking activities toolkit, and we also discuss ways that residents, relatives and staff can help to make drinking fun over the next few months. We will work to support them in carrying out their plans.

Once developed, we will try out the intervention in three care-homes, to find out if it is acceptable and practical. We will also find out if there are potential effects on resident engagement, cognition, mood, drinking and hydration.

Intervention Type

Behavioural

Primary outcome(s)

Assess the feasibility of using the intervention and proceeding to a larger RCT, which will depend on our ability to run the intervention in the 3 testing homes, and numbers of residents providing various types of outcome data, and resident impact. As such, there are no formal efficacy analyses for the feasibility study but statistics regarding recruitment, data availability

etc. will be presented with 95% confidence intervals. These will be used to inform the design of a future trial. An initial estimate of potential efficacy will be derived through considering changes in outcomes between baseline and 12 weeks.

Key secondary outcome(s)

Outcomes planned for use in the full scale RCT (the ability to collect these data are part of the primary outcome of the feasibility study)

1. Health data. Each of urinary tract infections, respiratory infections, falls, GP contacts, nurse contacts and unplanned hospital admissions
2. Engagement with the activity, with care staff or the activities coordinator, and with other residents will also be assessed during each activity
3. Drinks intake over 24 hours (assessed by staff and also by residents)
4. Functional status (Barthel Index)
5. Cognitive function using the mini-mental state exam (MMSE)
6. Mood using the Geriatric Depression Scale (GDS)
7. Resident impact recorded by one or two resident researchers at each care home
8. Hydration status using a blood test (serum osmolality, sodium, potassium, urea and glucose)
9. Care home impact will be assessed using interviews with the AC, a senior carer and the manager at each intervention home. These 9 interviews will focus on the NPT concepts of implementation, embedding and integration as well as positive, neutral and negative effects to residents, staff and relatives
10. Resources required to provide the intervention including staff time and consumables (recorded by ACs)
11. Health economics. For care home impact and resources we will assess effects on costs and separate out costs of taking part in the research, from the costs of the intervention

Completion date

24/07/2017

Eligibility

Key inclusion criteria

Residents of care homes taking part in the research who are well enough to approach to discuss the study.

Participant type(s)

Other

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Key exclusion criteria

1. Care home residents who are too ill to be approached
2. Care home residents who state they would prefer not to take part

Date of first enrolment

01/09/2016

Date of final enrolment

31/10/2016

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of East Anglia

Norwich Medical School

Norwich Research Park

Norwich

United Kingdom

NR4 7TJ

Sponsor information

Organisation

University of East Anglia

ROR

<https://ror.org/026k5mg93>

Funder(s)

Funder type

Charity

Funder Name

The Dunhill Medical Trust (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary		28/06/2023	No	No	
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes