

# 5 myths about urinary tract infections (UTI) in nursing home residents

## MYTH #1

**A positive urine dipstick in the elderly always means presence of a UTI...**



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.

## MYTH #2

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



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

## MYTH #3

**A single urinary symptom indicates high probability of UTI.**



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 #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.

## 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.

