

# Antibiotic prescribing and Non-prescribing in Nursing home residents with signs and symptoms Ascribed to urinary tract infection

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON26512

### Source

NTR

### Brief title

ANNA

### Health condition

Suspected UTI

## Sponsors and support

**Primary sponsor:** Amsterdam UMC, location VUmc

**Source(s) of monetary or material Support:** ZonMW

## Intervention

## Outcome measures

### Primary outcome

Appropriate AB prescribing for suspected UTI at index consultation (yes/no)

## Secondary outcome

Course of symptoms, alternative diagnosis at index consultation, changes in treatment < 3 weeks, hospitalization, mortality, (other) complications, total AB use at NH level

## Study description

### Background summary

#### BACKGROUND:

Urinary tract infections (UTI) are common among nursing home (NH) residents, and account for the largest share of total antibiotic (AB) use in this setting. In previous research, it was found that one third of these AB prescriptions for UTI are not (yet) required. Inappropriate AB use is an important problem both on the patient level (i.e. it causes side-effects and drug interactions) and the societal level (i.e. AB resistance). Therefore, a UTI treatment algorithm for frail elderly has recently been developed by an international expert panel. This algorithm has been incorporated in the revised guideline on UTI of the Dutch Association of Elderly Care Physicians and Social Geriatricians (Verenso), which was published in October 2018. In order to reduce inappropriate AB use, it is important that this guideline will be used in practice. However, it is widely known that guideline implementation is challenging and takes time.

#### OBJECTIVE:

To evaluate whether actively drawing physicians attention to the revised UTI guideline results in more appropriate AB prescribing for NH residents with suspected UTI. This will be achieved in two ways: 1) by providing the UTI guideline treatment advice automatically in the electronic patient file when a clinician considers a UTI, and 2) by educating physicians and nursing staff on the content of the guideline.

#### STUDY DESIGN:

A cluster randomized controlled trial (cRCT) with NHs as the unit of randomization.

### Study objective

We hypothesize that our intervention leads to an increase in appropriate AB use for UTI and so to a reduction in total AB use, without negative consequences for patients' wellbeing/recovery

### Study design

March 2019 - March 2020: Data collection

April 2020 - March 2021: Data analysis

March 2021 - March 2022: Preparing paper on results / Other data dissemination activities / Development implementation package

## Intervention

Actively drawing physicians attention to the revised UTI guideline results by: 1) providing the UTI guideline treatment advice automatically in the electronic patient file when a clinician considers a UTI, and 2) educating physicians and nursing staff on the content of the guideline

## Contacts

### Public

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### Scientific

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## Eligibility criteria

### Inclusion criteria

NH residents with a new diagnosis 'suspected UTI'

### Exclusion criteria

- Recent AB use (past 7 days) for a different type of infection
- A treatment policy indicating that the resident wishes not to be treated with AB in case of a UTI

## Study design

### Design

Study type: Interventional

Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

## Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-03-2019
Enrollment:	708
Type:	Actual

## IPD sharing statement

**Plan to share IPD:** Undecided

## Ethics review

Positive opinion	
Date:	26-02-2019
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL7555

**Register**

Other

**ID**

METC Amsterdam UMC, location VUmc : 2018.442

## Study results