

Medicines Management Prescribing Focus – May 2022

Antimicrobial Stewardship: Focus on UTI Prescribing and 'Do Not Dip'



This month, we are asking all practices to audit their processes for the diagnosis of urinary tract infections (UTIs) and associated antibiotic prescribing.

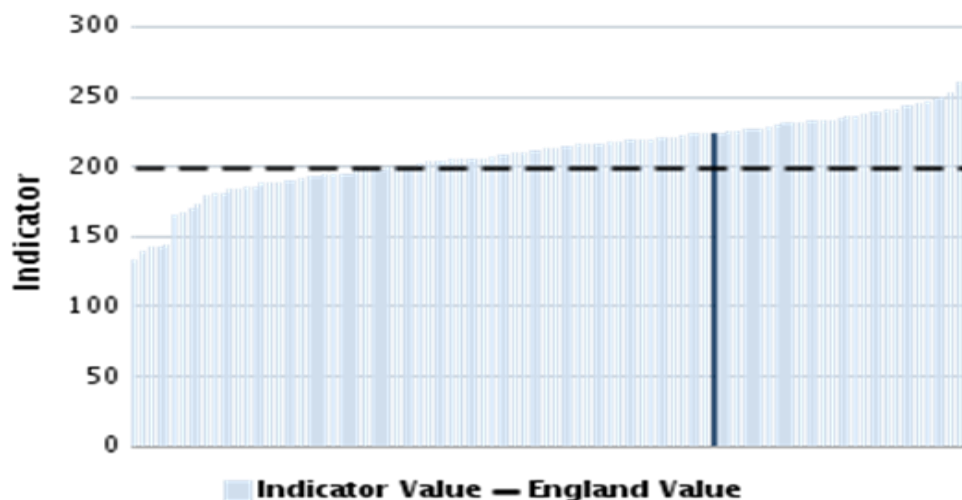
Actions:

- Audit your own practice data for UTI diagnosis and prescribing, using one of the [TARGET audit tools](#) from the RCGP website
- Present this data at a team meeting for internal review of the results and form an action plan
- Ensure all team members are aware that urine dipstick tests should **not** be requested for adult patients who have an indwelling catheter, or for any patients who are [over 65 years old](#)

Background:

ePACT2 data shows that practices in North Yorkshire (NY) CCG prescribe, on average, more antibiotics for UTIs than the national average (223 items per 1000 vs 198 items per 1000).

This data is corrected for the age and sex of registered patients using the ['STAR-PU'](#) methodology, so differences cannot be accounted for by our ageing demographic. NY data is shown in the solid dark blue vertical line in the graph below (other CCGs are in pale blue), while the England average is the dashed horizontal line:



Combined UTI antibacterial items prescribed, per 1,000 items based STAR-PU
 12 months to 202202 - NORTH YORKSHIRE CCG compared to all CCGs in England
 (Source: ePACT2)

'Do Not Dip' urine samples from the over 65's:

The UK Health Security Agency (UKHSA - formerly PHE) advise the following in their [guidance on diagnosis of UTI](#): 'Do not perform urine dipsticks in the elderly as they become more unreliable with increasing age over 65 years. By 80 years half of older adults in care, and most with a urinary catheter, will have bacteria present in the bladder/urine without an infection. This "asymptomatic bacteriuria" is not harmful, and although it causes a positive urine dipstick, antibiotics are not beneficial and may cause harm.'

Differential diagnosis can be challenging in the elderly. Pages 10-11 of the UKHSA [quick reference guide](#) give advice on alternative infectious or non-infectious causes of symptoms to consider.

Resistance Data:

Resistance rates to antibiotics commonly used for the treatment of UTIs are monitored by the UKHSA. There has been an ongoing reduction in Yorkshire and Humber community resistance of E. coli urine isolates to trimethoprim, from 30.1% of isolates in January to March 2019 to 25.3% of isolates in October to December 2021, with reductions reported from all local laboratories. Resistance proportions are similar across all age groups, but the highest numbers of resistant E. coli urine isolates are from cases over the age of 64 years.

It should be noted that trimethoprim resistance is still considerably higher than the current resistance rates to nitrofurantoin (2.2% of isolates reported between October and December 2021 being resistant) or pivmecillinam (4.8% of isolates reported between October and December 2021 being resistant locally).

Prescribers are therefore reminded that pivmecillinam is a useful agent for empirical treatment of UTIs in patients who are not allergic to penicillin, particularly in those with low GFRs.

We have also attached a document with the total oral antibiotic prescribing data for each practice, to be used for internal review and discussion.

We would urge all practice staff (this includes non-clinical staff) to consider signing up as an antibiotic guardian if they have not already done so. This campaign was launched to promote collective action from both healthcare professionals and members of the public to work together to attempt to slow the spread of antibiotic resistance:

<https://antibioticguardian.com/>

Please share the information in this prescribing focus with all members of staff in the practice.

For any queries or feedback on this topic please contact the respective teams via: nyccg.rxline@nhs.net (North Yorkshire) or VOYCCG.Rxline@nhs.net (Vale of York).

Many thanks,

NHS North Yorkshire and NHS Vale of York CCG's Medicines Management Team

Reference: UKHSA-Antimicrobial Resistance in Yorkshire and Humber Quarterly Report October to December 2021

