

## URINARY TRACT INFECTION IN POSTMENOPAUSAL WOMEN - A REVIEW

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### ABSTRACT

Urinary Tract Infection (UTI) is very common among women, with incidence of bacteriuria increasing with age. Changes in the urinary tract due to decrease in oestrogen levels, anatomical defects, prior urogynecological surgery, post-void urinary retention, indwelling catheter, non secretors of histo-blood group P1 antigens and Vitamin D deficiency predispose women to infection, due to changes in the urinary biome. New onset dysuria is one of the best indicators of symptomatic UTI. Presence of leucocyte esterase and nitrites in urine are used to screen for infection in symptomatic women. Urine culture still remains the test for diagnosis of UTI. E. coli is the commonest organism isolated. Many associations around the world have revised the guidelines for treatment in past few years. Asymptomatic women with bacteriuria do not need screening or treatment with antibiotics. Uncomplicated UTI as well as recurrent UTI with symptoms of cystitis is treated with a short course of antibiotics for 3 to 6 days. Self-start antibiotics for 3 days with onset of symptoms are an option for patients with recurrent UTI. Continuous low dose antibiotic may be prescribed if other measures fail. Fluid intake must not be restricted, especially in women with incontinence. Vaginal oestrogen may be used for prevention of UTI. Various other non-antibiotic therapies including cranberry, ascorbic acid, D-mannose, lactobacilli and immunotherapy have been tried in the prevention of UTI, though more evidence is required. This article highlights the latest guidelines for diagnosis, management and prevention of UTI in postmenopausal women.

**KEYWORDS:** Urinary Tract Infection (UTI), Women

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