

MY TOP 5 TAKES

on a paper titled

Risk Factors and Outcomes Associated With Treatment of Asymptomatic Bacteriuria (ABU) in Hospitalized Patients

SYMPTOMATIC BACTERIURIA=UTI

Signs and symptoms are the keys to UTI diagnosis. Positive urine culture plays only "supportive role".

SETTING AND RESULTS



2273 ABU subjects from 46 Michigan hospitals were recruited in this retrospective study of 2-year period (2016-2018).

Majority (85.6%) received ≥ 3 days antibiotics with **ceftriaxone** being the top choice at 61.6%.

WHAT MADE DOCTORS TREAT ABU?

The doctors became overzealous if a patient was **elderly** or had any of these;

- **Altered mental status**
- **Dementia**
- **Urinary incontinence**
- **Abnormal urinalysis in addition to positive culture**
- **That magic no. of 10^5 CFU reported in the culture result**



SO WHAT?



It matters because antibiotic treatment **did not improve** patients' mortality, readmission rate or emergency department visit following treatment.

However, patients who got the treatment **stayed longer in the hospital.**

TAKE HOME MESSAGE

We need to resist the temptation to treat ABU esp. when factors that might make us "trigger-happy" with antibiotics are present (e.g. older patients, altered mental status etc.)

as **ABU treatment is not beneficial to our patients**

(except in pregnant ladies and those undergoing invasive uro procedure).