

4-17-2004

## Letter: "Drink Plenty of Fluids" Authors' Reply

Michelle P. B. Guppy  
*University of Queensland*

Sharon M. Mickan  
*University of Queensland*

Chris Del Mar  
*Bond University, [chris\\_del\\_mar@bond.edu.au](mailto:chris_del_mar@bond.edu.au)*

Follow this and additional works at: [http://epublications.bond.edu.au/hsm\\_pubs](http://epublications.bond.edu.au/hsm_pubs)

---

### Recommended Citation

Guppy, Michelle P. B.; Mickan, Sharon M.; and Del Mar, Chris, "Letter: "Drink Plenty of Fluids" Authors' Reply" (2004). *Faculty of Health Sciences & Medicine Publications*. Paper 3.  
[http://epublications.bond.edu.au/hsm\\_pubs/3](http://epublications.bond.edu.au/hsm_pubs/3)

This Response or Comment is brought to you by the Faculty of Health Sciences & Medicine at [ePublications@bond](mailto:epublications@bond). It has been accepted for inclusion in Faculty of Health Sciences & Medicine Publications by an authorized administrator of [ePublications@bond](mailto:epublications@bond). For more information, please contact [Bond University's Repository Coordinator](#).

## Letter

# "Drink plenty of fluids"

### Authors' reply

EDITOR—We carefully worded our systematic review: there is no direct empirical evidence to support or refute the advice; we ask only that more research is undertaken, and that in the meantime we exercise caution with the age old advice. That the press has run away with a slightly different, sensationalised, slant probably will surprise few, and outrage fewer.

But let us look deeper at the indirect evidence. Although an observational study of children with infections of the upper respiratory tract with respiratory syncytial virus showed no increase in secretions of antidiuretic hormone,<sup>1</sup> two case reports describe children with only infections of the upper respiratory tract with hyponatraemia and seizures—one a bottle-fed 10 week old child with a mild cold who was given water and herbal teas over three days<sup>2</sup>; the other a 5 week old with upper respiratory symptoms, conjunctivitis, and poor feeding for two days.<sup>3</sup> In infections of the lower respiratory tract, observational studies show that increased secretion of antidiuretic hormone occurs in bronchiolitis, where it is the norm, not just very ill patients with pneumonia.<sup>1,4</sup> <sup>5</sup> It is becoming standard management to advise careful monitoring and restriction of fluid intake with bronchiolitis.

Would it be responsible to continue to advise the wholesale overhydration of children with acute respiratory infections, even in the absence of empirical data?

**Michelle P B Guppy**, *academic general practice registrar*

Centre for General Practice, Medical School, University of Queensland, Herston, Qld 4006, Australia

**Sharon M Mickan**, *senior research fellow*

Centre for General Practice, Medical School, University of Queensland, Herston, Qld 4006, Australia

**Chris B Del Mar**, *professor of general practice*

[c.delmar@cgp.uq.edu.au](mailto:c.delmar@cgp.uq.edu.au), Centre for General Practice, Medical School, University of Queensland, Herston, Qld 4006, Australia

---

Competing interests: None declared.

## References

1. van Steensel-Moll HA, Hazelzet JA, van der Voort E, Neijens HJ, Hackeng WH. Excessive secretion of antidiuretic hormone in infections with respiratory syncytial virus. *Arch Dis Child* 1990;65: 1237-9. [\[Abstract\]](#)
2. Lipsitz DJ. Herbal teas and water intoxication in a young child. *J Fam Pract* 1984;18: 933-37. [\[ISI\]](#) [\[Medline\]](#)
3. Lubitz L. Inappropriate anti-diuretic hormone secretion and bronchiolitis: a case report. *Aust Paediatr J* 1982;18: 67. [\[ISI\]](#) [\[Medline\]](#)
4. Gozal D, Colin AA, Jaffe M, Hochberg Z. Water, electrolyte, and endocrine homeostasis in infants with bronchiolitis. *Pediatr Res* 1990;27: 204-9. [\[Abstract\]](#)
5. Poddar U, Singhi S, Ganguli NK, Sialy R. Water electrolyte homeostasis in acute bronchiolitis. *Indian Pediatr* 1995;32: 59-65. [\[Medline\]](#)