



16° CONGRESSO NAZIONALE SINut

SINut
Società Italiana di Nutraceutica

18-20 GIUGNO 2026

BOLOGNA Savoia Hotel Regency

ACQUA, IL PRIMO NUTRIENTE

Dott.ssa Federica Perazza

Medico Chirurgo

Specialista in Scienza dell'Alimentazione

Dottoranda in Scienze Cardio-Nefro-Toraco-Vascolari

Dipartimento di Scienze Mediche e Chirurgiche (DIMEC), Università di Bologna - Alma Mater Studiorum

ai sensi dell'art. 76, comma 4 dell'Accordo Stato Regioni del 2 febbraio 2017 e del paragrafo 4.5. del Manuale nazionale di accreditamento per l'erogazione di eventi ECM

dichiara che negli ultimi due anni non ha avuto rapporti con soggetti portatori di interessi commerciali in ambito sanitario.



Fisiologia dell'idratazione

Arona, Lago Maggiore, Novara



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Contenuto di acqua nell'organismo

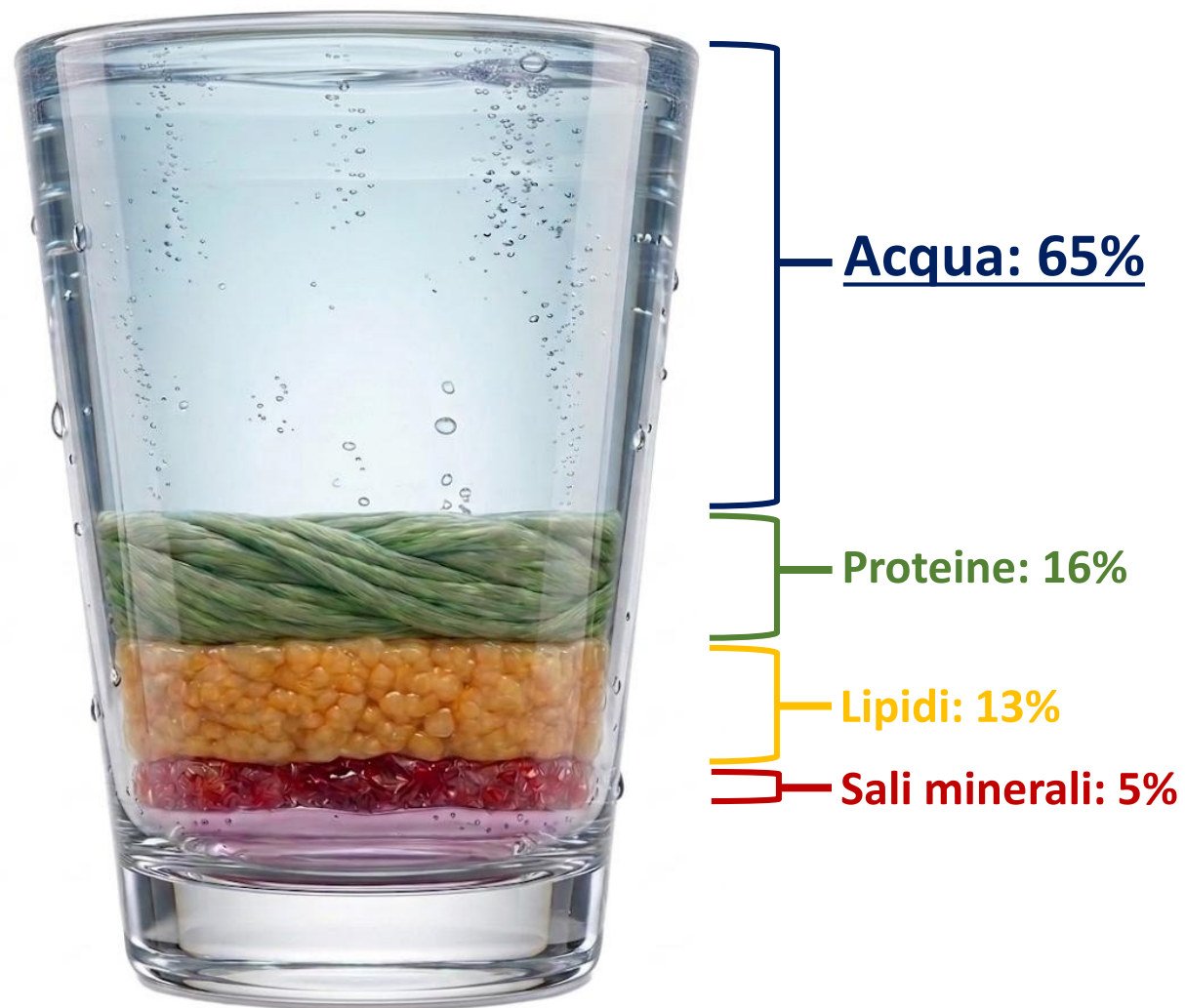


Immagine generata con AI.
Encyclopedia of Human Nutrition Second Edition, 2005, Elsevier

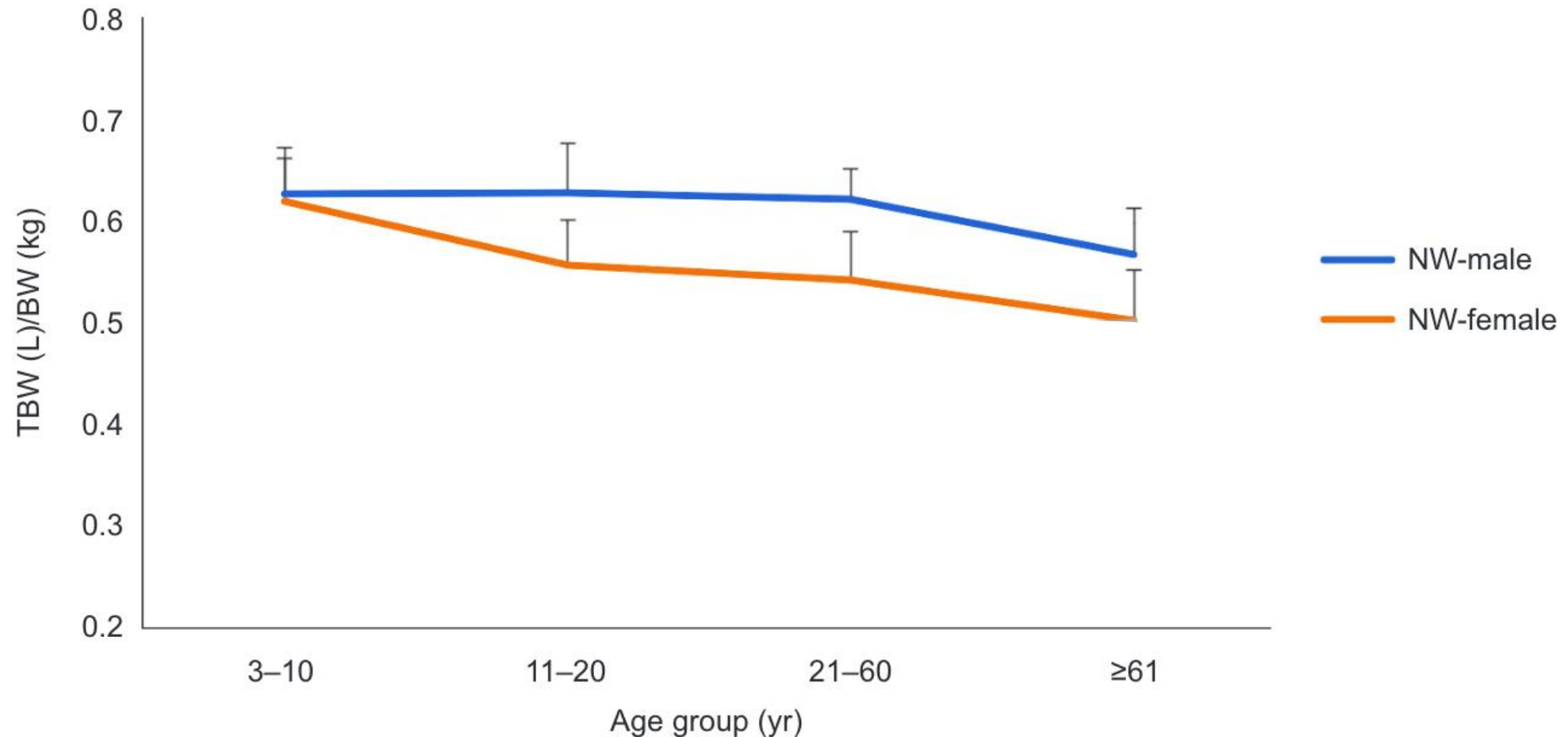


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Variazione del contenuto di acqua nell'organismo



Lu H et al. Body water percentage from childhood to old age. Kidney Res Clin Pract. 2023



Funzioni dell'acqua nell'organismo

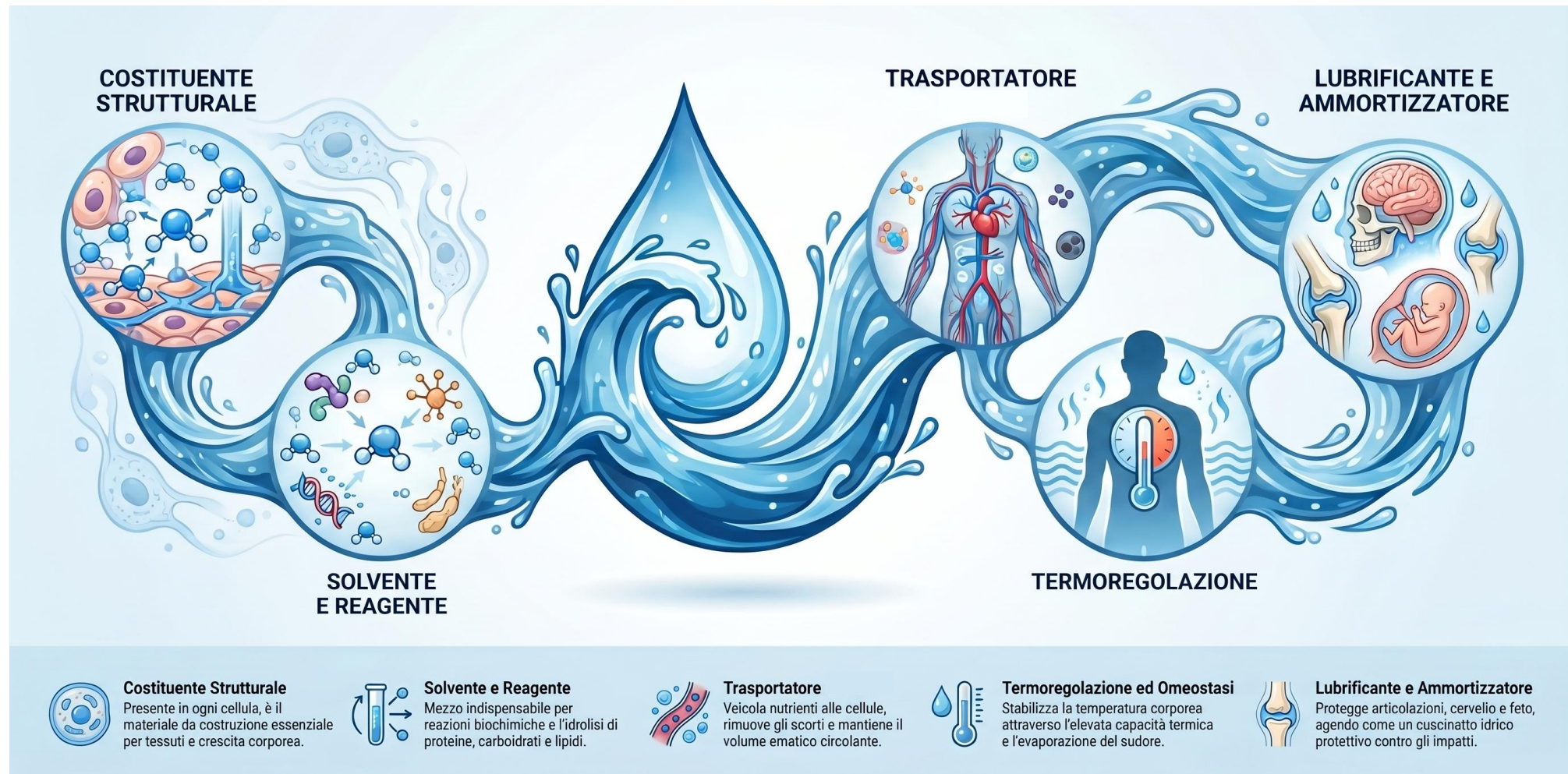


Immagine generata con AI.
Jéquier E. et al, Water as an essential nutrient: the physiological basis of hydration. Eur J Clin Nutr. 2010





Fabbisogno idrico

Lago delle Fate, VCO



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Fabbisogno idrico



Scientific Opinion on Dietary Reference Values for water¹

EFSA Panel on Dietetic Products, Nutrition, and Allergies (NDA)^{2, 3}

European Food Safety Authority (EFSA), Parma, Italy

Life stage group	Adequate intake of water for males (ml/day)			Adequate intake of water for females (ml/day)		
	From foods ^a	From beverages ^b	Total water	From foods ^a	From beverages ^b	Total water
2–3 years	390	910	1300	390	910	1300
4–8 years	480	1120	1600	480	1120	1600
9–13 years	630	1470	2100	570	1330	1900
> 14 years	750	1750	2500	600	1400	2000
Pregnancy				690	1610	2300 ^c
Lactation				600	2100	2700 ^d

European Food Safety Authority (EFSA), Scientific Opinion on Dietary Reference Values for water, 2010



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Idratazione...cosa bere?

Lago Chiaretto, Cuneo



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Beverage Hydration Index (BHI)

A randomized trial to assess the potential of different beverages to affect hydration status: development of a beverage hydration index

Ronald J Maughan ¹, Phillip Watson ², Philip Aa Cordery ², Neil P Walsh ³, Samuel J Oliver ³, Alberto Dolci ³, Nidia Rodriguez-Sanchez ⁴, Stuart Dr Galloway ⁴

Il **BHI** esprime il potenziale di idratazione di una bevanda rispetto all'assunzione di un pari volume di acqua naturale.

Una bevanda che determini una diuresi maggiore rispetto all'acqua viene considerata meno «idratante».

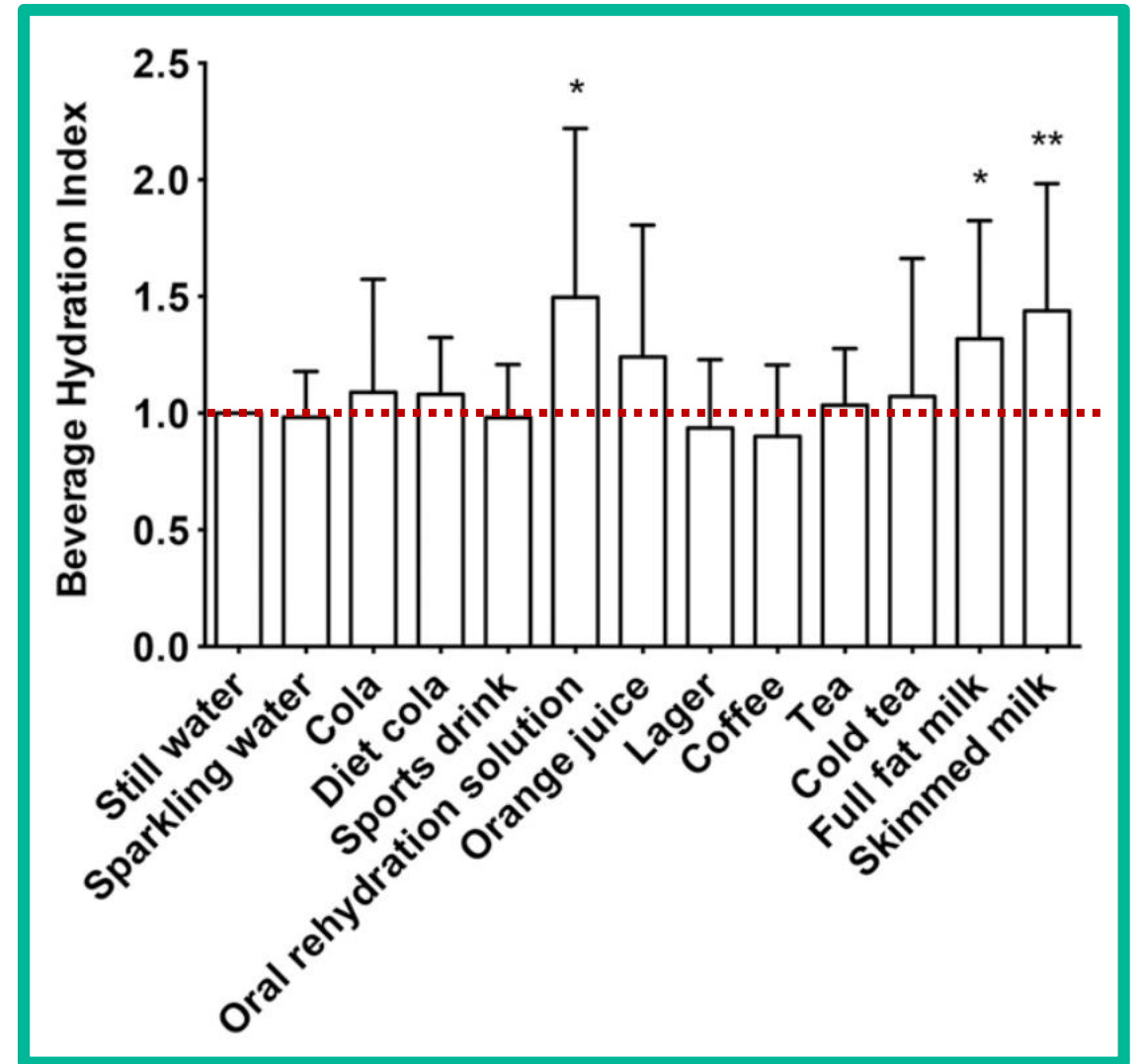
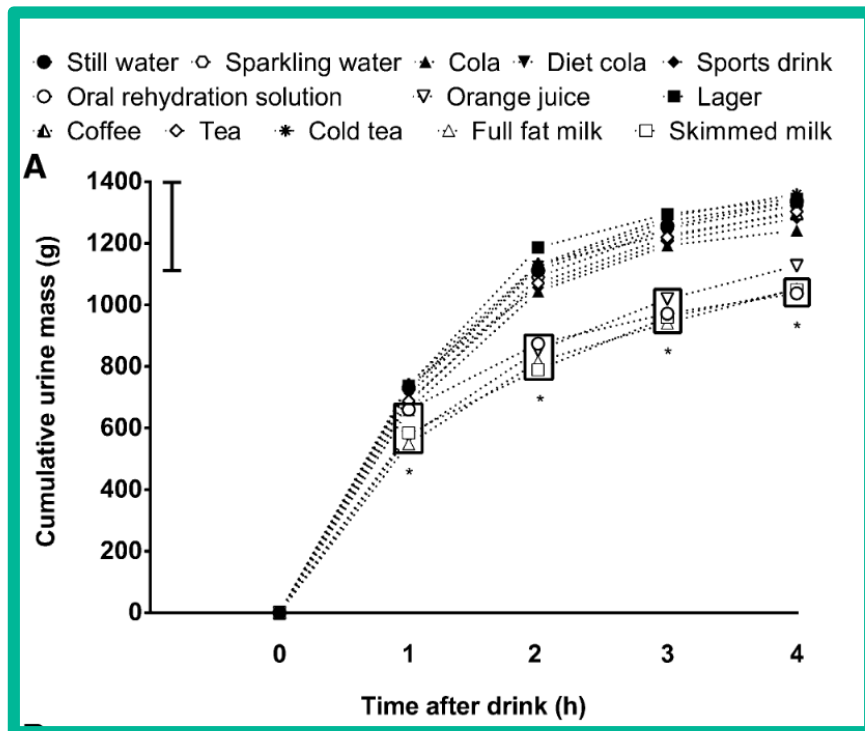
Maughan RJ et al. A randomized trial to assess the potential of different beverages to affect hydration status: development of a beverage hydration index. Am J Clin Nutr. 2016



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Maughan RJ et al. A randomized trial to assess the potential of different beverages to affect hydration status: development of a beverage hydration index. Am J Clin Nutr. 2016



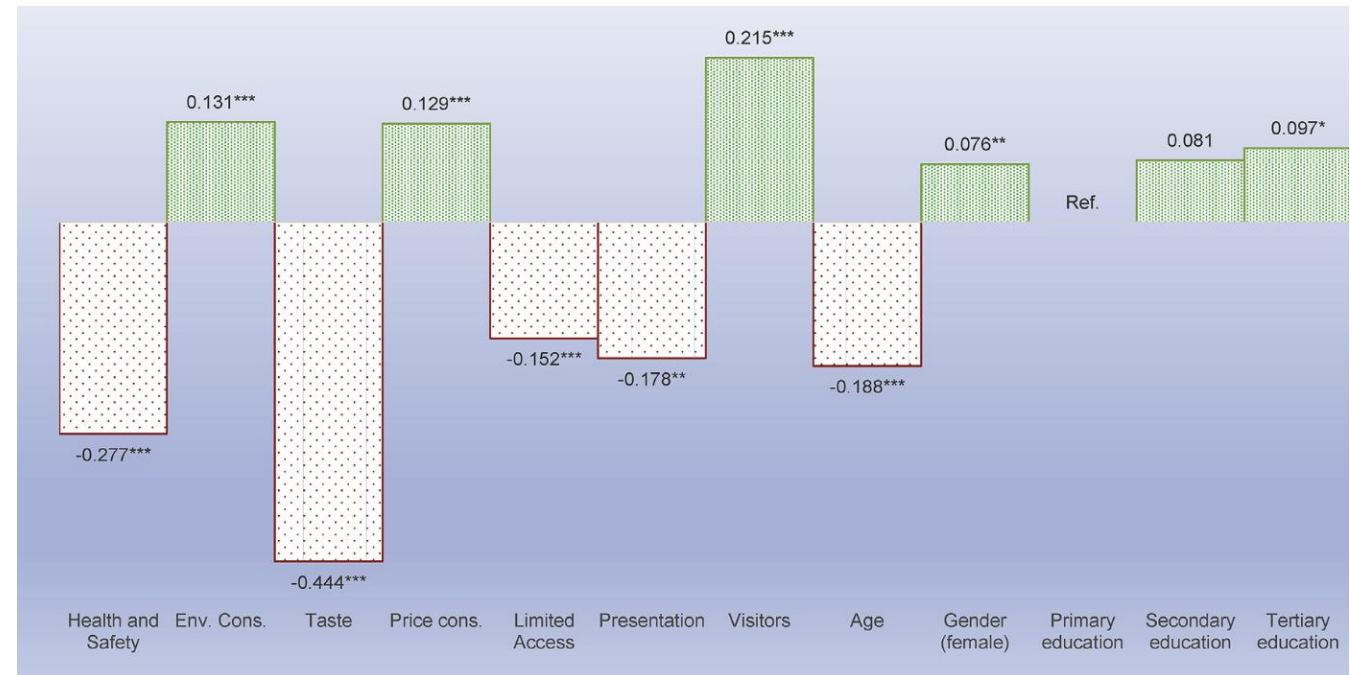
Acqua del rubinetto o in bottiglia?

Bottle or tap? Toward an integrated approach to water type consumption

Robbe Geerts¹, Frédéric Vandermoere², Tim Van Winckel³, Dirk Halet⁴, Pieter Joos⁵,
Katleen Van Den Steen⁶, Els Van Meenen⁷, Ronny Blust⁸, Elena Borregán-Ochando⁹,
Siegfried E Vlaeminck¹⁰

➤ Analisi bivariata condotta su un questionario sul consumo di acqua nelle Fiandre, Belgio.

➤ 2309 soggetti



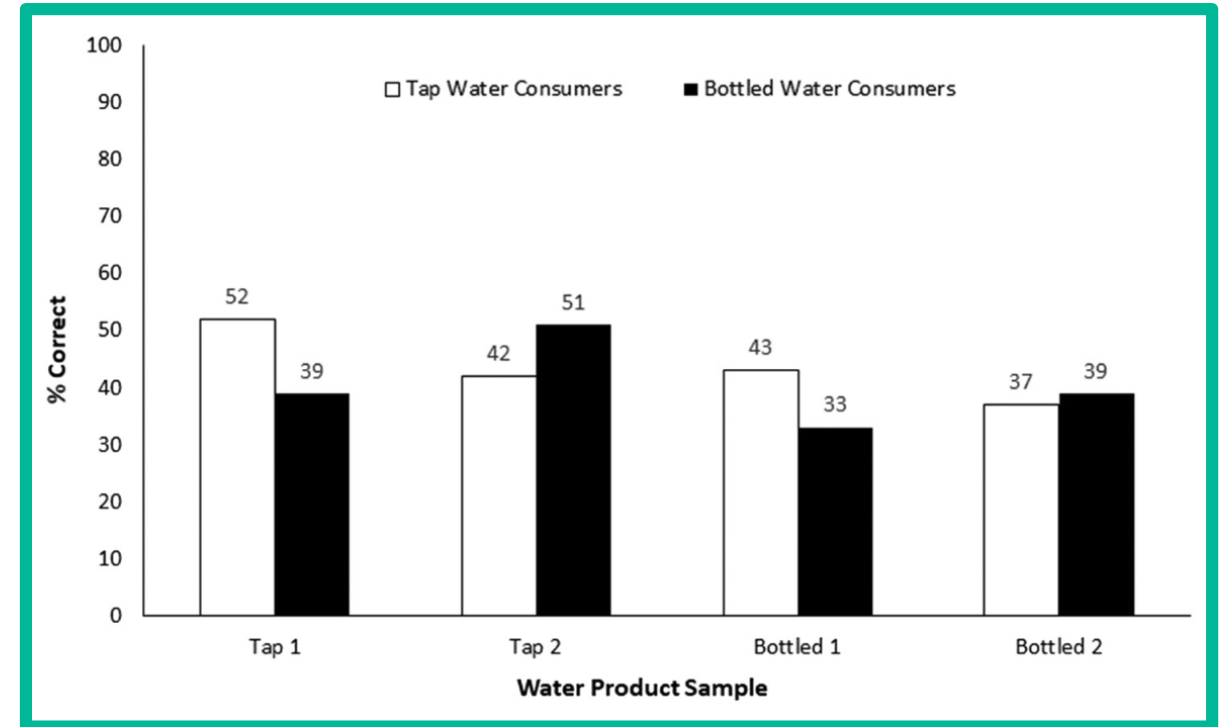
Geerts R et al. Bottle or tap? Toward an integrated approach to water type consumption. Water Res. 2020



Acqua del rubinetto o in bottiglia?

Polarized but illusory beliefs about tap and bottled water: A product- and consumer-oriented survey and blind tasting experiment

Luka Johanna Debbeler ¹, Martina Gamp ², Michael Blumenschein ³, Daniel Keim ³,
Britta Renner ²



Debbeler LJ et al. Polarized but illusory beliefs about tap and bottled water: A product- and consumer-oriented survey and blind tasting experiment. Sci Total Environ. 2018



Acqua del rubinetto o in bottiglia?

What's wrong with the tap? Examining perceptions of tap water and bottled water at Purdue University

Perceptions about water and increased use of bottled water in minority children

Ami Stalker Prokopy, Shar

Wagner, Mary Heath, Hiba Bashir,

Ami Tap versus bottled of social norms, aff choice

WATER PARADOX

La preferenza dei consumatori per l'acqua in bottiglia non si fonda su caratteristiche reali del prodotto o su esperienze sensoriali concrete, ma su "credenze illusorie" (illusionary beliefs).

An Bottle or tap? Tow water type consu

Robbe Geerts¹, Frédéric Vandermoere², Tim Van Winckel³, Dirk L...
Katleen Van Den Steen⁶, Els Van Meenen⁷, Ronny Blu
Siegfried E Vlaeminck¹⁰

Bottled water: better than the tap?

Anne Christiansen Bullers

aniel Keim³,



Acqua del rubinetto o in bottiglia?



CENTRO NAZIONALE
SICUREZZA DELLE ACQUE

Primo rapporto nazionale sulla qualità
dell'acqua potabile in Italia (2024)

Risultati triennio 2020-2022
(parametri sanitari microbiologici e chimici*)

Regioni e province autonome
Copertura
Numero di analisi (controlli) (microbiologiche, chimico-fisiche, chimiche)
Conformità dei controlli ai requisiti (%)

Regione/PA	Conformità media (2020-2022)	% Conformità (2020-2022)
Emilia-Romagna, Veneto	100,0 %	99,9 % - 100,0 %
Piemonte, Basilicata, Abruzzo Lombardia, Liguria, Sardegna, Valle d'Aosta, Lazio, Marche, Friuli- Venezia Giulia, Puglia, Sicilia, Umbria, Campania	99,5 %	97,2 % - 100,0 %
PA Bolzano, PA Trento	95,5 %	91,6 % - 98,2 %

2022	Media triennio
18/21	18/21
53.219.338	53.454.033
90,2%	90,1%
41.671.066	41.674.308
70,6%	70,5%
871.414	841.345 (media) 2.524.036 (totale)
99,0% ± 1,6%	99,1% ± 1,6%
98,5% ± 1,6%	98,4% ± 1,7%

Primo rapporto nazionale sulla qualità dell'acqua potabile in Italia, Centro Nazionale per la Sicurezza delle Acque (CeNSIA), 2024



Durezza dell'acqua

DUREZZA DELL'ACQUA = contenuto di carbonato di calcio (CaCO_3)

Contenuto di calcio (mg/dL)

BOLOGNA: 88

MODENA: 113

FERRARA: 63

ROMA: 100

TRIESTE: 59

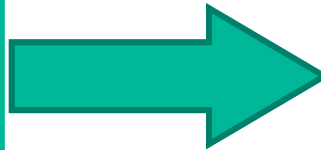


Durezza dell'acqua

A prospective study of dietary calcium and other nutrients and the risk of symptomatic kidney stones

G C Curhan ¹, W C Willett, E B Rimm, M J Stampfer

- Studio prospettico
- **45'619 soggetti**, non pregresse nefrolitiasi
- Follow-up: 4 anni



L'intake di calcio è inversamente proporzionale al rischio di sviluppare calcoli renali.

(RR 0.56 (95% CI, 0.43-0.73, $p < 0.001$))

Curhan GC et al. A prospective study of dietary calcium and other nutrients and the risk of symptomatic kidney stones. N Engl J Med. 1993



Durezza dell'acqua



European
Association
of Urology

EAU Guidelines on Urolithiasis

Fluid intake (drinking advice)	Fluid amount: 2.5–3.0L/day
	Water is the preferred fluid
	Diuresis: 2.0–2.5L/day
	Specific weight of urine: < 1,010g/day
Nutritional advice for a balanced diet	Balanced diet*
	Rich in vegetables and fibre
	Normal calcium content: 1–1.2g/day
	Limited NaCl content: 4–5g/day
	Limited animal protein content: 0.8–1.0g/kg/day



Durezza dell'acqua



European guidance for the diagnosis and management of osteoporosis in postmenopausal women

J.A. Kanis^{1,2}  • C. Cooper^{3,4} • R. Rizzoli⁵ • J.-Y. Reginster^{6,7} • on behalf of the Scientific Advisory Board of the European Society for Clinical and Economic Aspects of Osteoporosis (ESCEO) and the Committees of Scientific Advisors and National Societies of the International Osteoporosis Foundation (IOF)

At every stage of life, adequate dietary intakes of key bone nutrients such as calcium, vitamin D and protein contribute to bone health and reduce thereby the risk of osteoporosis and of fracture later in life [151]. Dietary sources of calcium are the preferred option and calcium supplementation should only be targeted to those who do not get sufficient calcium from their diet and who are at high risk for osteoporosis. The Recommended Nutrient Intakes are 800–1000 mg of calcium and 800 IU of vitamin D per day in men and women over the age of 50 years [152].

European Society for Clinical and Economic Aspects of Osteoporosis (ESCEO) and the Committees of Scientific Advisors and National Societies of the International Osteoporosis Foundation (IOF). European guidance for the diagnosis and management of osteoporosis in postmenopausal women. Osteoporos Int. 2019



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Durezza dell'acqua

Research

Review of evidence for relationship between incidence of cardiovascular disease and water hardness

Catling L. et al, Review of evidence for relationship between incidence of cardiovascular disease and water hardness, University of East Anglia and UK Drinking Water Inspectorate, 2005

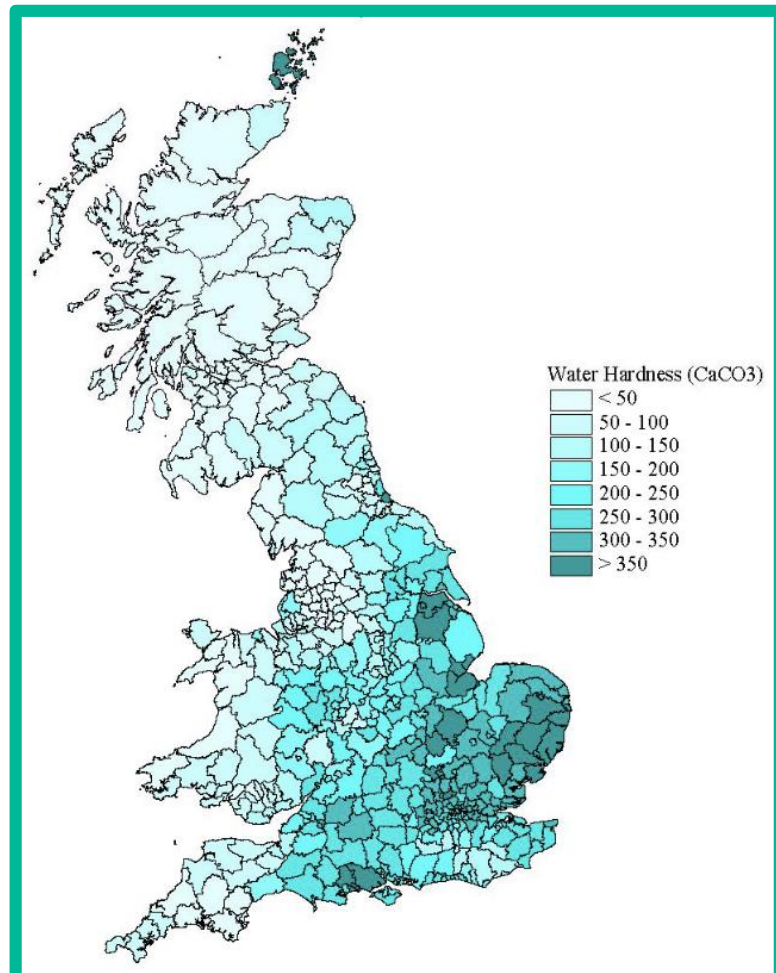


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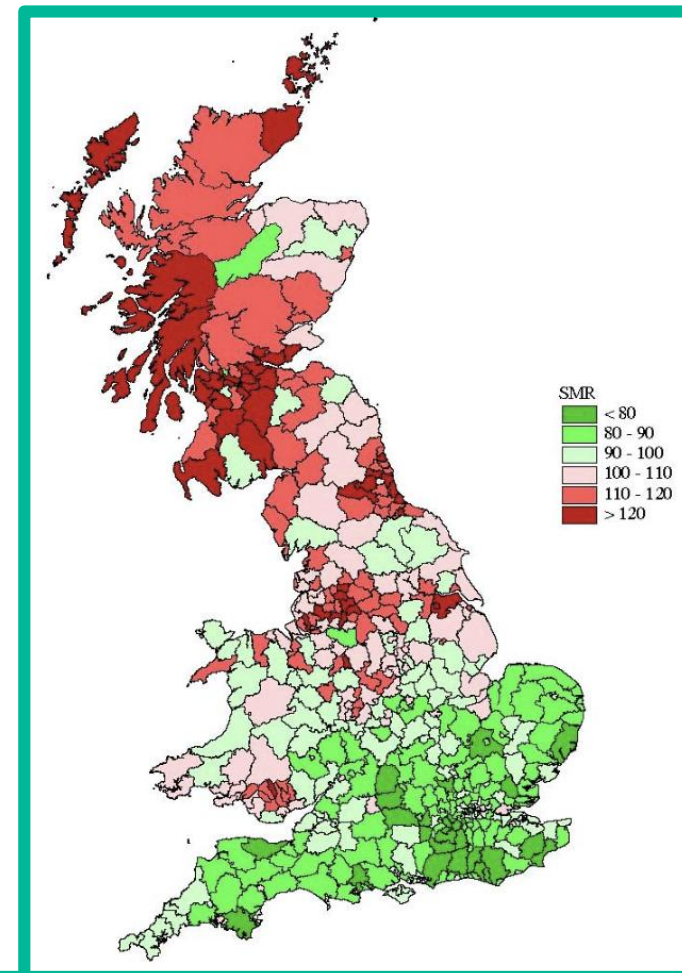
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Durezza dell'acqua



Durezza dell'acqua
(mg/dL)



Mortalità cardiovascolare
espressa in Standardised Mortality Ratio (SMR)

Catling L. et al, Review of evidence for relationship between incidence of cardiovascular disease and water hardness, University of East Anglia and UK Drinking Water Inspectorate, 2005





L'acqua nella pratica clinica

Lago d'Orta, Novara



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Disidratazione

Tevere, Roma
Dal film «Siccità» di Paolo Virzì



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Definire la disidratazione

ORIGINAL ARTICLE

A multidisciplinary consensus on dehydration: definitions, diagnostic methods and clinical implications

Jonathan Lacey^a , Jo Corbett^b, Lui Forni^c , Lee Hooper^d, Fintan Hughes^a, Gary Minto^{e,f}, Charlotte Moss^g, Susanna Price^h, Greg Whyteⁱ, Tom Woodcock^j, Michael Mythen^{a*} and Hugh Montgomery^{k*}

Disidratazione *ipertonica*: deficit di acqua predominante
(insufficiente introito idrico o eccessiva perdita)

Disidratazione *isotonica*: deficit combinato di acqua e Na⁺ con osmolarità invariata (es: diarrea, terapia diuretica)

Lacey J et al. A multidisciplinary consensus on dehydration: definitions, diagnostic methods and clinical implications. Ann Med. 2019

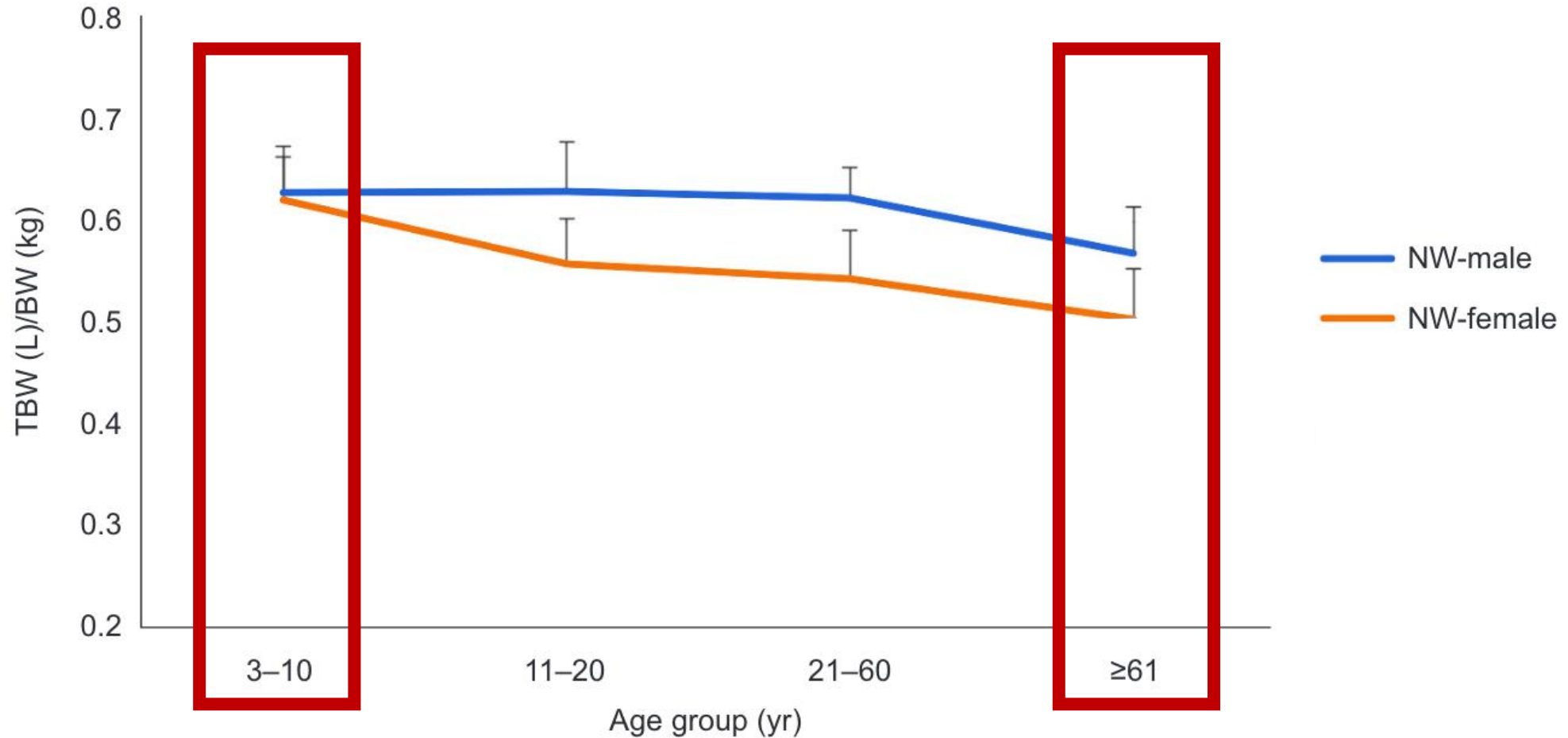


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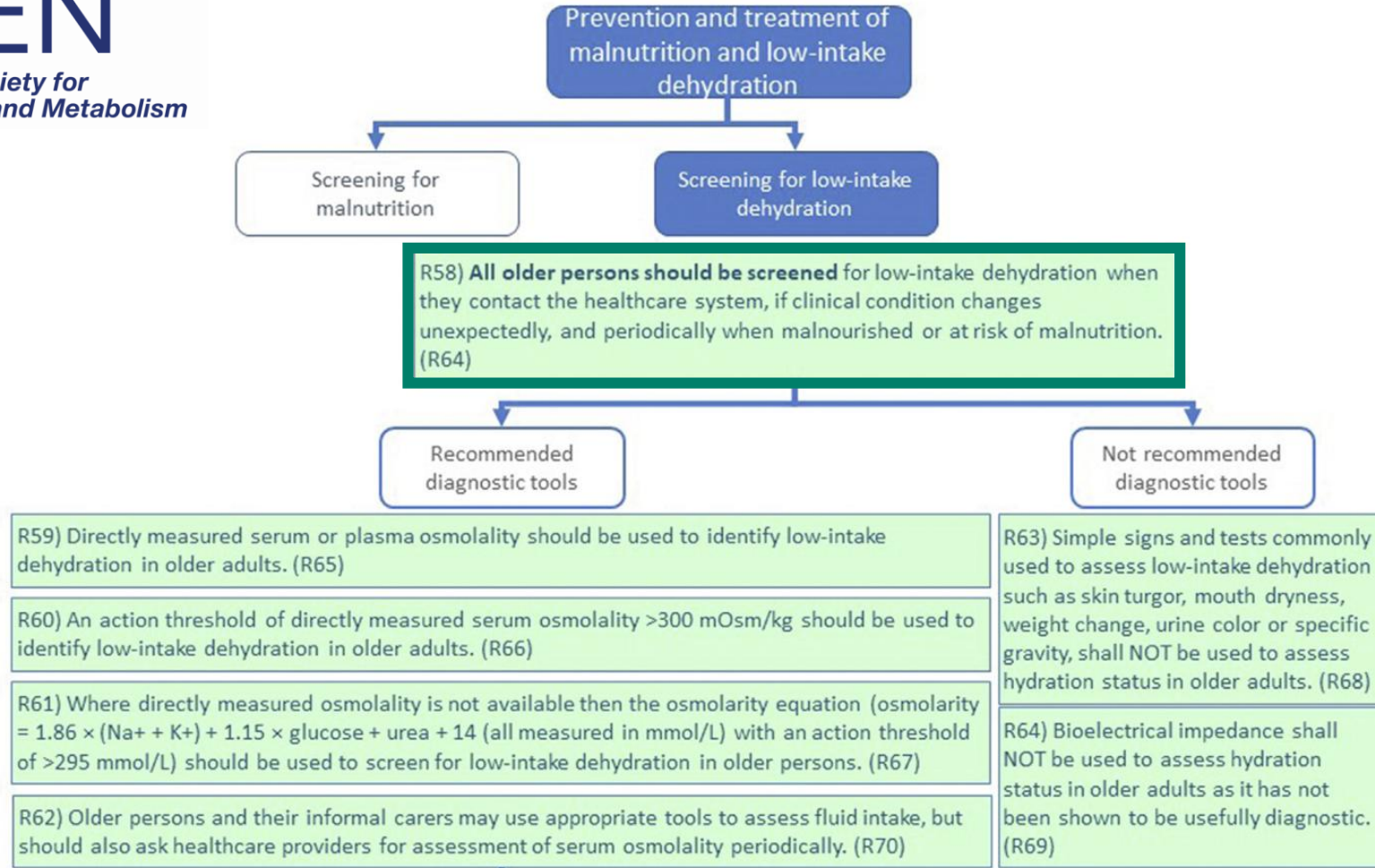
Epidemiologia della disidratazione



Lu H et al. Body water percentage from childhood to old age. Kidney Res Clin Pract. 2023



Idratazione nel soggetto anziano



Volkert D et al. ESPEN practical guideline: Clinical nutrition and hydration in geriatrics. Clin Nutr. 2022



Idratazione nel soggetto anziano



Prevention of LID

R65) All older persons should be considered to be **at risk** of low-intake dehydration and encouraged to consume adequate amounts of drinks. (R63)

R66) A **range of appropriate** (i.e. hydrating) **drinks** should be offered to older people according to their preferences. (R62)

R67) To prevent dehydration in older persons living in residential care, institutions should implement multicomponent strategies across their institutions for all residents. (R74)

R68) Multi-component strategies to prevent dehydration in older persons living in residential care should include high availability of drinks, varied choice of drinks, frequent offering of drinks, staff awareness of the need for adequate fluid intake, staff support for drinking and staff support in taking older adults to the toilet quickly and when they need it. (R75)

R69) Strategies to support adequate fluid intake should be developed including older persons themselves, staff, management and policymakers. (R76)

Drinks providing fluid with a hydrating effect on our bodies include water, sparkling water, flavored water, hot or cold tea, coffee, milk and milky drinks, fruit juices, soups, sports or soft drinks and smoothies [257]. There is a common myth, which should be dispelled, that in order to be hydrated we need to drink plain water – this is not the case. Beer and lager are hydrating and may also be appropriate for some older adults (not needing to restrict alcohol for medical or social reasons). Drinks should be chosen according to the preferences of the older person, as well as the drinks' fluid and nutritional content – so that milky drinks, fruit juices and smoothies, high-calorie drinks and fortified drinks all have particular benefits in specific circumstances. Despite

Volkert D et al. ESPEN practical guideline: Clinical nutrition and hydration in geriatrics. Clin Nutr. 2022



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Litiasi renale

Cascata del Toce, VCO



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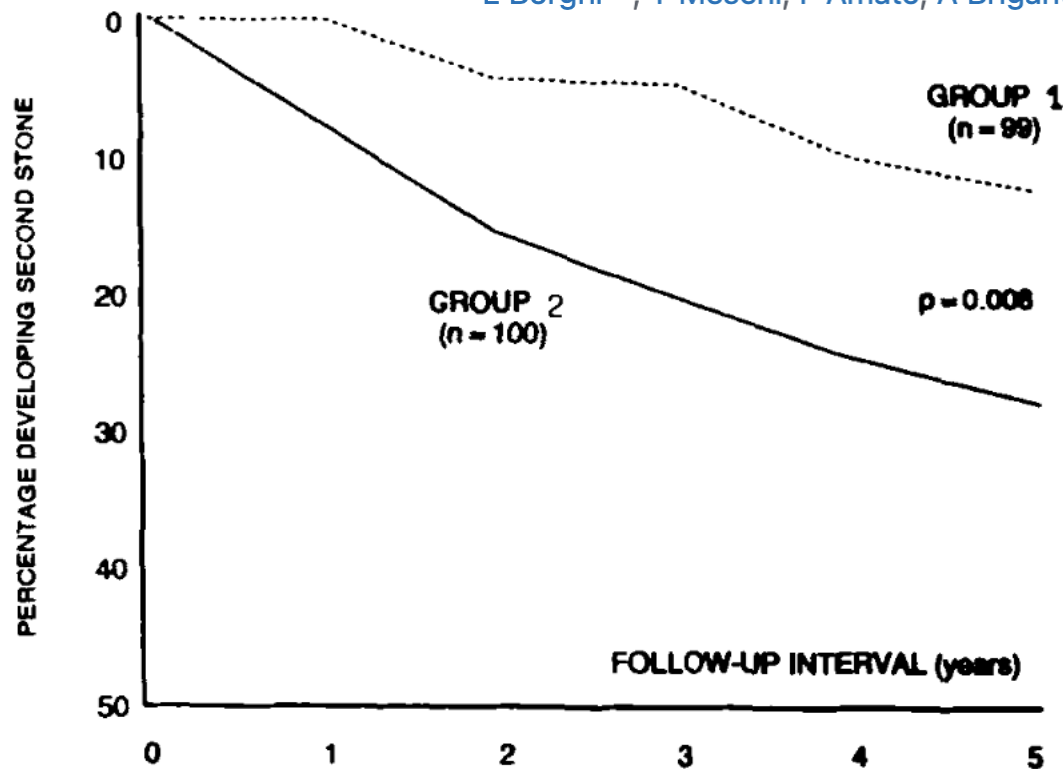
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Idratazione nella nefrolitiasi

Urinary volume, water and recurrences in idiopathic calcium nephrolithiasis: a 5-year randomized prospective study

L Borghi ¹, T Meschi, F Amato, A Briganti, A Novarini, A Giannini



Mean interval of recurrence

GROUP 1 (n = 12)	: 38.7 ± 13.2 MONTHS
GROUP 2 (n = 27)	: 25.1 ± 16.4 MONTHS

p = 0.016

Borghi L et al. Urinary volume, water and recurrences in idiopathic calcium nephrolithiasis: a 5-year randomized prospective study. J Urol. 1996



Idratazione nella nefrolitiasi



European
Association
of Urology

EAU Guidelines on Urolithiasis

Summary of evidence	LE
Increasing water intake reduces the risk of stone recurrence.	1a

Recommendation	Strength rating
Advise patients that a generous intake of fluids, preferably water, is to be maintained, allowing for a 24-hour urine volume > 2.5L.	Strong





Infezioni delle vie urinarie

Fiume Po, Torino



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Idratazione nelle infezioni del tratto urinario

JAMA Internal Medicine | [Original Investigation](#)

Effect of Increased Daily Water Intake in Premenopausal Women With Recurrent Urinary Tract Infections A Randomized Clinical Trial

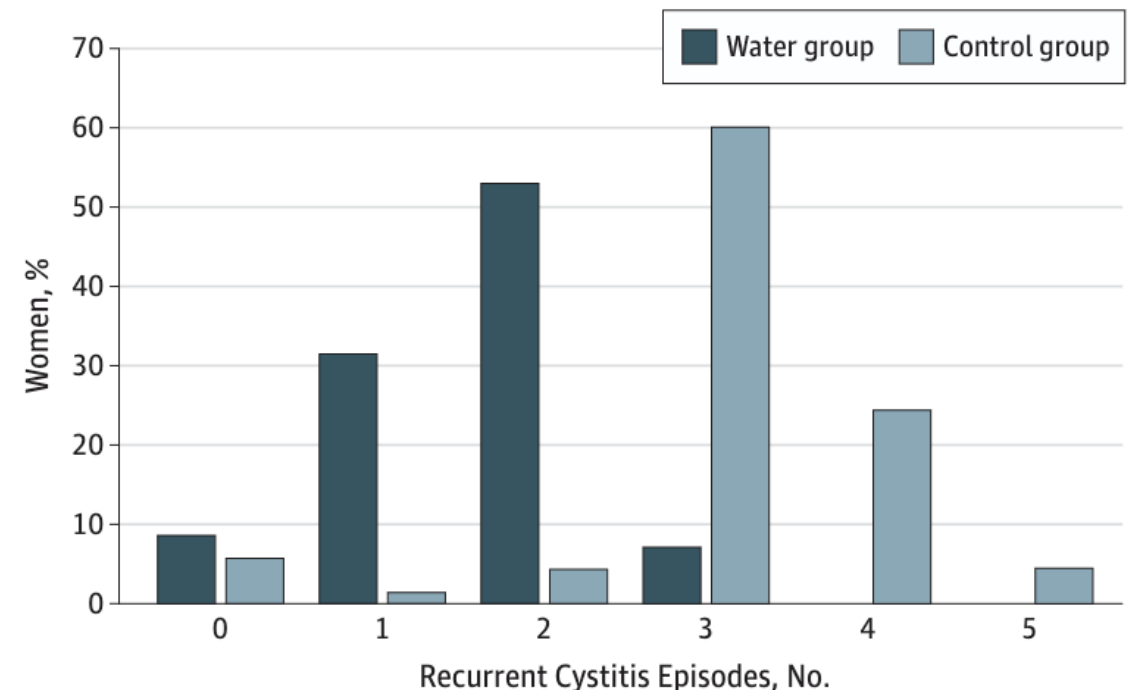
Thomas M. Hooton, MD; Mariacristina Vecchio, PharmD; Alison Iroz, PhD; Ivan Tack, MD, PhD;
Quentin Dornic, MSc; Isabelle Seksek, PhD; Yair Lotan, MD

EPISODI DI CISTITE

- Water group: 1.7 (95% CI, 1.5-1.8)
- Control group: 3.2 (95% CI, 3.0-3.4)

➤ DIFFERENZA: 1.5 (95% CI, 1.2-1.8; $P < .001$)

Figure 2. Recurrent Cystitis Episodes by Study Group



Hooton TM et al. Effect of Increased Daily Water Intake in Premenopausal Women With Recurrent Urinary Tract Infections: A Randomized Clinical Trial. JAMA Intern Med. 2018



Idratazione nelle infezioni del tratto urinario



Consensus Statement | Infectious Diseases

Guidelines for the Prevention, Diagnosis, and Management of Urinary Tract Infections in Pediatrics and Adults

A WikiGuidelines Group Consensus Statement

Table 1. Strategies to Prevent UTIs		
Strategy	Level of evidence	Intervention
Continuous or postcoital antimicrobial prophylaxis	Clinical review	TMP/SMX: continuous, 40 mg/200 mg once daily or 40 mg/200 mg 3 times weekly; postcoital, 40 mg/200 mg or 80 mg/200 mg once postcoitus; Nitrofurantoin: continuous, 50 mg or 100 mg daily; postcoital, 50 mg or 100 mg once postcoitus
Cranberry products	Clear recommendation	Cranberry products containing proanthocyanidin levels of 36 mg
Probiotics	Clinical review	No recommendation
Vaginal estrogen	Clear recommendation	Vaginal estrogen, such as vaginal rings, vaginal insert or vaginal cream
Increased water intake	Clinical review	Additional 1.5L of water
Methenamine hippurate	Clear recommendation	Methenamine hippurate: 1 g twice daily; methenamine mandelate: 1 g every 6 hours

Nelson Z, et al. Guidelines for the Prevention, Diagnosis, and Management of Urinary Tract Infections in Pediatrics and Adults: A WikiGuidelines Group Consensus Statement. JAMA Netw Open. 2024



Scompenso cardiaco

Terre del riso, Novara-Vercelli



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Idratazione nel soggetto con scompenso cardiaco



ESC

European Society
of Cardiology

European Heart Journal (2021) **42**, 3599–3726

doi:10.1093/eurheartj/ehab368

ESC GUIDELINES

2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure

9.3 Patient education, self-care and lifestyle advice

Adequate patient self-care is essential in the effective management of HF and allows patients to understand what is beneficial, and to agree to self-monitoring and management plans.³¹⁹ HF patients who report more effective self-care have a better QOL, lower readmission rates, and reduced mortality.³⁰⁹

Education topic	Goal for the patient and caregiver
Fluids	To avoid large volumes of fluid intake. A fluid restriction of 1.5–2 L/day may be considered in patients with severe HF/hyponatraemia to relieve symptoms and congestion. To avoid dehydration: where fluids are restricted, increase intake during periods of high heat/humidity and/or nausea/vomiting.

McDonagh TA et al. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. Eur Heart J. 2021



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Idratazione nel soggetto con scompenso cardiaco



ESC

European Society
of Cardiology

ESC Heart Failure (2026) 13, xvaf004
<https://doi.org/10.1093/esc/hf/xvaf004>

RESEARCH ARTICLE

Fluid restriction vs liberal intake in patients with heart failure: a meta-analysis of randomized trials

Agata Bielecka-Dabrowa^{1,2,*}, Maciej Banach^{1,2,3}, Danisha Kumar⁴,
and Vikash Jaiswal ⁵

Sono stati analizzati:

- 9 trial randomizzati
- 1271 pazienti
- Follow-up mediano: 196.33 giorni
- Idratazione libera vs restrizione idrica (1 - 1.5 L/die)

Bielecka-Dabrowa A et al. Fluid restriction vs liberal intake in patients with heart failure: a meta-analysis of randomized trials. ESC Heart Fail. 2026

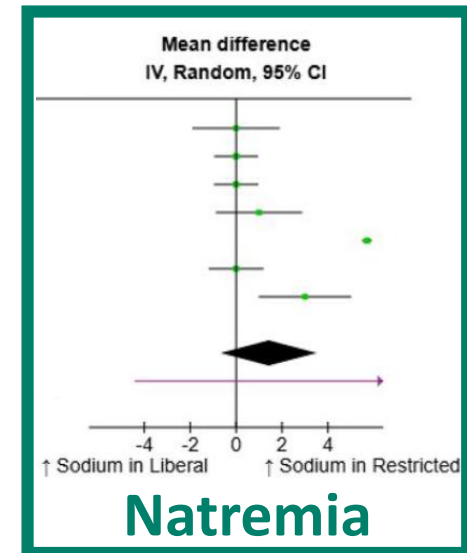
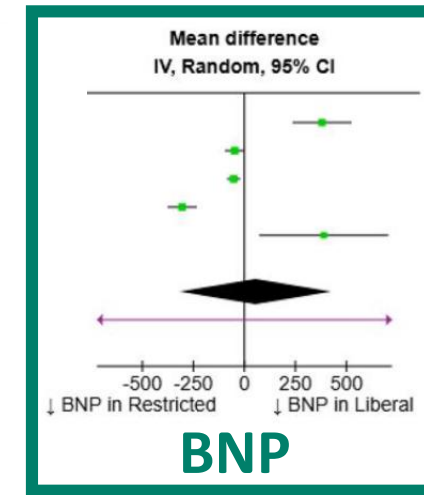
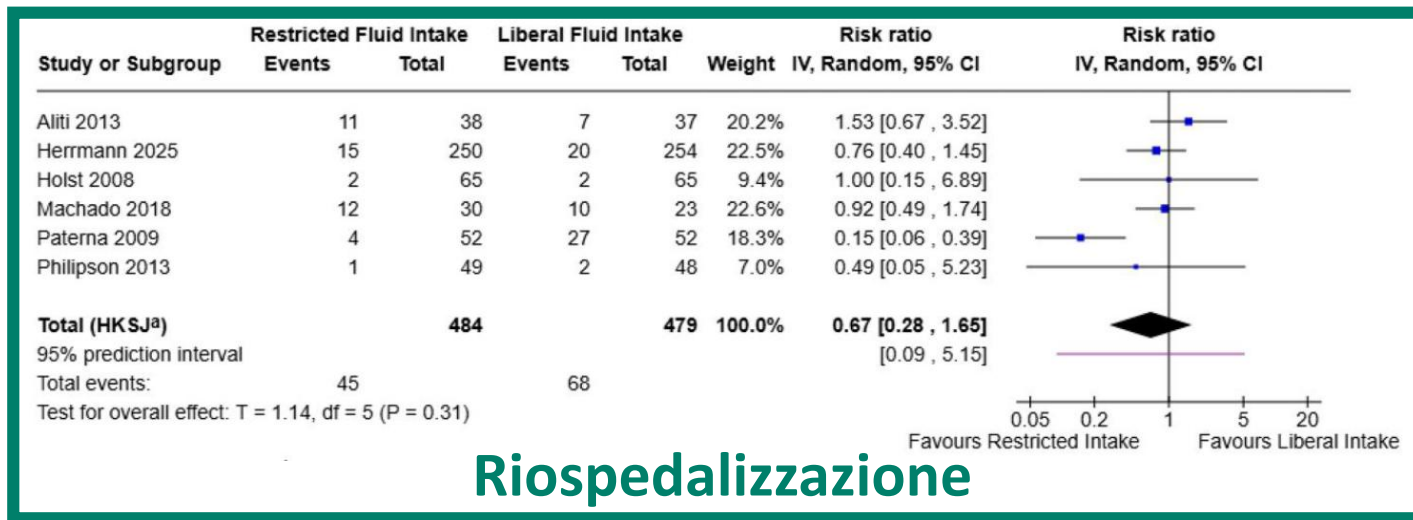
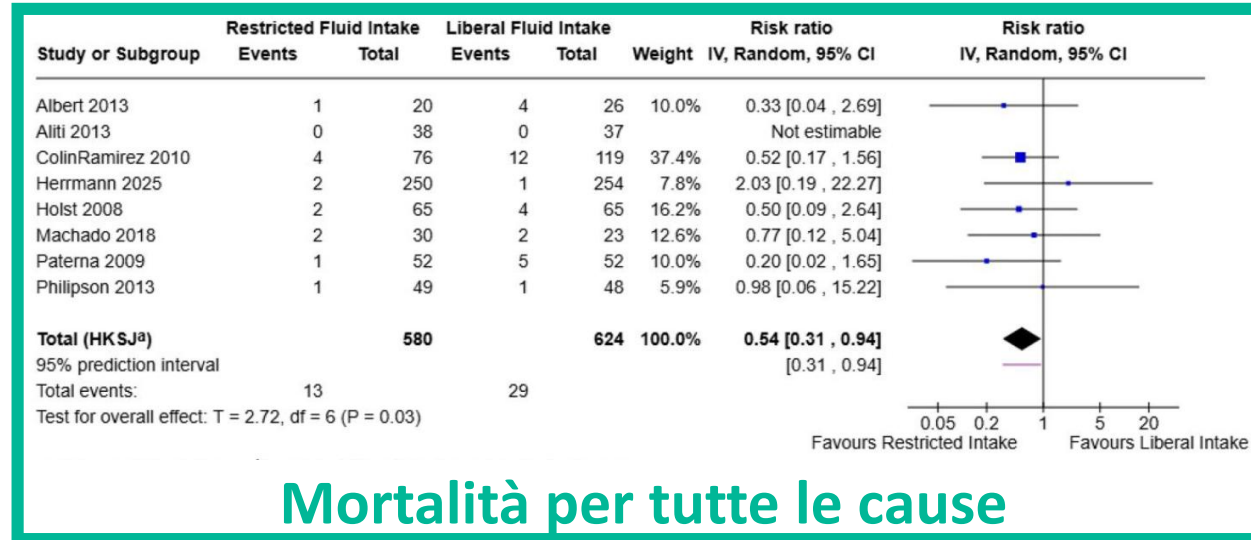


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Idratazione nel soggetto con scompenso cardiaco



Bielecka-Dabrowa A et al. Fluid restriction vs liberal intake in patients with heart failure: a meta-analysis of randomized trials. ESC Heart Fail. 2026





Malattia renale cronica

Lago di Mergozzo, VCO



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Idratazione e malattia renale cronica

Original Article

Fluid and nutrient intake and risk of chronic kidney disease

GIOVANNI FM STRIPPOLI,^{1,2,3} JONATHAN C CRAIG,^{1,2} ELENA ROCHTCHINA,⁴ VICTORIA M FLOOD,⁴ JIE JIN WANG⁴ and PAUL MITCHELL⁴

¹Centre for Kidney Research, NHMRC Centre for Clinical Research Excellence in Renal Medicine, Cochrane Renal Group, The Children's Hospital at Westmead, ²School of Public Health and ⁴Department of Ophthalmology (Centre for Vision Research, Westmead Millennium Institute, Westmead Hospital), University of Sydney, Sydney, New South Wales, Australia and ³Diaverum Medical Scientific Office, Via Solarino, Bari, Italy

- Cross-sectional population-based (Australia)
- ~ 5000 pazienti
- I soggetti con maggiore introito idrico avevano un minore rischio di CKD (odds ratio 0.5, 95%CI 0.32 to 0.77, P for trend = 0.003)

Association between Water Intake, Chronic Kidney Disease, and Cardiovascular Disease: A Cross-Sectional Analysis of NHANES Data

Jessica M. Sontrop^{a, b} Stephanie N. Dixon^{a, b} Amit X. Garg^{a, b}
Inmaculada Buendia-Jimenez^c Oriane Dohein^c Shih-Han S. Huang^a
William F. Clark^a

- Cross-sectional population-based (USA)
- ~ 3400 pazienti
- L'incidenza di CKD era inversamente proporzionale all'introito idrico

Sontrop JM et al. Association between water intake, chronic kidney disease, and cardiovascular disease: a cross-sectional analysis of NHANES data. Am J Nephrol. 2013

Strippoli GF et al. Fluid and nutrient intake and risk of chronic kidney disease. Nephrology (Carlton). 2011





Cirrosi epatica

Lago delle fate, VCO



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Idratazione nel soggetto con cirrosi epatica

Clinical Practice Guidelines



JOURNAL
OF HEPATOLOGY

EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis[☆]

Recommendations

- The development of hyponatremia (serum sodium concentration <130 mmol/L) in patients with cirrhosis carries an ominous prognosis, as it is associated with increased mortality and morbidity. These patients should be evaluated for LT (II-2,1).
- The removal of the cause and administration of normal saline are recommended in the management of hypovolemic hyponatremia (III;1).
- Fluid restriction to 1,000 ml/day is recommended in the management of hypervolemic hyponatremia since it may prevent a further reduction in serum sodium levels (III;1).

European Association for the Study of the Liver. EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis. J Hepatol. 2018

Diagnosis, Evaluation, and Management of Ascites, Spontaneous Bacterial Peritonitis and Hepatorenal Syndrome: 2021 Practice Guidance by the American Association for the Study of Liver Diseases

- Moderate sodium restriction (2 g or 90 mmol/day) and diuretics (spironolactone with or without furosemide) are the first-line treatment in patients with cirrhosis and grade 2 ascites.
- After ascites is adequately mobilized, attempts should be made to taper the diuretics to the lowest dose necessary to maintain minimal or no ascites to prevent the development of adverse effects.
- Fluid restriction is not necessary for ascites management unless there is concomitant moderate or severe hyponatremia (serum sodium ≤ 125 mmol/L).

Biggins SW et al. Diagnosis, Evaluation, and Management of Ascites, Spontaneous Bacterial Peritonitis and Hepatorenal Syndrome: 2021 Practice Guidance by the American Association for the Study of Liver Diseases. Hepatology. 2021



16° CONGRESSO NAZIONALE SINut

18-20 GIUGNO 2026

BOLOGNA Savoia Hotel Regency

Sovrappeso e obesità

Parco dei laghi, Novara



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Idratazione nel soggetto con obesità

Efficacy of water preloading before main meals as a strategy for weight loss in primary care patients with obesity: RCT

Helen M Parretti ¹, Paul Aveyard ², Andrew Blannin ³, Susan J Clifford ¹, Sarah J Coleman ³,
Andrea Roalfe ¹, Amanda J Daley ¹

84 soggetti

GRUPPO CONTROLLO (n=43)

- Indicazioni nutrizionali standard
- Invito a preferire l'acqua come bevanda
- 2 visite di controllo

GRUPPO INTERVENTO (n=41)

- Indicazioni nutrizionali standard
- Invito a preferire l'acqua come bevanda
- 2 visite di controllo
- **Consumo di 500 ml di acqua 30' prima di ogni pasto**

Parretti HM et al. Efficacy of water preloading before main meals as a strategy for weight loss in primary care patients with obesity: RCT. Obesity (Silver Spring). 2015



Idratazione nel soggetto con obesità

Efficacy of water preloading before main meals as a strategy for weight loss in primary care patients with obesity: RCT

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TABLE 2 Analysis

Primary analysis
observation c
forwards, kg



ATTENZIONE:



- Soggetti in corso di **terapia farmacologica per obesità**
- Soggetti sottoposti a **chirurgia bariatrica**
- Soggetti con **disturbi della nutrizione e dell'alimentazione (DNA)**

ek follow-up

e between
o (unadjusted)

−0.14)
= 84)

Parretti HM et al. Efficacy of water preloading before main meals as a strategy for weight loss in primary care patients with obesity: RCT. Obesity (Silver Spring). 2015



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In conclusione:

- Un'adeguata idratazione ha un ruolo terapeutico documentato o potenziale in molti ambiti clinici: **nefrolitiasi, infezioni urinarie ricorrenti, malattia renale cronica.**
- L'introito idrico necessita di essere **personalizzato**: nello **scompenso cardiaco** e nell'**epatopatia scompensata** la gestione del bilancio idrico richiede un approccio sartoriale, bilanciando il rischio di disidratazione con quello di sovraccarico idrico.
- Nel paziente con **sovrappeso o obesità** il pre-loading con acqua ha un ruolo minimo sulla perdita di peso e non deve essere considerato in caso di terapia farmacologica per obesità, chirurgia bariatrica e storia di DNA.
- L'**idratazione** rappresenta un **parametro fondamentale** e come tale necessita di essere indagato nell'ambito di una valutazione clinica completa.





Grazie per l'attenzione



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