

Nitrofurantoin and older women

We read with interest the article by Singh and colleagues suggesting that nitrofurantoin is effective for treating urinary tract infections (UTIs) in older women with lower glomerular filtration rates (GFRs).¹

The prevalence of asymptomatic bacteriuria is very high in older people. However, antibiotics are not indicated, because they do not prevent symptomatic UTI, complications or death.² Although antibiotics are superior to placebo for treating asymptomatic bacteriuria, the increase in the rate of adverse events is substantial.² In clinical practice, many older people with asymptomatic bacteriuria are prescribed antibiotics without clear indications. In this study, it was not distinguished from UTI, which may affect the results of the study.

In the discussion section, the authors state that the use of nitrofurantoin for patients with lower GFRs may relieve the pressure to prescribe fluoroquinolones. However, the findings of the study indicate that nitrofurantoin is more commonly used than fluoroquinolones, and the effectiveness of nitrofurantoin is substantially lower. Encouraging the use of antibiotics with lower efficacy may be especially problematic in older people, who are at increased risk for UTI-associated sepsis.

Although antibiotic prescription in the 120 days before the index date is an exclusion criterion, the patients had high rates of urine culture and history of antibiotic use. Because long-term antibiotic prophylaxis is indicated when there is a history of three or more UTIs in the last 12 months,³ long-term use of prophylactic antibiotics might have been planned for some of these patients in the index date. In the long-term, adverse events, such as pulmonary toxicity and neuropathy associ-

ated with nitrofurantoin, may be important.⁴

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Animal visitation in acute care medical facilities

Stull and colleagues detail approaches for reducing pet-associated zoonotic infections.¹ They and others have provided similar commentary in regard to preventing infections when pets or other animals are brought into health care facilities.^{2,3} Given variations in both pets and health care facilities, the acute care setting warrants the most vigilance.

Although there may be limited data to provide evidence-based recommendations in many contexts, the potential for methicillin-resistant *Staphylococcus aureus* (MRSA) epidemiology to be complicated by pet visitations is enough to suggest that most proposed animal visits to acute care settings are not advised. Canines can acquire MRSA in hospitals.⁴ Cross-transmission of MRSA between humans and pets is well known in the home.⁵⁻⁸

Even though there may be some arguments for enhancing quality of life with animal visits for individual

patients, and some exceptions can be made (e.g., for service animals), the visitation of animals to acute care facilities is fraught with some risk and creates more activity for infection control teams. Reducing standards and creating frequent exceptions are only likely to lead to further demand for the same.

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