

Is Navigating Treatment of Postmenopausal Recurrent UTIs Difficult?

Abstract #598

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BACKGROUND AND AIM:

- Postmenopausal women are disproportionally affected with recurrent UTIs (rUTIs) causing significant morbidity.
- We aim to emphasize the significance of assessing and managing post-menopausal rUTIs who have been referred to a specialized complex-UTI clinic.

METHODOLOGY:

- Retrospective review of our database to identify postmenopausal women with rUTI referred to our clinic between April 2021 - February 2023.
- Comprehensive data was gathered, encompassing patient demographics, clinical presentation, frequency of UTIs, hospital admissions, urine culture & Sensitivity, investigations & treatment received prior to and following the referral with treatment response rate.
- Pre- & Post-treatment QoL (Quality of Life) & post-treatment PGI-I (Patient global impression of improvement Scale) Score were measured.

RESULTS:

PATIENT DEMOGRAPHY	
Total Number of patients (N)	123
Mean Age	63.4 +/- 15 years (Range: 43-89)

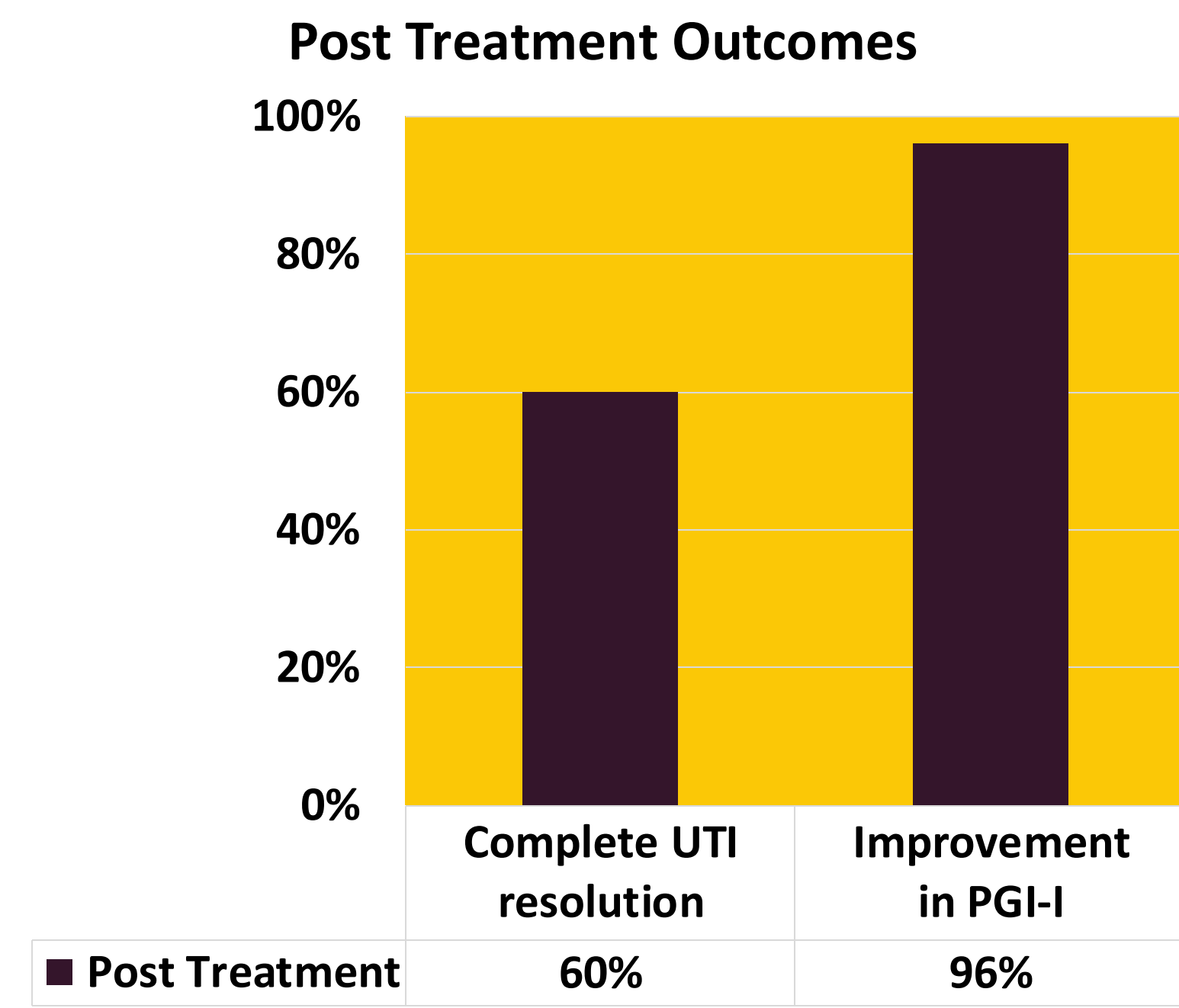
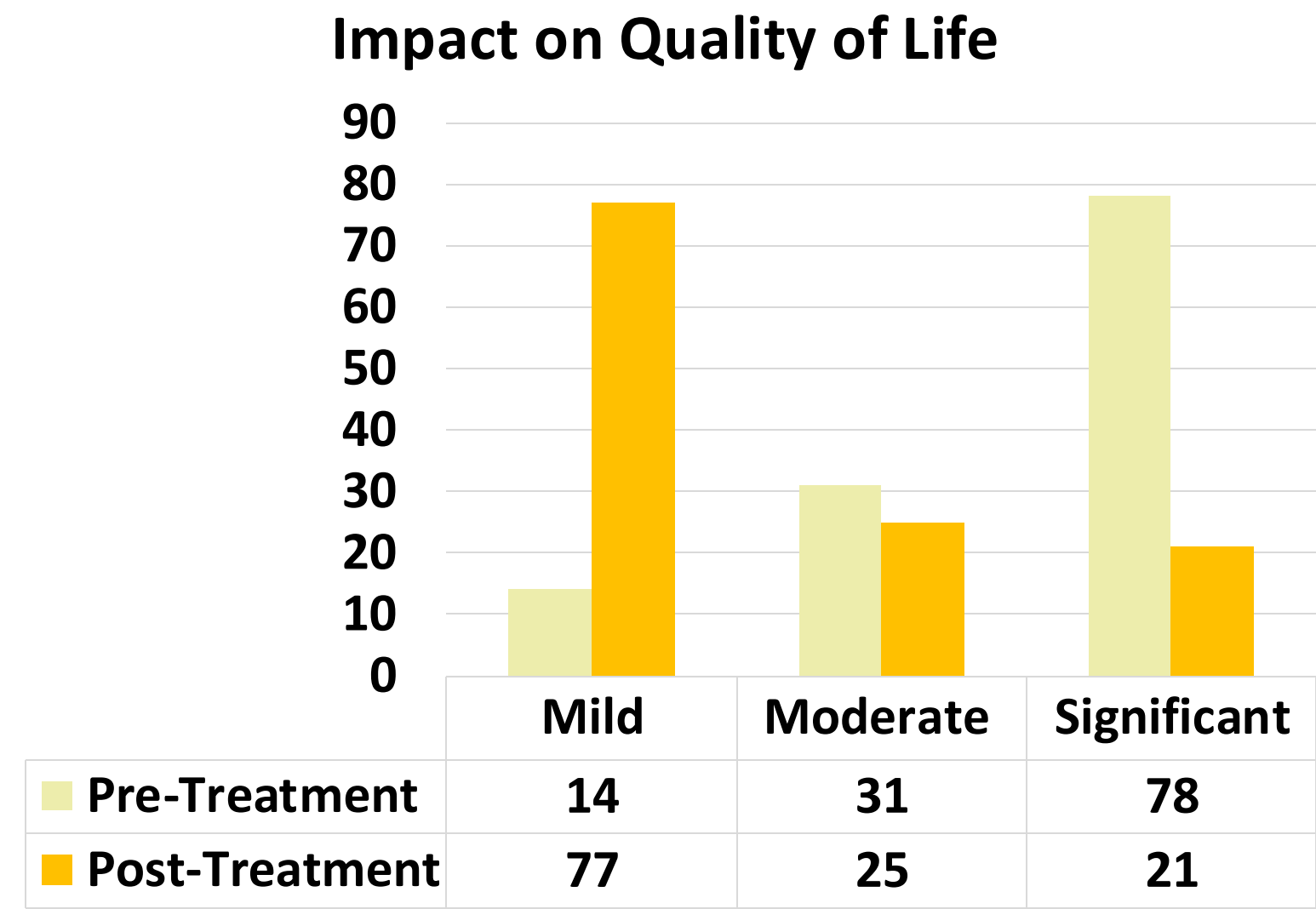
BASELINE CHARACTERSTICS	
Source of referral	Primary Care: 65% Specialist: 35%
rUTIs	>3 episodes in 12 months: 96%
Hospital admissions with Urosepsis	n=6 (5%)
Causative Organisms on Urine Cultures	E.Coli: 79% Non E.Coli: 21%
Multi-Drug Resistance Status	Yes: 12 (9.7%) No: 111 (90.3%)

CYSTOSCOPY (n=89)	
Normal	78%
Cystitis Cystica	11%
Squamous Metaplasia	1%
NMIBC	2%
Urethral Stenosis	8%

IMAGING (n=88)	
Normal	92.6%
Stones	5.2%
Angiomyolipoma	1.1%
Renal Mass	1.1%

- PRE-REFERRAL
- Only **28%** patients received first and second line treatments (Prophylactic Oral Antibiotics **28%**, Vaginal Estrogen **11%**, Methenamine Hippurate **18%** and Cystitis Prevention Measures **6%**)
 - 63%** patients reported poor Quality of Life.

TREATMENT IN OUR CLINIC	
Cystitis Prevention Measures	100%
Combined First and Second line Treatments	84%
Intravesical Treatments (GAG/ Antibiotics)	16%



CONCLUSION:

- Prioritizing simple conventional treatment is vital for post-menopausal rUTI before specialist referral.
- If patients don't respond to initial treatment, then they qualify for further investigations



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