

Most women receive inappropriate treatment for urinary tract infections

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Nearly half of women with uncomplicated urinary tract infections received the wrong antibiotics and almost three-quarters received prescriptions for longer than necessary, with inappropriately long treatment durations more common in rural areas, according to a study of private insurance claims data published today in *Infection Control & Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America.

"Inappropriate antibiotic [prescriptions](#) for uncomplicated urinary tract infections are prevalent and come with serious patient- and society-level consequences," said Anne Mobley Butler, Ph.D., lead author of the study and assistant professor of medicine and surgery at Washington University School of Medicine, St. Louis. "Our study findings underscore the need for antimicrobial stewardship interventions to improve outpatient antibiotic prescribing, particularly in rural settings."

Researchers studied insurance claims data for 670,400 women ages 18 to 44 who received an outpatient diagnosis of uncomplicated urinary tract [infection](#) between April 2011 and June 2015. They identified filled antibiotic prescriptions, assessed

adherence to clinical guidelines, and compared rural and urban antibiotic usage patterns.

Rural patients were more likely to receive a prescription for an inappropriately long duration of therapy than urban patients, according to an analysis of geographic data from the claims database. While use of both inappropriate antibiotic choice and inappropriate duration of prescriptions declined slightly over the study period, inappropriate prescriptions continued to be common with 47% of prescriptions written for [antibiotics](#) outside guideline recommendations and 76% for an inappropriate duration, nearly all of which were longer than recommended.

"Accumulating evidence suggests that patients have better outcomes when we change prescribing from broad-acting to narrow-spectrum antibiotics and from longer to shorter durations," Butler said. "Promoting optimal antimicrobial use benefits the patient and society by preventing avoidable adverse events, microbiome disruption, and antibiotic-resistant infections."

Clinicians should periodically review clinical practice guidelines, even for common conditions, to determine the ideal antibiotic and treatment [duration](#), Butler said. Auditing outpatient antibiotic prescribing patterns and periodic feedback to healthcare provider helps remind clinicians of the best practices and improves antibiotic prescribing. However, additional research should be performed to understand and ultimately improve rural outpatient antibiotic prescribing practices for urinary tract infections and other common conditions.

Possible explanations for study findings, which are consistent with other research reflecting rural disparities, may be that rural providers may not be as aware of current antibiotic treatment guidelines. In addition, urban providers who treat rural patients may prescribe longer antibiotic durations because of distance-to-care barriers in case symptoms

persist. Further research is needed to identify reasons for higher inappropriate prescribing in rural settings.

More information: Abbye W. Clark et al, Rural–urban differences in antibiotic prescribing for uncomplicated urinary tract infection, *Infection Control & Hospital Epidemiology* (2021). DOI: [10.1017/ice.2021.21](https://doi.org/10.1017/ice.2021.21)

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