

# **Background/Objectives**

- Asymptomatic bacteriuria is often misdiagnosed as Urinary Tract Infection (U7 in elderly patients.
- □Studies suggest that 15-30% of males and 25 50% of females have asymptomatic bacteriu
- We wanted to estimate the percentage of elderly patients who are treated for UTI at ou facility and if treatment was appropriate.
- The goal was to provide the staff with an educational opportunity and help decide if more antibiotic restriction policies would be beneficial.

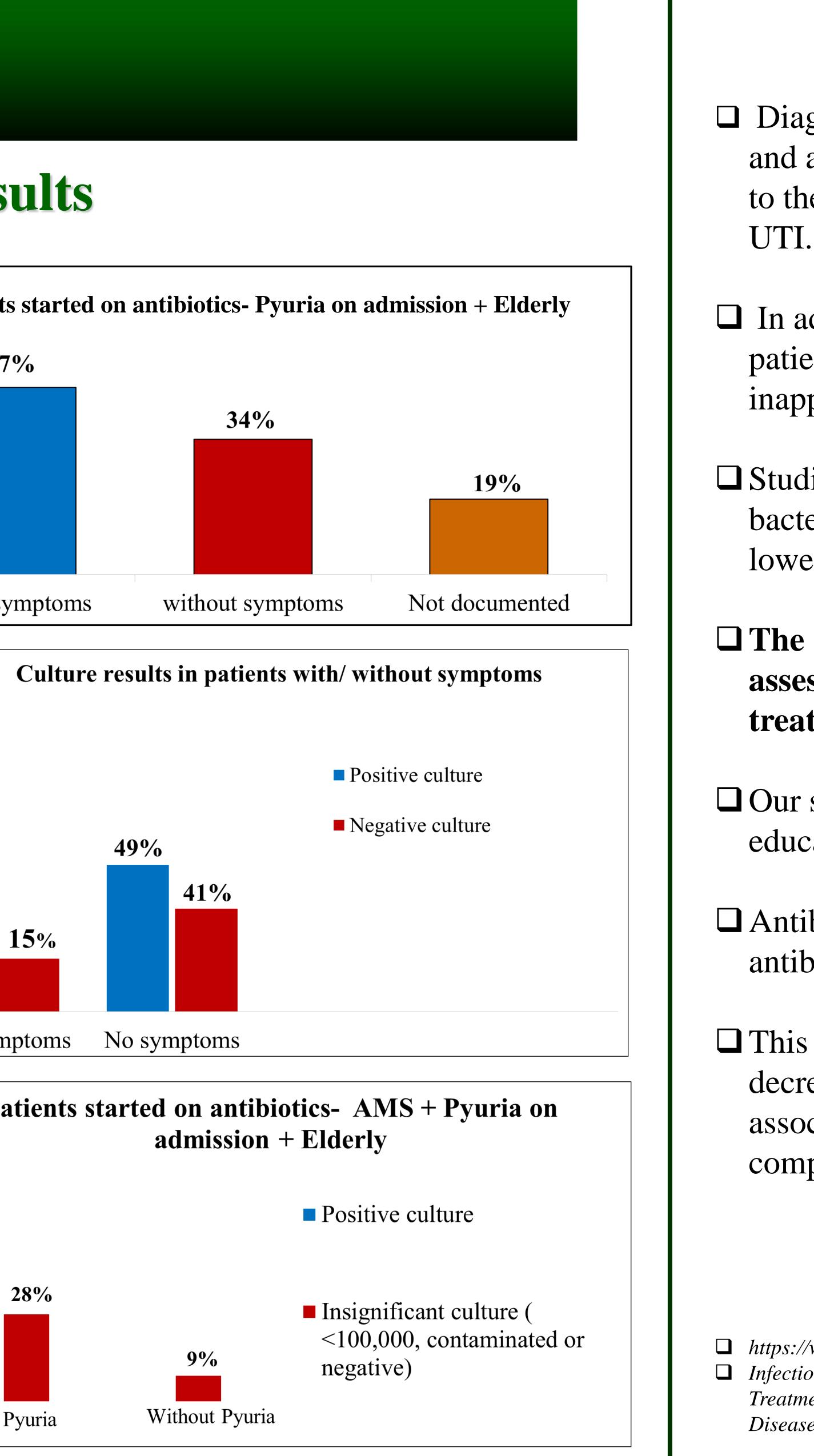
### Methodology

- Retrospective study, single center study
- Inclusion criteria:
  - patients > 65 years of age
  - Admitted between 7/2018 and 12/2018
  - started on antibiotics for presumed UT
- Reviewed data includes:
  - Demographics
  - Admitting diagnosis
  - Presence or absence of symptoms of UTI
  - Urine culture results
  - The data was presented at educational conferences and at antimicrobial stewards meetings in our facility.

# **Inappropriate Treatment of Asymptomatic Bacteriuria in Elderly Patients: A Quality Improvement Study**

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5- iria.	□234 patients were started on antibiotics on the basis of pyuria on admission. Of these, only 47% (n=110/234) had symptoms suggestive of UTI. ( <i>Figure 1</i> )	Patient 47
our	<ul> <li>Positive urine cultures were more common in symptomatic patients (n=93/110; 85%) compared with asymptomatic patients (n=47/80). (<i>Figure 2</i>)</li> </ul>	with sy
	<ul> <li>Pyuria (n=168): 61.9% (positive culture), 38.1% (negative).</li> <li>Fever and Pyuria (n=51): 60.7% (positive culture), 39.3% (negative culture), 39.3% (negative culture).</li> <li>Leukocytosis &gt;10K ( n=159): 70.4% (positive culture), 29.6% (negative culture)</li> <li>2 or more symptoms of UTI (</li> </ul>	
LA	n=12): 83.3% (positive culture), 16.7 % (negative culture)	With sym
t	<ul> <li>In addition, 90 patients (n=90/110; 81%) had a change in mental status on presentation and were started on antibiotics for suspected UTI.</li> <li>Approximately one third (n= 27/90) of these patients had eventual negative urine culture. (<i>Figure 3</i>)</li> </ul>	<b>63%</b>

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## Conclusions

Diagnosing UTI in elderly patients with pyuria and asymptomatic bacteriuria is challenging, due to their inability to vocalize signs or symptoms of

□ In addition, a percentage of asymptomatic patients were often started on antibiotics inappropriately on the basis of pyuria alone.

□ Studies have shown that treating asymptomatic bacteriuria does not add a mortality benefit or lower risk of infection

**The CDC emphasizes the importance of** assessing for clinical symptoms of UTI before treatment is considered.

• Our study highlights the importance of provider education.

□ Antibiotic restriction policies may limit use of antibiotics for asymptomatic bacteriuria.

This would in turn improve patient outcomes and decrease incidence of clostridium difficile associated colitis and other antibiotic use related complications



□ https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf □ Infectious Diseases Society of America Guidelines for the Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults. Clinical Infectious Diseases, Volume 40, Issue 5, 1 March 2005, Pages 643–654