

LETTERS

Response to “When is pus not pus?”

Thank you for your comment¹ on our article.²

Based on the Infectious Diseases Society of America’s (IDSA’s) 2010 guideline³ on when to treat asymptomatic bacteriuria, I disagree with your statement and stand by our publication.

“Pyuria accompanying CA-ASB [asymptomatic bacteriuria] should not be interpreted as an indication for antimicrobial treatment (A-II).”³

If a patient’s urine culture grows a pathogenic organism, but the patient does not have symptoms suggestive of urinary tract infection (UTI), then you do not need to treat.

In long-term care facilities, patients develop changes in mental status due to dehydration from diuresis, poor oral intake, infection and a variety of other issues. However, UTI is sometimes blamed for changes in mental status when other factors have not been considered and treated. Also, when a patient does not have fever, dysuria, frequency and leukocytosis, UTI is a less likely cause.

This is a quote directly from the IDSA UTI 2005 guidelines: “Pyuria is present with asymptomatic bacteriuria ... in 90% of elderly institutionalized patients, 90% of hemodialysis patients, 30%–75% of bacteriuric patients with short-term catheters in place ...”⁴

Another direct quote from IDSA guidelines: “Screening for or treatment of

asymptomatic bacteriuria is not recommended for the following persons.

- Premenopausal, nonpregnant women (A-I).
- Diabetic women (A-I).
- Older persons living in the community (A-II).
- Elderly, institutionalized subjects (A-I).
- Persons with spinal cord injury (A-II).
- Catheterized patients while the catheter remains in situ (A-I).”⁴

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