ANTIBIOTICS & UTI:
ACTION NEEDED TO PROTECT WOMEN FROM ANTIMICROBIAL RESISTANCE

Lack of adherence to guidance for midstream urine collection for UTI and prenatal screening
Leads to poor antimicrobial stewardship, arguably putting women on the AMR frontline

- A 2019 study found that more than 92 percent of bacteria that cause UTIs are resistant to at least one common antibiotic, and almost 80 percent are resistant to at least two. *Escherichia coli* is the most common cause of UTIs. https://www.scientificamerican.com/article/antibiotic-resistant-utis-are-common-and-other-infections-may-soon-be-resistant-too/

- Between 34% and 60% of women presenting with UTI receive a broad-spectrum **antibiotic prior to laboratory culture,** demonstrating poor antibiotic stewardship and in contradiction of AMR guidelines https://fundingawards.nihr.ac.uk/award/NIHR203362

- 7 million antibiotic items were prescribed in primary care in 2019/20 to treat lower UTI at a cost of £47.6 million, and 41% (2.73 million) of these antibiotics were prescribed to people aged 70+ years (RightCare UTI Focus Pack, NHS Business Services Authority)

- Antibiotic prescribing has reached record levels: https://www.gov.uk/government/publications/health-matters-antimicrobial-resistance/health-matters-antimicrobial-resistance

- Antibiotic stewardship encourages prescribing on known pathogens, whilst empirical prescribing is **still** recommended in UTI guidelines, pointing to a greater need for accurate specimens: https://assets.publishing.service.gov.uk/media/6261392d8fa8f523bf22ab9e/UK_AMR_5_year_national_action_plan.pdf

DIAGNOSTIC STEWARDSHIP

Stewardship programmes are needed for both therapeutics and diagnostics.

Good diagnostic stewardship promotes appropriate, timely testing (including specimen collection, pathogen identification and antibiotic susceptibility, and audited reporting of results) to guide care. It discourages tests that are unnecessary or that can yield misleading results; and it uses microbiological data to inform local treatment guidelines and AMR control strategies.

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May 2024

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