Women with recurrent UTIs voice 'fear and frustration' over treatment options
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New strategies needed 'to minimize and target antibiotic use'

More than half of women will develop a UTI sometime during their lives, and about one-fourth experience recurrent UTIs. Episodes of UTI have a major impact on patients' lives—including pain and other symptoms, reduced quality of life, and repeated courses of antibiotics for prevention and treatment.

"In our experience, many patients labeled with recurrent UTI are either misdiagnosed or mistreated without following the guidelines set forth by specialty societies," says Dr. Kim. "It became clear that a paradigm shift in recurrent UTI management was needed, starting with patient-centered research to assess gaps in the current UTI treatment algorithm." The researchers performed a series of focus groups, with a total of 29 patients participating.

Analysis of the discussions identified several themes related to negative effects associated with antibiotic use. The women were well aware of the risks of developing antibiotic resistance and collateral damage from overuse or inappropriate use of antibiotics. Some patients developed infection with antibiotic-resistant C. difficile bacteria, in one case leading to hospitalization.

The patients also voiced concern about taking antibiotics when they didn't have an infection. Many believed they had been given antibiotics for other causes of urinary symptoms—particularly overactive bladder, which commonly occurs in women with recurrent UTIs but causes less-severe symptoms.

Other themes centered on resentment of the medical profession. The women expressed irritation with physicians for ‘throwing antibiotics' at them without presenting other, non-antibiotic options for treating recurrent UTIs. They also felt the medical profession underestimated the impact of recurrent..."
UTIs on their lives. The women felt an urgent need for more research on non-antibiotic options, with a special interest in 'natural' or 'alternative' treatments for prevention of recurrent UTIs.

However, some women shared they were satisfied with their care—particularly those treated by a physician specializing in Female Pelvic Medicine and Reconstructive Surgery. Patients were more likely to be satisfied if they felt their doctor understood their problems and had a system for rapid diagnosis and treatment when UTI episodes occurred.

"Physicians must investigate patients' recurrent UTI experiences and their perceptions of antibiotics during counseling to address their concern over antibiotic overuse," says Dr. Scott. The researchers follow and recommend a strategy of delaying antibiotics until urine culture results are available—as endorsed by the American Urological Association (AUA) and other specialty societies.

Dr. Kim concludes that "there are exciting research developments underway, including the utilization of point-of-care rapid diagnostic assays to accurately and selectively treat UTIs as well as studies to understand the impact of vaginal microbiome on voiding dysfunction. We hope these efforts will pave the way to improved patient experience."


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