

UTI Gems you might not have known

Avoid treating asymptomatic bacteriuria in the elderly & catheterised patients as it doesn't improve outcomes and increases adverse events. Only use antibiotics when clear UTI symptoms are present. **Don't dip urine** in those over 65 or catheterised patients.(see [here](#))

60% of women presenting with UTI symptoms will be correct **based on symptoms alone**. This is more accurate than urinalysis.

Nitrites on urinalysis increase the likelihood of bacteriuria, but their absence isn't conclusive. Other dip findings are not helpful in diagnosing UTIs.

A single urine culture can miss 20% of UTIs. If symptoms persist and the culture is negative, consider another diagnosis or repeat the sample.

Urine cultures are recommended only for recurrent UTIs, upper UTI, men, children, CAUTI, diagnostic uncertainty (e.g. haematuria), and pregnancy.

A positive urine dip, cloudy, dark or smelly urine in the absence of UTI symptoms should **not** result in a urine culture or antibiotics.

Cranberry supplements OTC may reduce recurrent UTIs in women by 6% over a year. There's no evidence for their use in men, the elderly, or pregnant women. ([NICE also don't recommend](#)). **D-mannose** can help but isn't [recommended by NICE](#).

First-line treatment for women with lower UTIs is a 3-day antibiotic course (7 days for men, in pregnancy or catheterised patients).

1/3 of UTIs resolve without treatment, while 2/3 improve in 3-4 days with antibiotics (0.2% risk of pyelonephritis). NSAIDs alone work for 46%, but 1.2% develop pyelonephritis. (see self-care TARGET guidance [here](#))

Antibiotic prophylaxis over 6 months reduces recurrent UTIs from 66% to 12% but raises adverse events from 8% to 15% (SAPG guide [here](#)). Consider single dose prophylaxis for recurrent UTI where there is an identifiable trigger to UTIs (such as sexual intercourse).

Vaginal oestrogen in postmenopausal women cuts UTI recurrence in half. Review at 12 months. Also consider for peri and menopausal women ([here](#)). **Methenamine** could be considered ([here](#)).

Increasing fluid intake reduces UTIs from 3.2 to 1.7 per year; advise to fill an extra 500ml bottle at each meal and finish before the next meal.

More guidance [here](#). Developed by Dr S Jamieson, GP with input from NHS Tayside AMG Sept 24