

Ditch the Dipsticks in Older Adults

In long-term care settings, many residents showing signs of a urinary tract infection (UTI) are given a urine dipstick test for confirmation. However, these tests are unreliable in older adults over the age of 65 and often result in unnecessary antibiotic prescriptions. Overdiagnosis of UTIs is one of the most common reasons for the unnecessary use of antibiotics in LTC.

In response to this concern, over ten societies, associations, and organizations have come together to endorse a statement advocating against the use of urine dipsticks in older adults. This collaborative effort aims to reduce the overuse of antibiotics in LTC settings and promote evidence-based best practices.

Urine Dipstick Recommendation:

- Do NOT purchase, store, or use urine dipsticks in long-term care homes.
- Do NOT perform urine dipstick in adults > 65 years old who present to a clinic, an Emergency Department or any other health care setting.

Note: Routine and microscopic urine evaluation should continue to be used for non-infectious indications only (e.g. to rule out hematuria, proteinuria); Urine culture should continue to be used and only collected after clinical assessment if localizing urinary symptoms are present suggesting cystitis (e.g. acute dysuria, suprapubic tenderness) or pyelonephritis (e.g. fever, flank pain).

Sources:

Advani SD, North R, Turner NA, Ahmadi S, Denniss J, Francis A, Johnson R, Hasan A, Mirza F, Pardue S, Rao M, Rosshandler Y, Tang H, Schmaier KE, Anderson DJ. Performance of Urinalysis Parameters in Predicting Urinary Tract Infection: Does One Size Fit all? Clin Infect Dis. 2024 Apr 26;ciae230. doi: 10.1093/cid/ciae230. Epub ahead of print. [PMID: 38666412](#).

Piggott KL, Trimble J, Leis JA. Reducing unnecessary urine culture testing in residents of long term care facilities. BMJ. 2023 Aug 9;382:e075566. doi: 10.1136/bmj-2023-075566. [PMID: 37558239](#).

Cooper MA. The Diagnosis and Management of UTI in >65s: To Dipstick or Not? The Argument For Dipsticks. Infect Prev Pract. 2020 May 8;2(3):100064. doi: 10.1016/j.infpip.2020.100064. [PMID: 34368712](#).

Nace DA, Perera SK, Hanlon JT, Saracco S, Anderson G, Schweon SJ, Klein-Fedyshin M, Wessel CB, Mulligan M, Drinka PJ, Crnich CJ. The Improving Outcomes of UTI Management in Long-Term Care Project (IOU) consensus guidelines for the diagnosis of uncomplicated cystitis in nursing home residents. Journal of the American Medical Directors Association. 2018 Sep 1;19(9):765-9. [PMID: 30037743](#).

Nicolle LE, et al. Infectious Diseases Society of America guidelines for the diagnosis and treatment of asymptomatic bacteriuria in adults. Clin Infect Dis. 2005 Mar 1;40(5):643-54. [PMID: 15714408](#).

Stone ND, et al. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. Infect Control Hosp Epidemiol. 2012 Oct;33(10):965-77. [PMID: 22961014](#).

Endorsed by:

College of Family Physicians of Canada

Canadian Society for Long-Term Care Medicine

Canadian Nurses Association

Canadian Pharmacist Association

Nurse Practitioner Association of Canada

Association of Medical Microbiology and Infectious Disease Canada

Canadian Urological Association

Canadian Geriatrics Society

Canadian Association for Long Term Care

Health Standards Organization (HSO)

For tools and resources:

<https://choosingwiselycanada.org/long-term-care/antibiotics/#dipstick-resources>