

Constitutional symptoms often trigger antibiotic Rx in elderly

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(HealthDay)—Constitutional symptoms, including mentation, often lead

to diagnostic testing and potentially inappropriate antibiotic prescribing in older patients suspected of having a urinary tract infection (UTI) or pneumonia, according to a study published online Sept. 22 in the *Journal of the American Geriatrics Society*.

Angela C. Eke-Usim, M.D., M.P.H., from the University of Michigan in Ann Arbor, and colleagues examined the use of [diagnostic testing](#) before treating an infection in nursing home (NH) residents suspected of having UTI or pneumonia. Data were included for 162 NH residents with an indwelling urinary catheter, enteral feeding tube, or both. There were 695 follow-up visits, including 28 percent with an infection.

The researchers found that 100 NH residents (62 percent) had an incident infection necessitating antibiotic treatment, with considerable variation between NHs. Change in function significantly predicted ordering a chest X-ray to detect pneumonia (odds ratio, 1.7), as well as the presence of infection-specific symptoms. Change in mentation significantly predicted ordering a urinalysis, chest X-ray, and blood culture (odds ratios, 1.9, 3.3, and 2.3, respectively). In 21.5 percent of 233 suspected UTI cases and 30.2 percent of 53 suspected [pneumonia](#) cases, antibiotics were used empirically, before laboratory results were available. In 17 percent of visits without documented clinical or laboratory evidence of infection, antibiotics were used.

"Antibiotic use often continues despite negative test results and should be a target for future interventions," the authors write.

More information: [Abstract](#)
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