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 prolap, 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 urinray 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 without 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 into account 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)
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.

Self-care advice for all women experiencing urinary symptoms

- Hydration
- Symptomatic relief
- (paracetamol or ibuprofen)
- Voiding behaviour
- Personal hygiene