

# GYNAECOLOGY & OBSTETRICS UPDATE

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**HOSPITAL  
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**AWARD**

1st runner up

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**Eastbourne  
Urogynecology  
Team**

M Malak, A Grimston,  
J Andrews, N Lawton,  
A Spirou, W Fletcher

Integrated management of pelvic floor disorders: Prolapse, urinary incontinence (try & recurrent), frequency, urgency and recurrent cystitis

**NHS Clinical  
Excellence  
Award**

2005 2006 2007  
2008 2009  
(achieving the highest  
local Award)

## Female Cystitis

Presentation, pattern, and natural course of severe symptoms, and role of antibiotics and antibiotic resistance among patients presenting with suspected uncomplicated urinary tract infection in primary care: observational study

*Urinary tract infections* are one of the most common conditions seen in female patients in general practice and the most common bacterial infection in women. These infections affect 50% of women at least once in their lives. Urine is the most commonly received specimen in microbiological laboratories.

A recent study showed that at presentation **most** women with urinary tract infection have multiple symptoms that they rate as a moderately bad problem or worse, and **half** feel unwell and have considerable restriction in daily activities. The symptoms lasted 3.32 days in average

**Antibiotic resistance and not providing antibiotics** are associated with 50-60% longer duration of more severe symptoms especially urinary frequency. Patients with a history of cystitis, frequent somatic symptoms, and severe baseline symptoms can be given a realistic indication that more severe symptoms might last longer than the average three days.

Doctors should also remain positive about the natural course for patients with suspected urinary tract infection as it has been found the duration of symptoms was shorter if the doctor was perceived to be positive about diagnosis and prognosis.

### References:

BMJ 2010;340:b5633

**Cystitis during Pregnancy: please see "Issue 86"**

**Main outcome measure** Duration and severity of symptoms.

**Results** 684 women provided some information on symptoms; 511 had both laboratory results and complete symptom diaries. For women with infections sensitive to antibiotics, severe symptoms, rated as a moderately bad problem or worse, lasted 3.32 days on average. After adjustment for other predictors, moderately bad symptoms lasted 56% longer (incidence rate ratio 1.56, 95% confidence interval 1.22 to 1.99, P<0.001) in women with resistant infections; 62% longer (1.62, 1.13 to 2.31, P=0.008) when no antibiotics prescribed; and 33% longer (1.33, 1.14 to 1.56, P<0.001) in women with urethral syndrome. The duration of symptoms was shorter if the doctor was perceived to be positive about diagnosis and prognosis (continuous 7 point scale: 0.91, 0.84 to 0.99; P=0.021) and longer when the woman had frequent somatic symptoms (1.03, 1.01 to 1.05, P=0.002; for each symptom), a history of cystitis, urinary frequency, and more severe symptoms at baseline.

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