



## ***The Facts About...***

### **UTIs in Older People**

#### **What are UTIs?**

The **second most common infection type in humans**, a UTI is an infection which is caused when germs get into the urethra and travel up into the bladder and kidneys.

The most common kind of infection is **Isycystitis**; inflammation and infection of the bladder, although other parts of the urinary tract can become infected.

**Urethritis** is an infection of the urethra; **Pyelonephritis** occurs when an infection spreads to the kidneys and **Toprostatitis** affects the prostate.

**Generally, the higher up the urinary tract the infection is, the worse it is.**

#### **UTI Symptoms**

The most common sign of a UTI in younger people is frequent and painful urination. Blood may be visible in the urine.

But in elderly people, changes to the immune system means that their bodies react differently to infection, so the first signs of a problem may be **increased signs of confusion, agitation or withdrawal [delirium]**. This can be particularly difficult to distinguish in patients who are living with dementia, when behavioural changes may appear to be part of the condition.

Carers and family members should therefore always bear in mind that **change in behaviour is one of the best indicators of a UTI in older adults**. Examples of other changes include urinary incontinence and/or not being able to do things that they would normally be able to do.

As with any infection, if an underlying UTI is unrecognized and untreated for too long, it can spread to the bloodstream and become a life-threatening sepsis.

**Medical help should always be sought** - especially if the patient has a temperature.

#### **Who Might Be Affected?**

Because of different 'plumbing' structures in men and women, **women are four times more likely to experience UTIs than men.**

Women who have gone through menopause face a higher risk because they lack oestrogen, which helps defend against the growth of bacteria in the urethra.

Having **diabetes**, **kidney problems** or a **weakened immune system** also puts people at risk for UTIs. **Catheters** must be closely monitored in order to prevent infection.

## Diagnosing a UTI

UTIs are typically diagnosed by a GP by **urine test**. A doctor might also decide to 'culture' a patient's urine to determine the type of bacteria that's growing to prescribe the most effective antibiotic for the condition.

For **persistent infections** an **ultrasound examination**, **X-rays** and/or **CAT scan** may be used to identify the location and type of infection.

## Obtaining a Urine Specimen

The **best time to obtain a urine sample is first thing in the morning**, from the first urine passed that day.

For people living with dementia, it may be easiest to do a home test where a dipstick is held in the urine stream. Home tests are a convenient way for chronic UTI sufferers to quickly diagnose whether they have an infection, but they should be used with the support of your GP. Home tests minimise disruption to the patient when taken by a familiar person, in familiar surroundings.

Alternatively, if someone wears incontinence pads, a urine collection pack can be used to obtain a urine sample from the pad. Your GP will be able to help you to source these.

## Treatment

Antibiotics are the standard course of treatment for a urinary tract infection.

It is extremely important that people suffering from UTIs **drink plenty of fluids** in order to flush the bacteria from their systems.

If someone does become very distressed or agitated they should be offered support and reassurance to keep them safe. In some cases, a short-term treatment with antipsychotic drugs may be considered if non-drug approaches have been unsuccessful.

## Recurrent UTIs

If a person has more than two episodes of a urinary tract infection in a three month period, this is described as recurrent.

In these cases referral to a urologist for further investigation is recommended. Sometimes recurrent urinary tract infections may need to be managed with low-dose, long-term antibiotics.

## UTIs and Dementia

Urinary tract infections can exacerbate dementia symptoms, but a UTI does not necessarily signal dementia.

UTIs can cause distressing behaviour changes for a person who is living with dementia. These changes, referred to as delirium, can develop in as little as one to two days. Symptoms of delirium can range from agitation and restlessness to hallucinations or delusions.

As a person who is living with dementia may not be able to communicate how they feel, it is helpful to be familiar with the symptoms of UTIs and seek medical help to ensure they get the correct treatment.

It is also important to be aware that any infection could speed up the progression of dementia and so all infections should be identified and treated quickly.

## How to Prevent UTIs in Older People

- **Monitor fluid intake**, encouraging older people to have six to eight glasses of fluid a day. Find out what fluids the person enjoys and ensure that appropriate drinks are readily available. Using brightly coloured cups can prompt older people to remember to drink.
- **Remind older people to go to the loo several times a day**, approximately every two to three hours.
- Ensure that the **good hygiene is maintained**, including daily showers [preferably using unperfumed soap].
- The NHS recommends that people prone to UTIs **wear cotton, rather than synthetic, underwear**.

Most importantly, **notice behaviour changes**. Sudden falls, confusion or an onset of incontinence may warn of a possible UTI. Contact the person's doctor for guidance or a check-up.

## To contact Share and Care Homeshare:

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**This fact sheet should only be used as a guideline and we recommend you seek professional advice.**