## Topical estrogen therapy for UTIs

Urinary tract infections (UTIs) are common among older people in residential aged care. The 2021 Fourth Australian report on antimicrobial use and resistance in human health reported 23.1% of residents with a suspected UTI and prescribed antimicrobial treatment. Antimicrobials were consistently and most commonly prescribed for UTI prophylaxis. The report highlighted prolonged prophylaxis not recommended by guidelines.

Ant microbial resistance (AMR) cont nues to be one of the most signif cant challenges that healthcare services face in Australia, and around the world. Use of low o

## Low-dose vaginal estrogen therapy

L ears or more, or more than 1 2-3 weeks, then cont cream is used nightly at bedt me for 3 weeks, then used twice weekly.

Vaginal pH falls to low levels by the third week of topical estrogen treatment. An increase in lactobacilli in the vaginal

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## Benef ts

A study published in the New England Journal of Medicine nearly thirty years ago confirmed the benefit of long-term use of vaginal estrogen in preventing recurrent UTIs. Topical estrogen treatment had a dramatic effect on the incidence of recurrent UTIs – 0.5 in users versus 5.9 episodes per year in non-users. Significantly more women were *Lactobacillus* positive in the vaginal oestrogen group compared to placebo.

The considerable reduct on in the frequency of symptomat c episodes of UTI in pat ents treated with estrogen also greatly reduced their use of ant biot cs - 6.9 versus 320 days per pat ent over 8 months.

Across many studies, vaginal estrogen has been shown to reduce urinary frequency, urge incont nence, stress