

S03 - Symposium

Better diagnosis and treatment of urinary tract infections in general practice

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Urinary tract infection (UTI) is the most common bacterial infection in women and it is the second most frequent reason for antibiotic prescribing. Most women experience at least one episode of UTI during their life, and each year about 10% receive one or more courses of antibiotics for UTI. Most women with typical symptoms are treated empirically with antibiotics. However, up to half of women who present with typical symptoms of UTI do not have clinically significant bacteriuria, and evidence indicates that many women with symptoms of UTI will recover without antibiotic treatment. Studies that compared antibiotics with placebo in patients with uncomplicated UTI have found a delayed cure in the placebo group, but the majority of patients become symptom free within a week. Prescribing antibiotics to patients with self-limiting conditions contributes to antimicrobial resistance (AMR). WHO considers AMR to be one of the three most important public health problems in the world and initiatives to reduce inappropriate and superfluous prescribing are essential if we are to maintain effective treatment for future generations. Symptoms of UTI are uncomfortable and most women will want to start effective treatment as soon as possible. The challenge in general practice is how to identify those who really need antibiotics. Overtreatment could lead to adverse effects and most patients are aware that overuse of antibiotics leads to AMR. Patients do not want antibiotics unless they are necessary. Antimicrobial therapy should therefore only be initiated if treatment is expected to reduce or shorten the symptom burden or reduce the risk of complications. This symposium will focus on how general practice can improve the quality of the diagnostic process in patients with symptoms of UVI and thereby avoid overtreatment with antibiotics. The symposium will also present new evidence about alternative treatments in patients with UTI.