

Screening for Asymptomatic Bacteriuria in Adults: U.S. Preventive Services Task Force Recommendations

Summaries for Patients are a service provided by *Annals* to help patients better understand the complicated and often mystifying language of modern medicine.

The full reports are titled “Screening for Asymptomatic Bacteriuria in Adults: U.S. Preventive Services Task Force Reaffirmation Recommendation Statement” and “Screening for Asymptomatic Bacteriuria in Adults: Evidence for the U.S. Preventive Services Task Force Reaffirmation Recommendation Statement.” They are in the 1 July 2008 issue of *Annals of Internal Medicine* (volume 149). The first report (pages 43-47) was written by the U.S. Preventive Services Task Force; the second report (available at www.annals.org) was written by K. Lin and K. Fajardo.

Who developed these guidelines?

The U.S. Preventive Services Task Force (USPSTF) is a group of health experts that makes recommendations about preventive health care.

What is the problem and what is known about it so far?

Bacteriuria refers to bacteria in the urine. When bacteria get into the urine, a urinary tract infection (UTI) (also called *bladder* or *kidney infection*) can occur. The symptoms of UTIs include painful and frequent urination, fever, and pain in the lower abdomen or back. However, sometimes people have *asymptomatic bacteriuria*. This means that they have no symptoms even though they have bacteria in their urine.

Urinary tract infections are usually easy to treat with antibiotics, but sometimes serious complications can occur, including kidney damage or spread of the infection through the bloodstream. Urinary tract infections in pregnant women can lead to problems for both the mother and the fetus. Because UTIs can be uncomfortable, have serious health effects, and are easy to treat, it might make sense to test for bacteriuria even if patients have no symptoms. This would allow physicians to treat patients with antibiotics before symptoms or complications happen. Looking for a disease in people with no symptoms is called *screening*. To test for bacteriuria, a sample of urine is collected and sent to the laboratory.

In 2004, the USPSTF recommended against screening adults for asymptomatic bacteriuria, except for pregnant women. The Task Force wanted to see whether studies published since 2004 should lead to changes in this recommendation.

How did the USPSTF develop these recommendations?

The USPSTF reviewed research published since their 2004 recommendation on screening for asymptomatic bacteriuria to look at the benefits and harms of screening.

What did the authors find?

They found strong evidence that identifying and treating pregnant women with asymptomatic bacteriuria with antibiotics reduces UTIs in the mothers and low birthweight in the babies. They found adequate evidence that identifying and treating nonpregnant adults with asymptomatic bacteriuria does not improve outcomes. The potential harm associated with screening is that it might lead to the use of antibiotics in people who might have been fine without treatment. This would needlessly expose people to possible antibiotic side effects.

What does the USPSTF suggest that doctors and patients do?

The USPSTF recommends that all pregnant women receive a urine culture at 12 to 16 weeks or their first prenatal visit, if later than 12 to 16 weeks. The USPSTF recommends no screening for bacteriuria in nonpregnant patients with no UTI symptoms.

What are the cautions related to these recommendations?

The recommendations may change as new studies become available. However, the USPSTF has judged that it would take large, high-quality studies to overturn these recommendations.

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