

# Effectiveness of rehydration with green tea on recovery from dehydration

<b>Submission date</b> 30/03/2023	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 12/04/2023	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 21/08/2023	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Maintaining hydration by drinking fluid is one way to prevent heat-related illness in a hot environment. Caffeine-containing beverages, including green tea (GT), have been avoided as rehydration beverages because caffeine has been assumed to exert a diuretic/natriuretic action (increase urination). However, the influence of caffeine intake on urine output is not well documented in dehydrated individuals. The aim of this study is to examine the effect of fluid replacement with GT on body fluid balance and kidney water and electrolyte handling in dehydrated individuals.

### Who can participate?

Healthy men and women aged over 20 years in the Nara or Kansai area

### What does the study involve?

Participants attend the laboratory for three trials. No alcohol or salty food should be consumed for at least 24 hours. Before reporting to the laboratory participants are asked to eat a light breakfast (a box of Carolie Mate, Otsuka) and drink a bottle of water (560 ml). After voiding and keeping a seated position for 30 min, participants will provide a urine sample and a fingertip blood sample and their body weight is measured. Then, participants are dehydrated by performing four bouts of stepping exercise for 20 minutes separated by 10 minutes of rest. After the exercise, participants keep a seated position for 30 minutes after the end of exercise at a room temperature of 25 °C. At the end of the equilibrium period, measurements of hemoglobin concentration, blood sampling for plasma sodium concentration, urine sampling and measurement of body weight are performed. After these measurements, participants are asked to drink water, green tea, or caffeinated water equal to the volume of fluid lost during the dehydration protocol. Urine sampling and body weight measurement are performed 0.5, 1 and 2 hours later, and hemoglobin concentration and plasma sodium concentration are also measured after 2 hours.

### What are the possible benefits and risks of participating?

Participants will benefit from receiving their own personal rehydration profile. Dehydration induced by exercise in heat may be uncomfortable, and participants may feel tired and thirsty, but the dehydration level induced by this protocol is relatively small and the exercise intensity is

low. Participants are allowed to quit the experiment whenever they do not want to continue. Participants may also experience a little discomfort during blood sampling from the finger. An experienced person will do this to minimise any discomfort.

Where is the study run from?  
Nara Women's University (Japan)

When is the study starting and how long is it expected to run for?  
November 2019 to September 2022

Who is funding the study?  
ITO EN, Ltd, and Nara Women's University (Japan)

Who is the main contact?  
Dr Akira Takamata, takamata@cc.nara-wu.ac.jp

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Akira Takamata

**ORCID ID**  
<http://orcid.org/0000-0002-3790-3487>

**Contact details**  
Kitauoya Nishimachi  
Nara  
Japan  
630-8506  
+81-742-20-3469  
takamata@cc.nara-wu.ac.jp

## Additional identifiers

**EudraCT/CTIS number**  
Nil known

**IRAS number**

**ClinicalTrials.gov number**  
Nil known

**Secondary identifying numbers**  
19-32

## Study information

**Scientific Title**

Effect of fluid replacement with green tea on body fluid balance and renal responses under mild thermal hypohydration

**Study objectives**

Rehydration with green tea does not cause excessive diuresis/natriuresis

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved 22/11/2019, extension approved 14/12/2020, Review Board on Human Experiments of Nara Women's University (Kitauoya Nishimachi, Nara, 630-8506, Japan; +81 (0)742 20 3338; kenkyou@cc.nara-wu.ac.jp), ref: #20-37

**Study design**

Interventional randomized cross-over study

**Primary study design**

Interventional

**Secondary study design**

Randomised cross over trial

**Study setting(s)**

Laboratory, Other

**Study type(s)**

Other

**Participant information sheet**

Not available in web format, please use the contact details to request a participant information sheet

**Health condition(s) or problem(s) studied**

Hydration status monitoring

**Interventions**

After baseline measurement, subjects were dehydrated by performing four bouts of stepping exercise for 20 min separated by 10 min of rest. They were asked to ingest an amount of water (H<sub>2</sub>O), GT, or caffeinated H<sub>2</sub>O (20 mg/100 ml; Caf-H<sub>2</sub>O) that was equal to the volume of fluid loss during the dehydration protocol; fluid balance was measured for 2 h after fluid ingestion. Randomization was performed using randomization.com.

**Intervention Type**

Other

**Primary outcome measure**

1. Fluid balance is calculated from the change in body weight measured with an electric balance for 2 hours of the dehydration period and 2 hours after the ingestion of fluids. Body weight

measurements are performed at baseline, immediately after the dehydration period, 0.5, 1 and 2 hours after fluid ingestion.

2. Fluid retention ratio at 2 hours after fluid ingestion calculated from the ingested fluid weight and retained fluid calculated body weight change

### **Secondary outcome measures**

1. Urinary flow rate calculated from the weight of sampled urine, in which subjects were asked to empty the urinary bladder, and the time between sampling. Urine collections are made at baseline, immediately after the dehydration protocol, and 0.5, 1, and 2 hours after fluid ingestion.

2. Urinary excretion rate of osmotically active substances, sodium, potassium, and chloride, calculated from the urine flow rate and urine osmolality (osmometer), sodium, potassium, and chloride (ion-selective electrodes). Urine collections are made at baseline, immediately after the dehydration protocol, and 0.5, 1, and 2 hours after fluid ingestion.

### **Overall study start date**

22/11/2019

### **Completion date**

30/09/2022

## **Eligibility**

### **Key inclusion criteria**

1. Healthy young male and female volunteers
2. Age >20 years
3. BMI 18-25 kg/m<sup>2</sup>
4. No known cardiovascular, renal or metabolic disease

### **Participant type(s)**

Healthy volunteer

### **Age group**

Adult

### **Lower age limit**

20 Years

### **Sex**

Both

### **Target number of participants**

12

### **Total final enrolment**

13

### **Key exclusion criteria**

1. Overweight or obese (BMI >25 kg/m<sup>2</sup>)
2. Current or former cardiovascular, renal or metabolic disease
3. Currently taking prescribed medication

**Date of first enrolment**

01/02/2020

**Date of final enrolment**

31/08/2022

## Locations

**Countries of recruitment**

Japan

**Study participating centre**

Department of Environmental Health, Nara Women's University

Kitauoya Nishimachi

Nara

Japan

630-8506

## Sponsor information

**Organisation**

Nara Women's University

**Sponsor details**

Kitauoya Nishimachi

Nara

Japan

630-8506

+81 (0)742 20 3204

somusomu@jimu.nara-wu.ac.jp

**Sponsor type**

University/education

**Website**

<http://www.nara-wu.ac.jp/index-e.html>

**ROR**

<https://ror.org/05kzadn81>

# Funder(s)

## Funder type

Industry

## Funder Name

ITO-EN, Ltd

## Funder Name

Nara Women's University

# Results and Publications

## Publication and dissemination plan

We intend to present the results at the Japan Society of Nutrition and Food Sciences Annual Meeting in Sapporo in May 2023. We also hope to publish the data in a relevant journal in 2023.

## Intention to publish date

30/09/2023

## Individual participant data (IPD) sharing plan

The datasets generated and/or analyzed during the current study will be available upon request from Akira Takamata (takamata@cc.nara-wu.ac.jp)

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		18/08/2023	21/08/2023	Yes	No