

The theme of the 2023 summit is **Sustainable Resourcing For All In Food & Nutrition Security: Creative solutions for healthy & resilient populations.**

Abstract Content

- Conference sub-theme:

Implementing Effective Interventions in Healthcare

- Abstract title:

Understanding the relationship between thickener treatment burden and antibiotic prescribing for urinary tract infections (UTI) using real world data

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Background

Thickening drinks to manage dysphagia is under scrutiny due to lack of evidence for improved outcomes and quality of life. Thickeners have an unintended treatment burden and risk dehydration and UTI. Patients can withdraw consent to the intervention by not drinking. The impact of thickener on hydration, and the proxy measure of UTI antibiotics, requires further investigation to improve nutrition, hydration whilst supporting antimicrobial stewardship.

Aim/objective

To explore a potential relationship between prescribing of thickeners and antibiotics for UTI for older adults in Primary Care (England).

Method

We investigated prescribing of first line UTI antibiotics (nitrofurantoin, trimethoprim) in older adults (>65 years) in GP practices and compared those concomitantly prescribed thickeners. The data were obtained from the NHS Business Services Authority Data Services Support as a bespoke analysis of prescribing ePACT2 data linked by NHS number. Retrospective analysis was performed on anonymised data for 3 years (January 2019 to December 2022). This did not require ethical approval. Data unattributable to a specific region was excluded.

Results

Prescribing of UTI antibiotics is 3 to 4 times more common in older adults prescribed thickeners compared with those without. Monthly data over three years showed on average 2.86% of patients > 65 were prescribed an antibiotic for UTI and this figure increased to 10.06% of patients when prescribed a thickener. This analysis supports the evidence that dehydration is associated with infection.

Conclusions

Prevention, consent, dysphagia management and implementation of guidance around eating and drinking with acknowledged risk should be questioned. Patients may drink less thickened fluids, yet resource is used on prescribing, preparing and promoting intake of them. Further analysis should be undertaken to look at other age groups and antibiotics associated with dysphagia. Optimal nutrition and hydration is a key part of antimicrobial stewardship strategy and improvement work.

References

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