DIAGNOSIS AND MANAGEMENT OF UTI IN PRIMARY CARE: ELDERLY PATIENTS

Key Points

- Asymptomatic bacteriuria in the elderly is very common and is not related to increased morbidity or mortality.
- Do not send urine for culture in asymptomatic elderly with positive dipsticks and do not treat.
- There is no robust evidence to support leucocyte esterase or nitrite testing in elderly institutionalised patients and this practice is strongly discouraged as a stand alone diagnostic tool. In this group of patients diagnosis should be based on a full clinical assessment, including vital signs.
- Treating asymptomatic bacteriuria does not reduce mortality or prevent symptomatic episodes, but increases side effects and antibiotic resistance.
- Only sample if: two signs of infection, especially dysuria, pyrexia >38 °C, new onset of delerium or new incontinence.
- Antibiotic prophylaxis for UTI in catheterised patients will not significantly reduce systemic infections and leads to an increase in antimicrobial resistant bacteria.

Laboratory testing for culture and sensitivity should be performed in

- Suspected pyelonephritis (temp ≥ 39.4; rigors; nausea; vomiting; diarrhoea; loin pain or tenderness)
- Suspected UTI in men
- Catheterised patients: Send sample only if features of systemic infection, as bacteriuria is usual.
- Failed antibiotic treatment or persistent symptoms
- Community multi-resistant E. coli with Extended-spectrum Beta-lactamase enzymes are increasing so perform culture in all treatment failures. ESBLs are multi-resistant but usually remain sensitive to nitrofurantoin
- Abnormalities of genitourinary tract
- Renal impairment (eGFR ≤ 30ml/min or significant renal tract abnormality)
**Recommended antibiotic treatment if required**

<table>
<thead>
<tr>
<th>Category</th>
<th>Treatment</th>
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</thead>
<tbody>
<tr>
<td>Catheterised patients (do not treat unless clinical signs / symptoms of infection)</td>
<td>co-amoxiclav 625mg tds or co-trimoxazole 960mg bd (14 days*) and change catheter</td>
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<tr>
<td>Uncomplicated female lower UTI</td>
<td>trimethoprim 200mg bd or nitrofurantoin 50mg qds or 100mg MR bd (3 days)</td>
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<tr>
<td>Pyelonephritis</td>
<td>co-amoxiclav 625mg tds or co-trimoxazole 960mg bd (14 days*)</td>
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<tr>
<td>Uncatheterised male UTI</td>
<td>trimethoprim 200mg bd 7 days. Seek advice if recurrence</td>
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<tr>
<td>Recurrent female UTI (≥2 / month or ≥3 / year) NOT applicable to catheterised patients</td>
<td>trimethoprim 100mg or nitrofurantoin 50-100mg (post coital or daily dose at night for 6-12 months) Consider cranberry products</td>
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</tbody>
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*Consideration may be given to shortening the duration of treatment where the clinical condition of the patient allows.