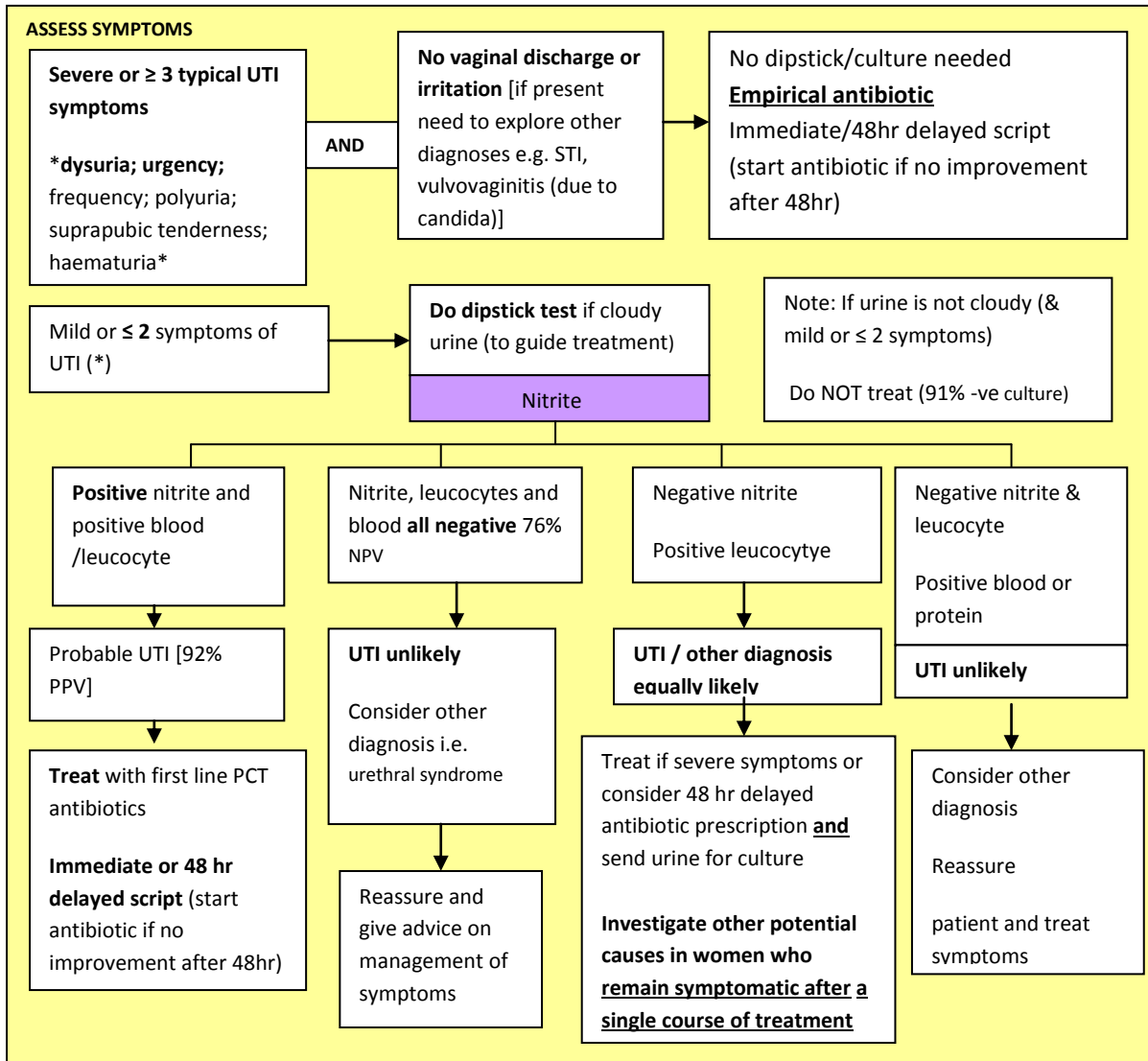


Quick Reference Guide: Diagnosis and Management of Adult Lower UTI for Primary Care.

Produced by Dr YM Pang Dr J.Rao (Cons. Microbiology BHNFT), 9 Feb 2015

Community multi-resistant Escherichia coli with extended spectrum beta-lactmase (ESBL) enzymes are increasing. Prudent use of antimicrobials is imperative as asymptomatic bacteriuria is typically benign in the elderly. Antimicrobials should not be prescribed without clinical signs of UTI

Acute uncomplicated UTI in adult asymptomatic women < 65 (non-pregnant)



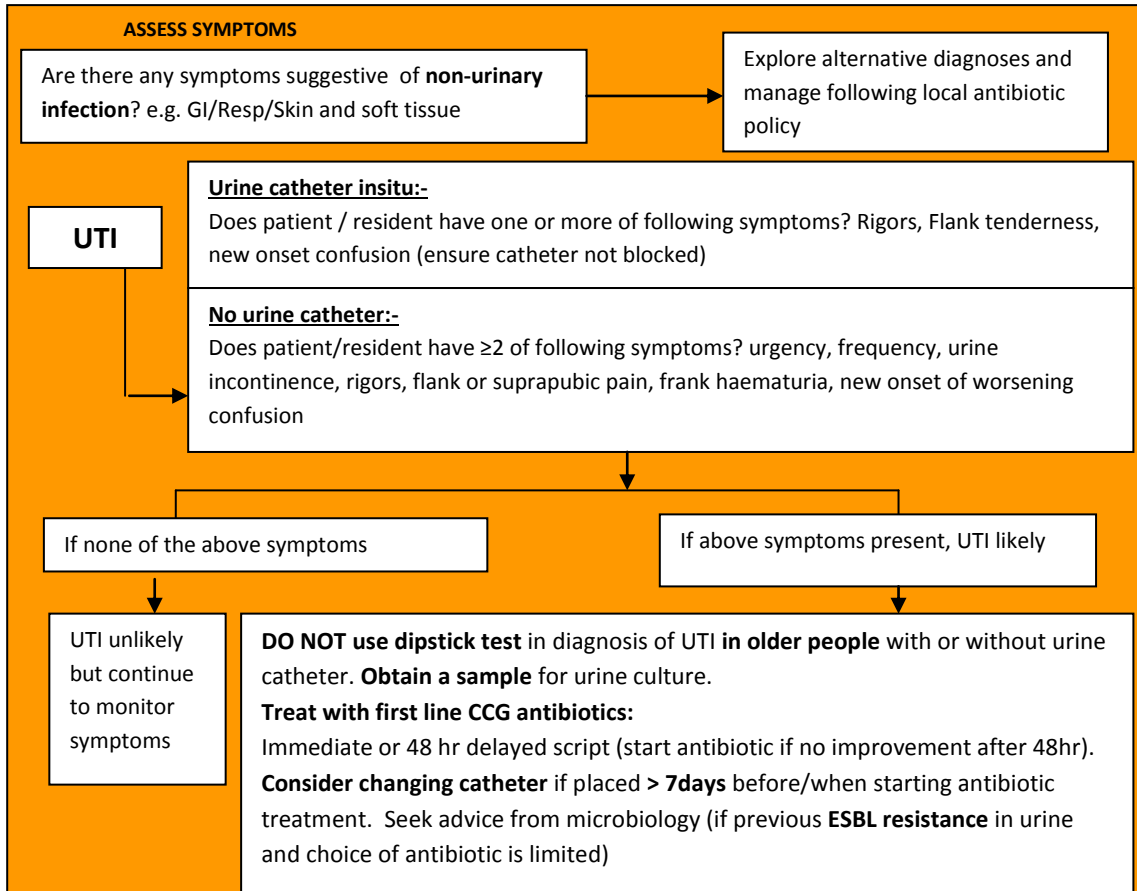
Diabetic Women
Asymptomatic bacteriuria is **more common in women with diabetes**, no evidence supports screening or treatment of asymptomatic bacteriuria.

Treatment of UTI in community – Review therapy according to culture and severity

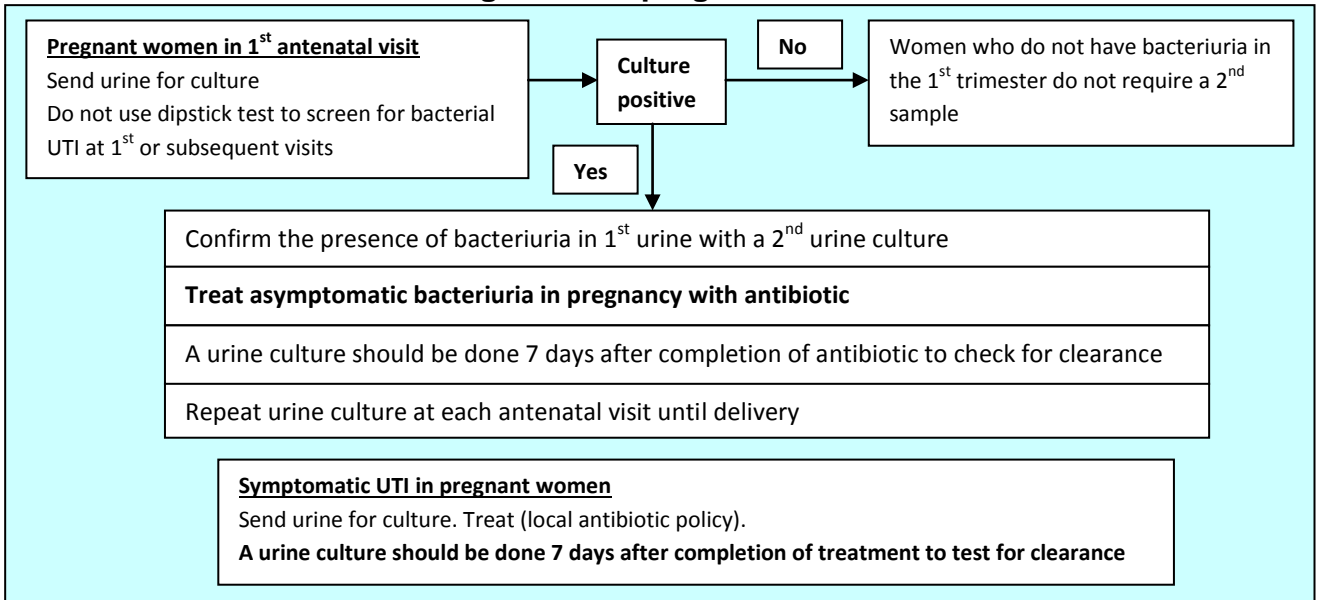
All	1st line : Nitrofurantoin MR 100mg BD or Trimethoprim 200mg BD per oral for 3 days 2nd line : Depends on sensitivity of MSU	*Avoid Nitrofurantoin in renal impairment (eGFR <45ml/minute)
Men	Antibiotics as above but duration for 7 days	Investigate further for underlying pathology

Do not send urine for culture in asymptomatic elderly with positive dipsticks
Do not treat asymptomatic bacteriuria in the elderly (>65) it is very common. It is not related to ↑ morbidity / mortality.
 Recurrent investigation with urine culture and treatment of asymptomatic bacteriuria will select for resistant bacteria , increase side -effects and medicalise the condition.

Women and Men >65 years old



Management of pregnant women



Pregnancy	1st line : Nitrofurantoin MR 100mg BD (avoid 3rd trimester or if G6PD deficient) or Amoxicillin 500mg TDS for 7 days (if MSU culture shows susceptibility) 2nd line: Trimethoprim 200mg BD (off label , unlicensed, avoid 1 st trimester) for 7 days 3rd line: Cephalixin 500mg BD for 7 days	Penicillin allergy: please seek microbiology advice.
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