

Working Together to Reduce UTI Prescribing

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Why we need to reduce antibiotic use

- Antibiotics are powerful and precious medicines
- If antibiotics are used when they are not really required bacteria can develop resistance
- **This means that antibiotics might not work when the person really does need them**
- No new antibiotics have been brought into use since the 1980s



How much of an issue is this in England?

- UKHSA estimates there were a total of 55,384 antibiotic resistant blood stream infections in England in 2020
- These resistant infections resulted in 2,228 deaths

Antibiotics can cause harm

- Allergic reactions such as rashes
- Stomach / bowel upset including vomiting and diarrhoea
- Medication interactions eg clarithromycin and simvastatin
- C. difficile diarrhoea ('C. diff') - a potentially life threatening bowel infection
- Resistant bacteria can easily spread in care homes, putting everybody at risk.

So we can continue to have antibiotics when we do need them, we need to use them carefully.



Why Focus on UTI Prescribing?

- UTI (urinary tract infection) is the 2nd most common reason for antibiotic prescribing in the community
- UTIs caused by resistant bacteria are difficult to treat
- Our local areas (North Yorkshire & York) are both above the national average for UTI antibiotic prescribing



Local Resistance Data

Around 80% of community UTIs are due to E. coli.

- Trimethoprim: **26.5%**
- Nitrofurantoin: 2.9%
- Pivmecillinam: 5.1%

All figures from UKHSA data on community resistance of E. coli urine samples in Yorkshire and Humber area. Jan-March 2022.

What have we asked GP practices to do?

We have asked all GP practices in NY and York to:

- Audit their own practice data to look at how they diagnose UTIs and what actions they need to take
- To not use urine dipstick tests to diagnose UTI for some groups of people
- To diagnose UTIs based on clinical signs and symptoms in the over 65s and those with catheters
- If an antibiotic is needed for a UTI then consider using nitrofurantoin first line, where appropriate.



To dip or not to dip?

- Many older people have bacteria in their urine
- Evidence suggests this affects up to 40% of men and 50% of women over 65 living in care homes
- In people with long term urinary catheters almost 100% will develop bacteria in the urine
- Although there is bacteria in the urine they may not be causing an infection.
- But a urine dipstick test will detect the bacteria and test positive.
- **The person may be treated for a UTI but their symptoms may be caused by something else.**



Clinicians should Consider Other Causes of Confusion

**CHECK for other causes of delirium if relevant
(PINCH ME)^{20A, 28C}**

- | | |
|---|--|
| <input type="checkbox"/> P: Pain | <input type="checkbox"/> M: other Medication |
| <input type="checkbox"/> I: other Infection | <input type="checkbox"/> E: Environment change |
| <input type="checkbox"/> N: poor Nutrition | |
| <input type="checkbox"/> C: Constipation | |
| <input type="checkbox"/> H: poor Hydration | |

CHECK ALL for other localised symptoms/signs

*Two or more symptoms or signs of:

- respiratory tract infection
- gastrointestinal tract infection
- skin and soft tissue infection

Dipstick v Urine Culture

- Dipstick tests are quick tests aimed at detecting the presence of bacteria in urine
- Sometimes a urine sample is requested by a prescriber so that a urine culture can be performed
- In this process bacteria from the sample are grown (cultured) in the lab. They can be tested against different antibiotics to see which one works. This can mean a change in antibiotic if one has already been started



We need to work together!

- If a person is unwell describe the symptoms fully to the clinician
- Don't perform a dipstick test unless requested by the clinician
- Do not drop in urine samples to a GP practice unless requested by a clinician
- If a urine sample is requested:
 - ✓ Use the correct sample collection bottle
 - ✓ If the person has a urinary catheter use an aseptic no touch technique to collect the sample
 - ✓ Make sure the sample gets to the surgery as quickly as possible



We need to work together!

- If antibiotics are prescribed:
 - ✓ Give them exactly as prescribed
 - ✓ Check if they should be given with or without food
 - ✓ Space the doses evenly through out the waking day
 - ✓ Try not to miss doses
 - ✓ Finish the course unless advised otherwise by a clinician

Talk to your practice pharmacist or GP if there are any problems with giving the antibiotics or if the person has any symptoms that may be side effects

