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Deceptive urine studies and inappropriate antibiotic use in geriatric psychiatry: The impact of bundled interventions

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Background: Antibiotics are commonly used in older adults, especially in inpatient settings. CDC (Center for Disease Control and Prevention) reports 20-50% of antibiotic use is unnecessary or inappropriate in acute care hospitals in the United States. Lack of data regarding the prevalence of and treatment for infections in acute geriatric psychiatric units (GPU) motivated us to initiate this project.

Methods: This study was conducted in a 22-bed GPU in a community-based teaching hospital. Data were collected by retrospective chart review of all admissions from the previous one year. Patients living independently were evaluated using clinical criteria according to guidelines published by the Infectious Diseases Society of America (IDSA).

Results: Near 27% received Abx, primarily for a misdiagnosed urinary tract infection. Only 20% met clinical criteria; 80% were unnecessarily treated for ASB or contaminated cultures. Over two-thirds of the Abx consisted of fluoroquinolones or trimethoprim-sulfamethoxazole, neither of which are recommended due to adverse events and/or resistance. The impact of bundled interventions was marginally effective.

Discussion: A higher risk of infections in older adults, diagnostic challenges, cognitive deficits, and several other factors may bias providers toward overdiagnosing and treating infections in GPU. Delirium is common among this patient population, and urine cultures are often ordered to exclude a UTI despite the absence of established clinical criteria.

Conclusion: Urinalysis and UC are indiscriminately ordered in older adults, resulting in inappropriate Abx with non-recommended agents. Urinalysis should not be a requirement for admission in asymptomatic patients, given the high prevalence of ASB and pyuria in older adults.

Biography

Rajdip Barman, MD, graduated medical school from Medical College & Hospital, Kolkata, India and did residency in psychiatry from Virginia-Tech Carilion School of Medicine, Roanoke, Virginia, USA. He completed a fellowship in geriatric psychiatry from Cambridge Health Alliance, Harvard Medical School, Cambridge, Massachusetts, in 2017. After completing his studies, he joined Berkeley Medical Center, West Virginia University Medicine, Martinsburg, West Virginia, as an assistant professor and served as the clerkship director. Currently, he is working as an attending psychiatrist & Vice-Chair at Genesis Health System, Davenport, Iowa. He has achieved several awards and accolades and published near 15 papers in reputed journals.

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