Women with recurrent urinary tract infections: antibiotic resistance and non-antibiotic prophylaxis

Beerepoot, M.A.J.

Citation for published version (APA):
Chapter 7

UTI in women
Women need to know more

Mariëlle A.J. Beerepoot¹, Gerben ter Riet², Theo M. de Reijke³, Suzanne E. Geerlings¹

¹ Department of Internal Medicine, Division of Infectious Diseases, Academic Medical Center, Amsterdam, The Netherlands.
² Department of General Practice, Academic Medical Center, Amsterdam, The Netherlands
³ Department of Urology, Academic Medical Center, Amsterdam, The Netherlands.

British Medical Journal 2010; 340:c1453
Leydon and colleagues found that women attributed urinary tract infection (UTI) to lifestyle habits and behaviours.\(^1\) Evidence is accumulating that patient education and counselling are essential for effective prevention in chronic diseases. This is also true for UTI,\(^2\) but information about the knowledge of this patient group is limited.

We assessed disease related knowledge in 469 women with recurrent UTI using a 10 question instrument with five basic themes: causes of UTI, female pelvic anatomy, prevalence of UTI, preventive practices, and antibiotic use and resistance. A total of 246 women responded, and 77.6% knew that gut bacteria cause most UTIs, although 12.6% thought that viruses were to blame. More than 80% of women knew about anatomical factors that make women more prone to UTI than men, but about a third were not familiar with female pelvic anatomy. The position of the vagina was unclear to many women—14.2% interchanged its position with that of the urethra. Knowledge about the prevalence of UTI was limited, and only 58.5% of women knew that infection is not related to lack of hygiene.

Around 29.3% believed that antibiotics can kill viruses. Most were aware of antibiotic resistance and that antibiotics should be used as little as possible to prevent resistance. Once resistant bacteria have emerged, however, 35.8% thought that they would not get rid of those bacteria. Less well educated and older women were less knowledgeable than younger and better educated women. These findings might help doctors fine tune patient education to the individual patient.

**References**
