

## Journal Watch – Infections – March 2018

**Article:**

Treatment of asymptomatic UTI in older delirious medical in-patients: A prospective cohort study.

Dasgupta M, Brymer C, Elsayed S.

Arch Gerontol Geriatr, 2017 Sept; 72: 127-134

Article link: <https://www.ncbi.nlm.nih.gov/pubmed/28624753>

**Review:**

**Strengths:** Prospective design with ethics approval. Consecutive enrolment, large number of patients, with few lost to follow-up. Delirium was screened for by trained research assistants and inter-rater validity confirmed throughout the study. Delirious subjects with ASB were compared to other delirious individuals.

**Weaknesses:** Not a randomized –controlled trial. The investigators relied on data from chart to determine if the patient had symptoms and symptomatic UTIs may have been missed. Delirium can be difficult to diagnose so false positives or negatives may have occurred.

**Relevance to Palliative care:** This study examined older delirious medical in-patients: unfortunately, there are no studies specific to the palliative population. Although there may be similarities between these patient populations, palliative patients may also demonstrate characteristics such as structural alterations which may precipitate urinary problems and possibly UTIs. These may, or may not be amenable to treatment.

Palliative patients are frequently delirious, and ruling out infections is part of the delirium work-up, to eliminate reversible causes, thus urinalysis and cultures may be done, as urine is a common source of infection. It may, however, be possible to delay the initiation of antibiotic therapy until culture results are available, and appropriate, rather than broad-spectrum empiric therapy, initiated if treatment is indicated.

It may be difficult to establish if a delirious patient has symptoms, or if treating an infection will bring any resolution to the delirium. Thus, we may have to take direction from the patient's agent, who may or may not insist all treatment options are explored. We can try educating the caregivers but success may be limited.

While we are cognizant of the current guidelines to not treat ASB, we also have to consider the implications in the palliative setting and whether withholding a treatment, even if it's of questionable benefit, is the right thing to do.

