


January 11, 2024

Deeper Dive into ASB Cases

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Your Lit Review

Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America^a

Lindsay E Nicolle , Kalpana Gupta, Suzanne F Bradley, Richard Colgan, Gregory P DeMuri, Dimitri Drekonja, Linda O Eckert, Suzanne E Geerlings, Béla Köves, Thomas M Hooton ... [Show more](#)

Clinical Infectious Diseases, Volume 68, Issue 10, 15 May 2019, Pages e83–e110,

Recommendations

1. In older patients with functional and/or cognitive impairment with bacteriuria and delirium (acute mental status change, confusion) and without local genitourinary symptoms or other systemic signs of infection (eg, fever or hemodynamic instability), we recommend assessment for other causes and careful observation rather than antimicrobial treatment (*strong recommendation, very low-quality evidence*).

Evidence Summary (section V)

- Delirious patients have more bacteriuria
 - Observational data, confounded
 - Related to host factors
- LTCF and Acute Care Data
 - abx do not improve behavior compared to no abx
 - treatment of ASB in confused patients → no mortality benefit
 - hospitalized elderly patients with delirium
 - ASB rx -> no improved functional recovery. More CDI.
- Delirium waxes and wanes

Rationale

- “We make a strong recommendation because there is high certainty for harm and low certainty of any benefit from treatment of ASB in older adults”

Case

78 yo seen with altered mental status. No localizing symptoms/physical exam findings. Afebrile. BP wnl.

Labs:

Na 147, Cr 1.3

WBC 8.9

UA: 2+ WBC, trace protein, 2+ bacteria

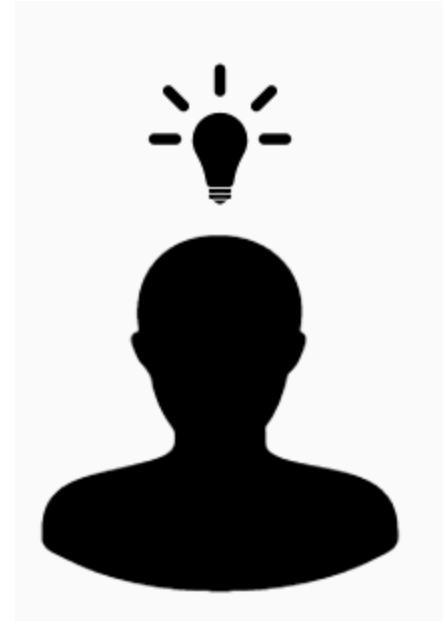
Gets sent out with 5 days of antibiotics

Know Your Audience

Reasons providers give an antibiotic to this patient

- Confusion is a symptom of a UTI and should be treated
- “UA shows UTI”
- Pt had a UTI before and got better with antibiotics
- This patient cannot give me a history
- What if I miss something?

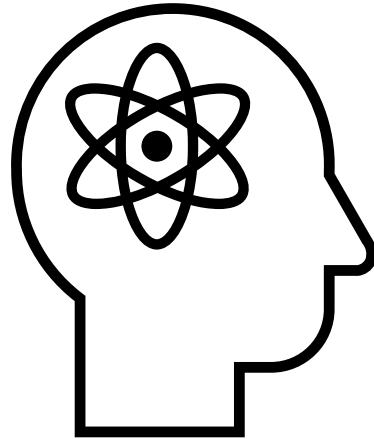
Confusion is a symptom of a UTI and should be treated



Guidelines – IDSA, AAFP, Urology



“UA shows UTI”



Pt had a UTI before and got better with antibiotics



This patient cannot give me a history



These patients ARE included in the studies referenced by the [IDSA](#)!

[Dasgupta M, Arch Gerontol Geriatr, 2017](#) – though prefer description in IDSA guidelines



What if I miss something?



What if I miss something?



What will cause more harm?



Case

78 yo patient with a chronic foley catheter presents to the ED for a fall. Urine is cloudy, foul smelling.

Labs:

Na 147, Cr 1.3

WBC 8.9

UA: 3+ WBC, trace protein, 2+ bacteria

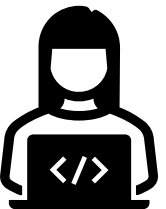
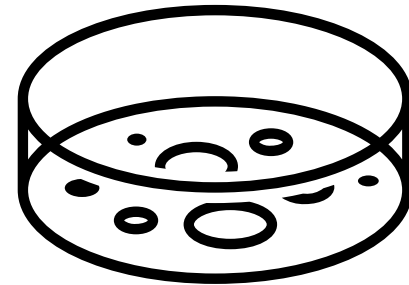
Gets sent out with 14 days of antibiotics

Know Your Audience

Reasons providers give an antibiotic to this patient and how would you respond

-
-
-
-

Is it the system?



Is it the culture?

**YOU THINK YOU KNOW
PEOPLE, AND THEN THEY
SURPRISE YOU..**



References

- [Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America \(idsociety.org\)](#)
- [Asymptomatic Bacteriuria - American Family Physician \(aafp.org\)](#)
- Thenounproject.com for icons