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 1. Urinary tract infections are the most commonly occurring disease in adult patients; it may occupy the upper or lower urinary tract or both. When the infection is limited to lower urinary tract only, then it shows different symptoms like dysuria, urgent and frequent urination and also suprapubic tenderness that are also called cystitis.

 2. The burden from urinary tract infection on both clinical and financial aspects of healthcare in the United States of America is quite huge. In 2000 alone there were eleven million offices and out-patient hospital visits by patients aged 20 years and older with this disease. It is also said that more than one half of woman have at least one urinary tract infection during their lifetime. Among them, 3-5% will have multiple recurrences during their lifetime. Prevalence of asymptomatic bacterium is also quite higher in women as compared to men. The prevalence rate is 20% higher in women aged 65 years than men of the same age.

 3. Urinary tract infection is caused by interaction between host biologic and behavioral factors and the bacterial virulence. Mostly it happens because of rising infectivity from the urethra into the bladder. feminine bladder is quite short, and the external that is located on the third part is populated by bacteria that are pathogens of the normal vaginal and enteric flora. Bacteria moves up towards the urethra during sexual intercourse, and it causes infection in that part. This disease most commonly spread by nonpathogenic *E.coli*. The E.coli species also cause ascending infection in the renal parenchyma that is a leading cause of pyelonephritis. The *Protues* species also produce this infection, and these are normally linked with structural abnormalities in the urinary tract. The lymphatic connections are present along the kidneys and reverse lymphatic flow into the kidneys has also been reported.

 1. this practice bulletin was developed by the ACOG Committee on practice bulletins- gynecology with the assistance of MD Jeanne Sheffield. The information is suitable for the patients who have urinary tract infection.

 2. CPG is helpful in primary treatment because it helps to diagnose the disease by discussing all the symptoms and then the proper treatment for the disease, the CPG also helps to know about the recurrence rate of the infection and what strategy should be used if that happens. Also the drawbacks of different antibiotics is also covered in this one topic.

 4. The use of antibiotics for such infections is quite common in women who have a urinary infection which leads to antimicrobial resistance. So in women without any history of laboratory-confirmed UTI, an office visit for dipstick testing is suitable. Urine culture in all patients who have an upper class of UTI. In the case of acute pyelonephritis, whether the treatment is an outpatient basis or inpatient basis 14 days, antimicrobial therapy should be completed. Also, women who are aged 65 or more a three-day antimicrobial regimen should be done for acute bacterial cystitis.

 2. Use of the antibiotics for such infection normally causes antimicrobial resistance; therefore, there should be some better alternative used. The 14 days antimicrobial treatment is important because in most patients the antibiotics showed their effect after a period of 14 days. Most of the symptoms of the UTI was controlled after 14 days of antibiotics used.

 One of my patients also had a urinary tract infection. The treatment and other symptoms of the disease were just the same as in this paper. But according to the paper, some of the symptoms were an infection in the bladder and also kidney which were missing in my patient. The treatment given was antibiotics that were given to him for a period of 14 days. But even after 14 days, the patient had the disease again which showed recurrence and also it showed the antimicrobial resistance. The paper does not show any brief evidence or history about the recurrence of the disease.

References

ACOG Practice Bulletin No. 91, Treatment of Urinary Infections in Nonpregnant Women. (2008). *Obsterics & Gynecology, 111(3), 785-794*. Doi:10.1097/aog.0b013e318169f6ef

**References**

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