

Myths about the Diagnosis of Urinary Tract Infections (UTI)

The diagnosis of UTI should be based on a combination of clinical symptoms and laboratory information.

Myth 1

Urine is cloudy and smells bad

False

No symptoms = not a UTI

Myth 2

Abnormal urine studies

- Presence of bacteria and/or positive for nitrites
- Presence of white blood cells (WBC) or positive leukocyte esterase
- Positive urine culture

False

No symptoms = not a UTI

Myth 3

Patients with bacteria in urine should be treated to prevent a UTI

False

Treatment of asymptomatic bacteriuria does not prevent UTIs

Myth 4

The presence of yeast or *Candida* in the urine, especially in patients with a catheter should be treated for *Candida* UTI

False

Treatment indicated only if candiduria suggests systemic infection or, an upper urinary tract infection

Myth 5

Falls and acute altered mental status changes in patients are usually caused by UTI

False

When there are no symptoms of infection, look for other causes of altered mental status first

Conclusion:

Myths may lead to unnecessary urine testing and/or antibiotic treatment for a UTI. The diagnosis of UTI should be based on a combination of clinical symptoms and laboratory information.

Adapted from: Schulz L, Hoffman RJ, Pothof J, Fox B. Top Ten Myths Regarding the Diagnosis and Treatment of Urinary Tract Infections. J Emerg Med. 2016;51(1):25-30. doi:10.1016/j.jemermed.2016.02.009