

## Monthly Newsletter for Woodlands' CCM Program



# Why do some women get recurrent UTIs?

By Mark M. Ryan MD

A urinary tract infection (UTI) is diagnosed by taking a sample of urine from someone who is having symptoms (burning or pain when urinating, an urgent need to urinate, more frequent urination, and lower abdominal pain) and testing the urine for the presence of bacteria. Recurrent urinary tract infections (UTIs) are defined as 2 infections within 6 months or 3 infections within 1 year.

Recurrent UTIs can occur in anyone, but women after menopause experience them most frequently. This is due to [changes](#) in the lining of the vagina that occur during menopause that allow bacteria to enter the bladder more easily. Other risk factors that lead to recurrent UTIs are chronic illnesses or medications that reduce the immune response to infection, and reduced flow of urine caused by inadequate fluid intake or problems with emptying the bladder.

Some common misperceptions about UTIs are important to address here:

**1.- A change in urine color or odor alone does not mean you have a UTI.** Some drugs or foods, dehydration, and medical conditions can cause urine to change in color and smell. Shifts in bacteria that naturally live in the vagina and urinary tract can also cause changes in odor.

**2.- Bacteria in the urine does not always mean that you have a UTI.** Some people may have bacteria living peacefully in their bladder. These bacteria generally do not need treatment unless you are having UTI symptoms.

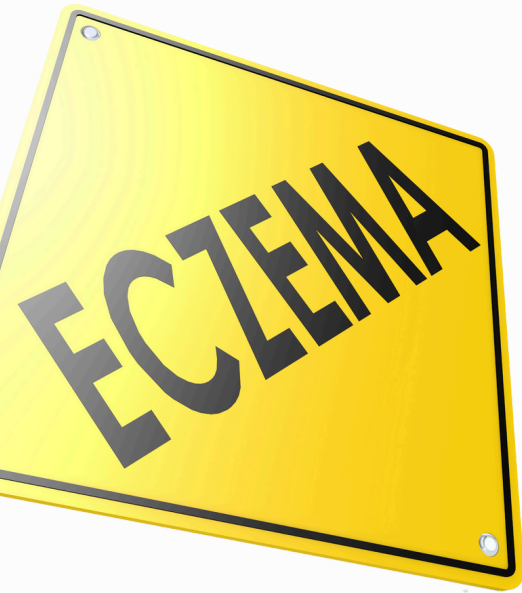
**3.- You do not need a longer course of antibiotics to treat each episode of UTI just because you have recurrent UTIs.** For the vast majority of patients, a [five day course](#) of antibiotics is sufficient to treat a UTI.

If you are having recurrent UTIs, talk to your doctor about a plan to investigate why you are having recurrent UTIs and how to restore your bladder health. Many behavioral and non antibiotic treatments are available to help reduce the frequency of UTI in people of all ages. If you are postmenopausal or approaching menopause, vaginal estrogen is very effective for UTI prevention and is safe for most women. Take a probiotic with Lactobacillus, a bacteria that is associated with good vaginal and bladder health. Discuss with your doctor before taking supplements like cranberry, vitamin C, or d-mannose. These are not harmful but have not been proven to reduce infections. Stay hydrated with at least 1.5 L of water daily. If you get UTIs after intercourse, ask about taking preventive antibiotics after sex. Methenamine (Hiprex) is a nonantibiotic prescription medication that is [effective for UTI prevention](#).

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## &gt;&gt;&gt; IN THE NEWS

## Is one of my medications causing my eczema?

*This [recently published study](#) found that certain blood pressure medications were associated with a 29% increase in the rate of diagnosis of eczematous dermatitis (eczema). The hazard rate was highest for diuretic drugs and calcium channel blockers and lowest for angiotensin-converting enzyme inhibitors and  $\beta$ -blockers.*

Trying to determine the cause of a patient's eczema is always a challenge, and oftentimes leads to an unsatisfactory answer of "we don't know". While it is difficult to definitively say that a medication is the direct cause of a rash, researchers in the United Kingdom undertook an ambitious four year research project to find an answer.

They analyzed the patient health data of a network of primary care practices across the United Kingdom spanning from January 1, 1994 to January 1, 2015. They included all adults above the age of 60 without a diagnosis of eczematous dermatitis at baseline. They then tracked the date of a patient's first blood pressure prescription and grouped it by the different classes of blood pressure medication. The next step was to track the date of diagnosis of eczematous dermatitis among patients filling a blood pressure medication compared to those not taking a blood pressure medication.

The researchers ended up with 1,561,358 patients in the study with an average age of 67. During an average follow-up of six years, 6.7% of these patients developed eczema, and those patients taking blood pressure medications were significantly more likely (29% higher risk) to be diagnosed with eczema during this timeframe than those not taking blood pressure medication.

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Even more interesting was that the class of blood pressure medication seemed to make the most difference. Diuretics (HCTZ, Lasix, etc) and calcium channel blockers (Norvasc, Diltiazem, etc) had the largest effect size on the development of eczema, whereas beta-blockers (metoprolol, carvedilol, etc) and ACE-inhibitors (lisinopril, benazepril, etc) had the smallest effect size.

Certainly additional research is needed to understand the mechanisms underlying this association, and I do not recommend stopping your blood pressure medication without consulting your physician; however, I do recommend paying close attention to any uncommon or strange side effects when starting a new medication. As much as possible, attempt to only start one new medication at a time in order to distinguish the cause of any side effects.



&gt;&gt;&gt; THIS MONTH

## Time for the Flu Vaccine

The end of summer means it is time to start thinking about an annual flu vaccine. Here are some things to keep in mind this year:

**1**

All 2024 flu vaccines will be “trivalent. In previous years there was a “quad” vaccine that was available; however, because influenza B/Yamagata viruses are no longer circulating, their inclusion in the annual vaccine is no longer warranted. Current vaccines will protect against A(H1N1), A(H3N2), and a B/Victoria lineage virus.

**2**

Patients who are solid organ transplant recipients should receive a “high dose” or “adjuvanted” flu vaccine. All other adults should simply get a flu vaccine without going out of their way to get a particular version.

**3**

There is an updated COVID vaccine this fall. It is a separate vaccine and not included or part of the annual flu vaccine.

**4**

The CDC recommends only a single dose of the RSV vaccine. If you received this last year, you do not need another dose. If you are not sure if you need the vaccine, here is a list of who the CDC recommends receive the vaccine.

Call Us First 

## Have leg swelling and not sure what to do?

A swollen leg is concerning, particularly if it is painful. If you are concerned about a new symptom that developed while our office is closed, know that our physicians are on-call 24/7 and available to assess your symptoms and treat you when you need treatment. Please call us before going to the emergency room so we can advise you on the best course of action.

**Call 850-696-4000 and ask the operator for the Woodlands primary care physician on-call.** We can set up a telemedicine visit or simply speak to you by phone to review your symptoms and make sure you receive the best care in the most appropriate setting.

