**5 myths about urinary tract infections (UTI)**

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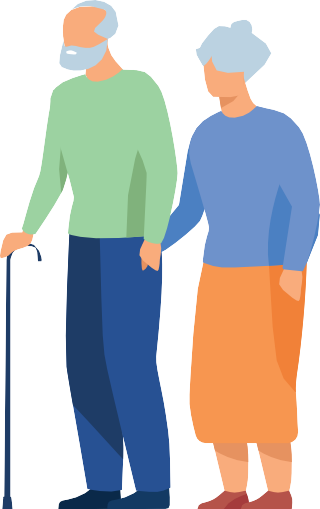
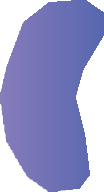
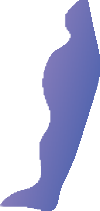
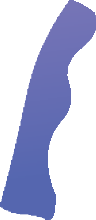
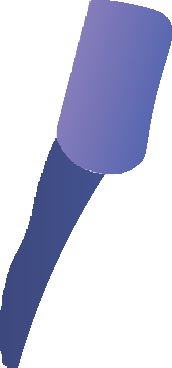
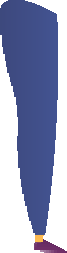
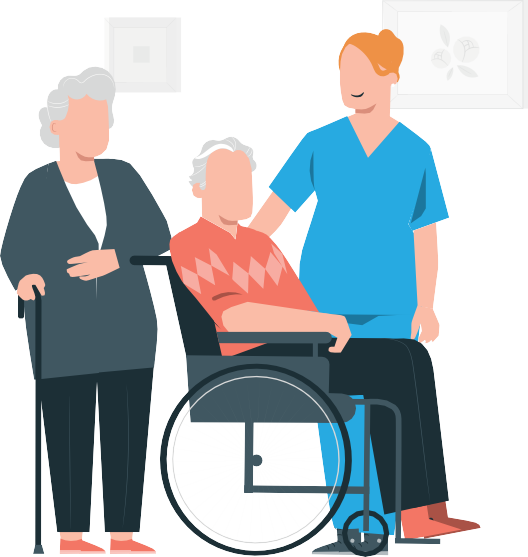
Descripción generada automáticamenteIcono

Descripción generada automáticamenteIcono

Descripción generada automáticamente con confianza mediaUna caricatura de una persona

Descripción generada automáticamente con confianza bajaImagen en blanco y negro

Descripción generada automáticamente con confianza media



**MYTH #1**

**A positive urine dipstick in the elderly always**

**means presence of a UTI...**

**MYTH #2**

**Antimicrobial resistance is not a problem in nursing homes.**

No, a substantial number of nursing home residents have bacteriuria and finding bacteria in the urine does not necessarily mean that the patient

has a UTI.

There is a high prevalence of resistant bacteria in nursing homes and it my reduce the efficacy of antibiotic treatments.

**MYTH #3**

**A single urinary symptom indicates**

**high probability of UTI.**

**MYTH #4**

**Cognitive changes, agitation and confusion indicate high probability of UTI.**

* There are several possible causes of cognitive changes in the elderly, but UTI is not the most frequent one.
* Explore all possible causes, such as dehydration, pain, constipation, UTI, etc.

No. Only about half of patients with a single urinary symptom do have a UTI and to diagnose a UTI the urine should always

be examined.

**MYTH #5**

**The benefits of prescribing antibiotics when unsure of the bacterial origin of the symptoms outweigh the harms of exposure to antibiotics.**

All antibiotics have side effects (e.g. nausea, vomiting, diarrhea, abdominal pain, and loss of appetite) and may cause more harm than benefit particularly in the elderly people.

**HAPPY**

**PATIENT**