

Lower urinary tract infection in women aged 65 years and over

Diagnosis

- ✓ Where incontinence is a feature, causes other than UTI should be considered, for example prolapse, voiding dysfunction or functional impairment.
- R
 - **Be aware that women aged 65 years and over, especially those in long-term care facilities, may not display the usual symptoms and signs of UTI that are seen in younger women.**
 - **Be aware that functional deterioration and/or changes to performance of activities of daily living may be indicators of infection in frail older people.**
- ✓ A holistic assessment is needed in the frail elderly to rule out other causes with both classical and non-classical signs of UTI. Dehydration, constipation, electrolyte abnormality, polypharmacy, pain and urinary retention may all lead to functional decline.
- ✓ Consider sepsis, non-urinary infections and other causes of delirium in an unwell older adult with abnormal vital signs (for example, fever, tachycardia, hypotension, respiratory rate and saturations).

Management

- ✓ Manage suspected UTI in ambulant women aged 65 years and over who are able to look after themselves independently with no comorbidities as in those aged under 65 years, taking into account the increasing background incidence of asymptomatic bacteriuria.

Due to the difficulties in diagnosing UTI in older, particularly frail, women, decisions on how to manage symptoms should be made on an individual basis taking account of the risks and benefits of treatment options.

Recurrent lower urinary tract infection in women

Management

- R **Women with a history of recurrent UTI should be advised to aim for a fluid intake of around 2.5 L a day of which at least 1.5 L is water.**

(Continued overleaf)

Sources of further information

Bladder Health

Bladder Health UK gives support to people with all forms of cystitis, overactive bladder and continence issues together with their families and friends.

bladderhealthuk.org/cystitis-utis-fowlerssyndrome

British Association of Urological Surgeons

The British Association of Urological Surgeons is a registered charity which promotes the highest standards of practice in urology, for the benefit of patients.

www.baus.org.uk/patients/conditions/14/urinary_infection_a

The Cystitis & Overactive Bladder Foundation

The Cystitis and Overactive Bladder Foundation is the largest bladder patient support charity in the UK. It gives support to people with all forms of cystitis, overactive bladder and continence issues together with their families and friends.

www.cobfoundation.org/bacterial-cystitis

Healthcare Improvement Scotland

In collaboration with the Scottish Delirium Association, NHS Education for Scotland and colleagues across NHSScotland, Healthcare Improvement Scotland has developed a range of tools and resources to support improvements in the identification and immediate management of delirium. A THINK Delirium toolkit has been produced to provide easy access to all of these tools and resources.

ihub.scot/improvement-programmes/acute-care-portfolio/older-people-in-acute-care/delirium

National Urinary Catheter Passport

The National Urinary Catheter Care Passport was developed by Health Protection Scotland and the Scottish Urinary Tract Infection Network. It is a patient-held record which provides information to support individuals to effectively manage their catheters and allows for revisions to clinical management plans, the history of catheter changes and a record of catheter maintenance to be recorded.

www.hps.scot.nhs.uk/web-resources-container/urinary-catheter-care-passport

SIGN 160

Management of suspected bacterial lower urinary tract infection in adult women

Quick reference guide

September 2020

This Quick Reference Guide provides a summary of the main recommendations in **SIGN 160 Management of suspected bacterial lower urinary tract infection in adult women**.

Recommendations **R** are worded to indicate the strength of the supporting evidence. Good practice points ✓ are provided where the guideline development group wishes to highlight specific aspects of accepted clinical practice.

This Quick Reference Guide is also available as part of the SIGN Guidelines app.

Details of the evidence supporting these recommendations can be found in the full guideline, available on the SIGN website: www.sign.ac.uk.

This guideline provides recommendations based on current evidence for best practice in the diagnosis and management of suspected bacterial lower urinary tract infection in adult women.

It is focused on managing UTI symptoms in non-pregnant women of all ages based on the burden of infection being in this population and the potential complicated nature of UTI in other populations.

Recurrent lower urinary tract infection in women

Management *(continued)*

- R Consider prophylactic antimicrobials for women experiencing recurrent UTI after discussion of self-care approaches and the risks and benefits of antimicrobial treatment involved.
- R Long-term prophylactic antimicrobials for prevention of recurrent UTI should be used with caution in women aged 65 years and over, and careful consideration given to the risks and benefits involved.
- ✓ To minimise the development of resistance antimicrobial prophylaxis should be used as a fixed course of three to six months in women with recurrent UTI.

Due to methodological inconsistencies, heterogeneity and mixed evidence of benefits and harms, it was not possible to develop recommendations on non-antimicrobial medicines and non-pharmacological products, such as cranberry, herbal products or probiotics.

Catheter-associated lower urinary tract infection (CA-UTI) in women

Diagnosis

- ✓ Patients with indwelling catheters should have regular review to assess the ongoing need for catheterisation, including consideration of alternatives to catheterisation and trial without catheter.
- R Clinical signs and symptoms compatible with CA-UTI should be used to diagnose infection in catheterised patients with urine culture and sensitivity testing employed to confirm the diagnosis and pathogen.
- ✓ Urinary dipsticks should not be used as part of the diagnostic assessment for UTI in patients with indwelling catheters.

Management

- R Do not routinely prescribe antibiotics to prevent UTI in patients using intermittent self catheterisation for bladder emptying. Consider only after full discussion of the benefits and harms likely to apply to the individual.

Algorithm for diagnostic and management options in non-pregnant women aged <65 years presenting with suspected LUTI

