

**Session Summary for 7 November 2017**

**Take-Away Points from UTI discussion:**

* With trimethoprim-sulfamethoxazole, consider the risk of hyperkalemia in patients with potential underlying kidney disease (such as your elderly patients) and drug interactions. An alternative antibiotic may be necessary in some of these patients.
* Even though beta-lactams, are considered 2nd-3rd line agents in uncomplicated cystitis due to the risk of potential drug resistance, they may still be a good choice for some patients, such as elders or pregnant women.
	+ Beta-lactams concentrate well in the urine. MICs are often based on serum levels, not urinary levels.
	+ If you do choose a beta-lactam for UTI, you may need to opt for a longer course, such as 7 days instead of 3-5 days.
* Duration of therapy in complicated UTI varies. Some sites see their providers prescribing anywhere from 7-14 days in similar patient situations.
	+ If there is concern for source control, such as urinary tract obstruction that is unrelieved, these are situations when longer therapy may be needed. However, if your patient is otherwise healthy, compliant and responds well to initial therapy, a short course is completely acceptable and helps to avoid adverse effects due to antibiotics.