



Virginia Department of Behavioral Health
and Developmental Services

Urinary Tract Infections (UTIs) in Individuals with Intellectual and Developmental Disabilities

**Developed and Presented by:
The Office of Integrated Health – Health Supports Network at
The Virginia Department of Behavioral Health and
Developmental Services (DBHDS)**

Learning Objectives

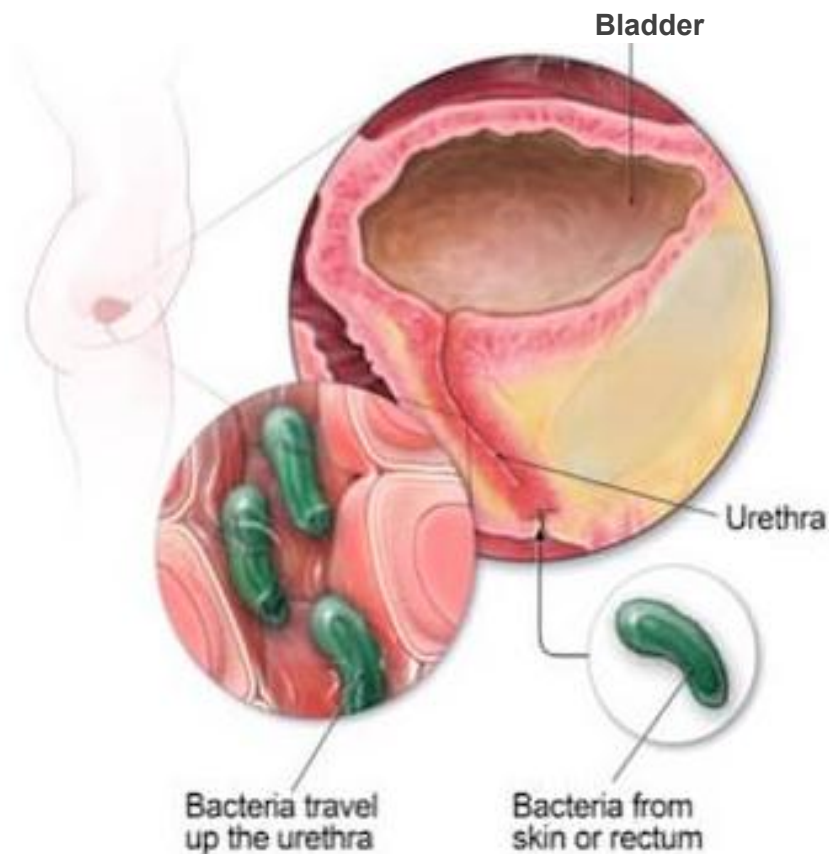
- Define a urinary tract infection (UTI).
- List the different types of UTIs.
- Recognize the risk factors associate with UTIs.
- Identify the causes of UTIs.
- State the signs and symptoms of a UTI.
- Describe when to get medical attention for a UTI.
- Explain how to obtain a clean catch urine sample.
- Identify dangers of undiagnosed UTI.
- Discuss various treatments for UTIs.



Introduction

What is a UTI?

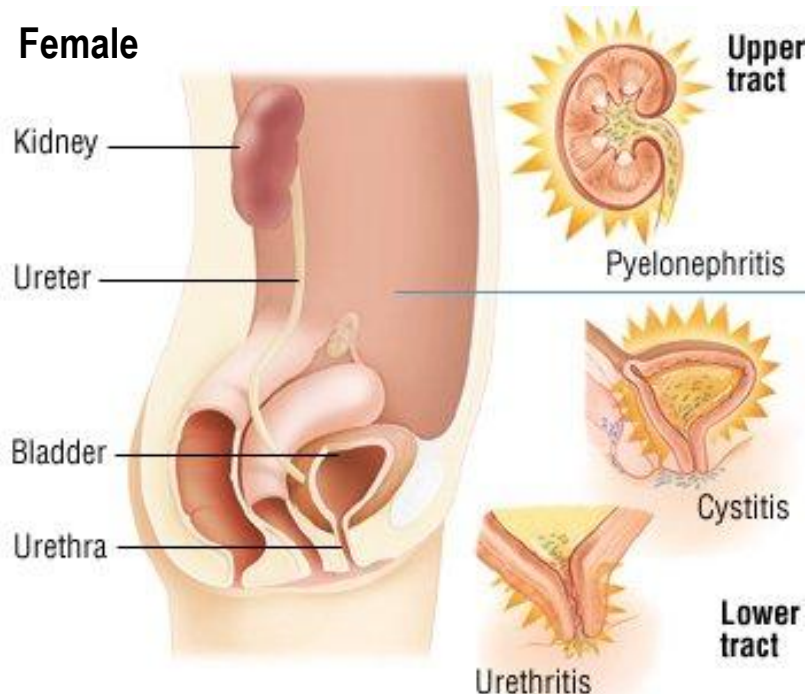
- UTIs occur when bacteria (disease producing microorganisms) enter the urinary tract from the skin or rectum, and travel up the urethra to the bladder, producing an infection (cystitis) with symptoms.
- Urinary tract infections (UTIs) are one of the most common infections treated by primary care physicians (PCP) in the world to date.



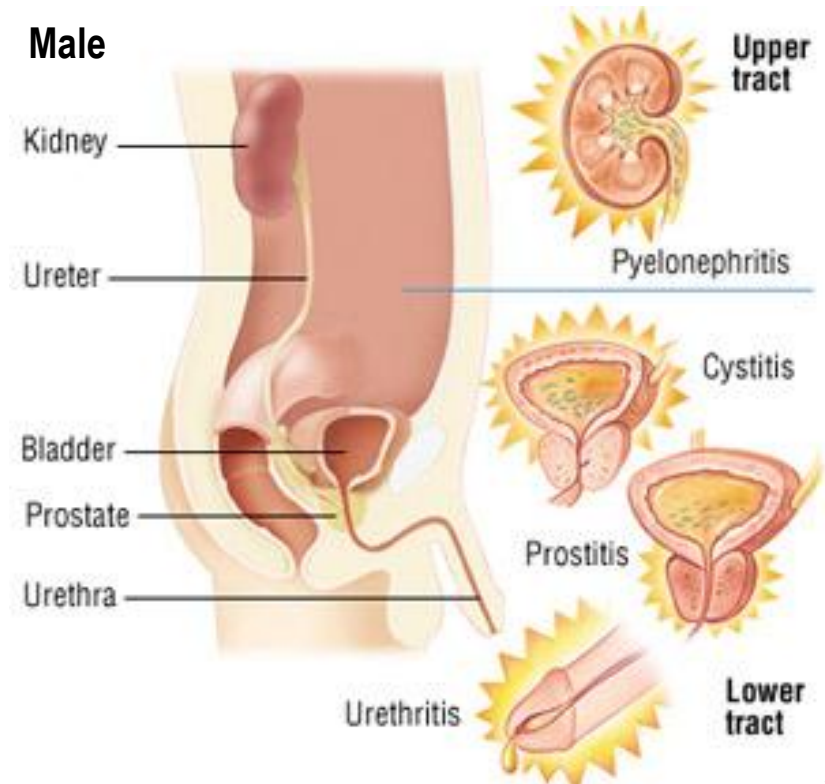
UTIs continued...

- The urinary tract is divided into upper and lower tracts.
- Cystitis is an infection within the bladder and is the most common type of lower UTI.
- Urethritis is an infection with the ureters.
- Pyelonephritis is an infection within the kidneys.
- Pyelonephritis is more serious than urethritis or cystitis but less common.

Female



Male



Types of UTIs

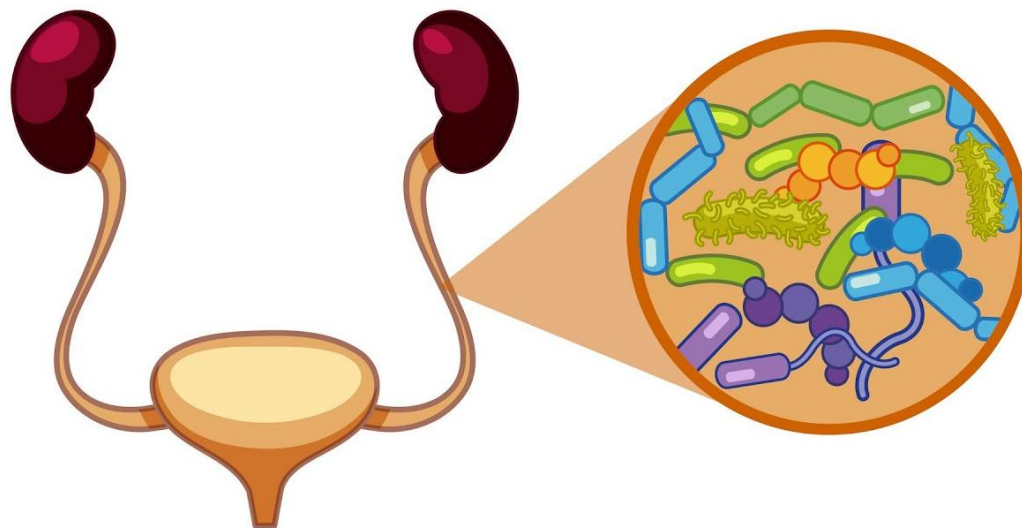
Types of UTIs

- Uncomplicated.
- Complicated.
- Recurrent.
- Relapse.
- Catheter-associated UTIs (CAUTIs).



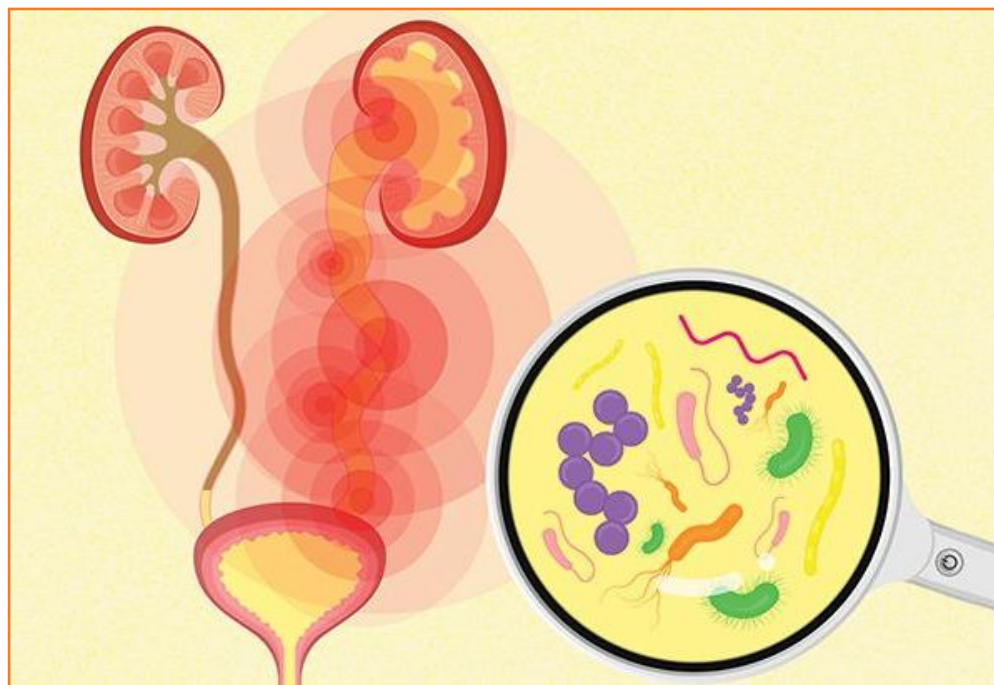
Types of UTIs

- **Uncomplicated UTIs** occur in healthy individuals with no known physical and or functional defects within their urinary tract.
- **Complicated UTIs** are associated with blockages or obstructions in the urinary tract. Blockages or obstructions may be related to:
 - An enlarged prostate in men.
 - A neurological disorder (i.e., multiple sclerosis), epilepsy cerebral palsy, diabetes or conditions which affect the spine.
 - Immune disorders.
 - Bladder or kidney stones.
 - Bladder or kidney tumors.



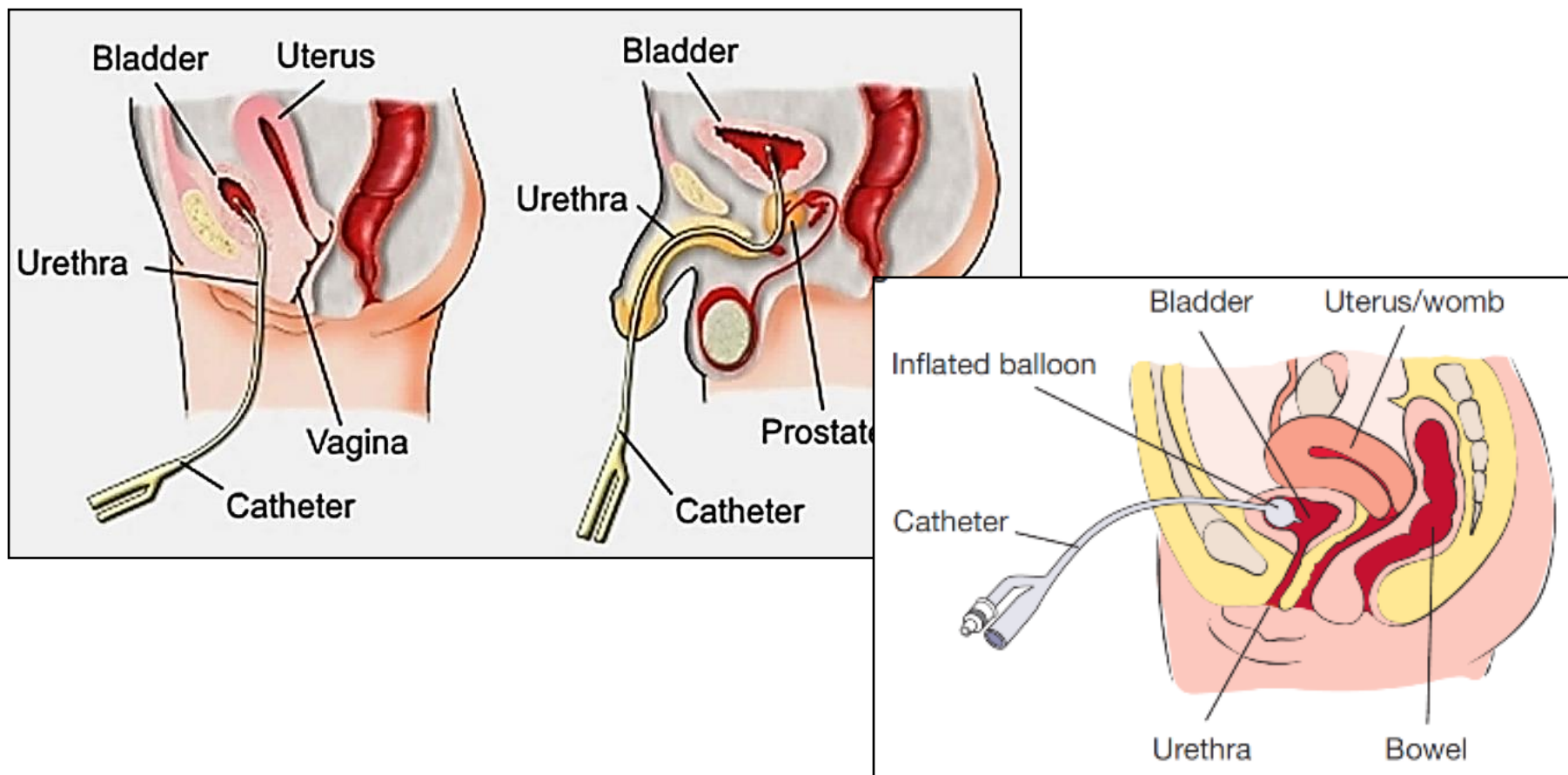
Types of UTIs

- **Recurrent UTIs** are described as at least 2 - 3 uncomplicated or complicated infections in a 6-month time period or 3 UTIs within a year.
- **Relapse UTIs** are infections which reoccur within the first two weeks of completing the initial antibiotic drug therapy for the first UTI.

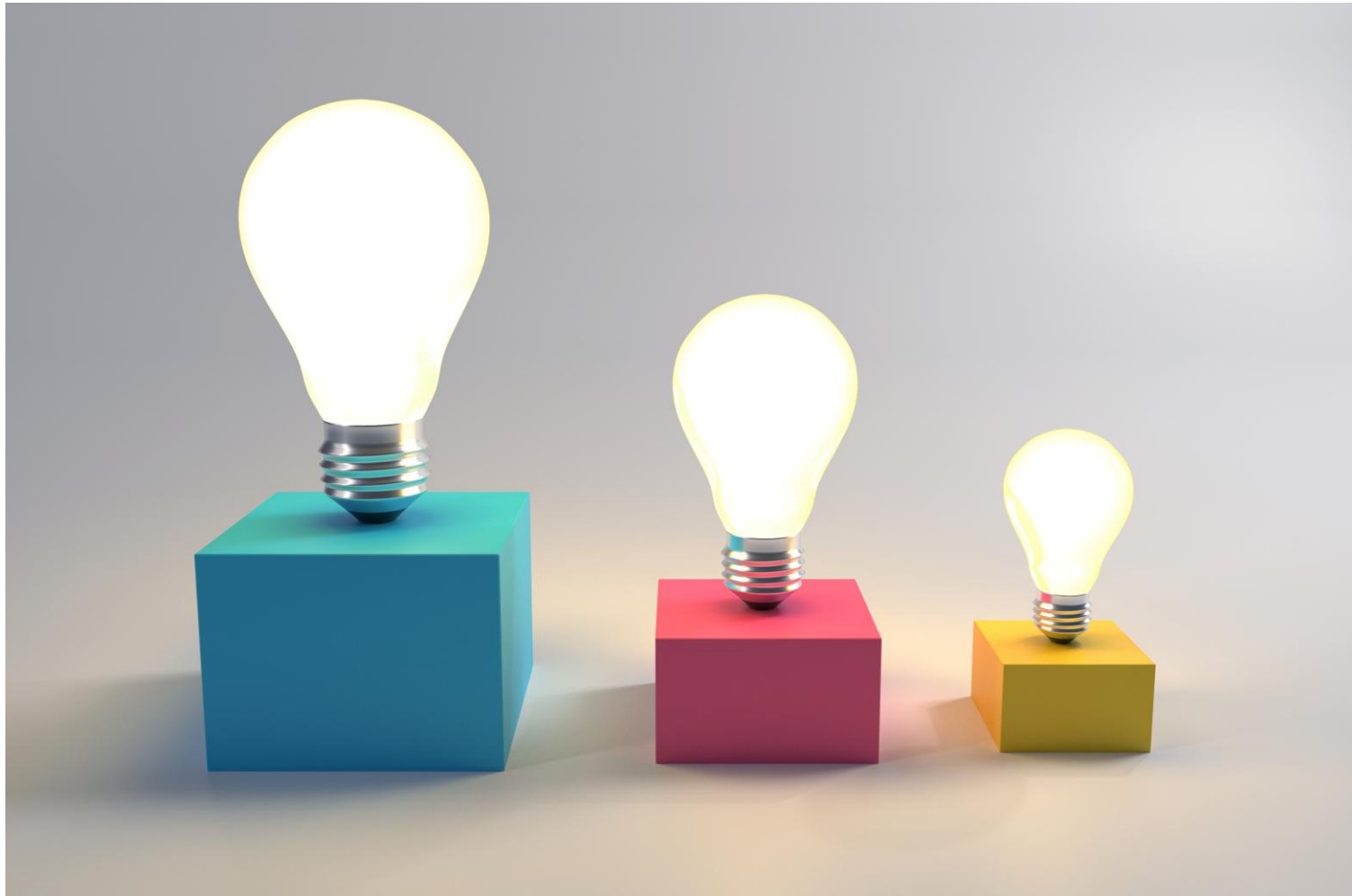


Types of UTIs

- **Cather-associated UTI's (CAUTIs)** occur when a person has an indwelling urinary or supra-pubic catheter and or has recently been catheterized in the past 48 hours.



Checkpoint!



Checkpoint!

Pyelonephritis (kidney infection) is a(n) _____ UTI,
and cystitis (bladder infection) is a(n) _____ UTI.

Checkpoint!

_____ UTIs are associated with blockages or obstructions in the urinary tract.

Checkpoint!

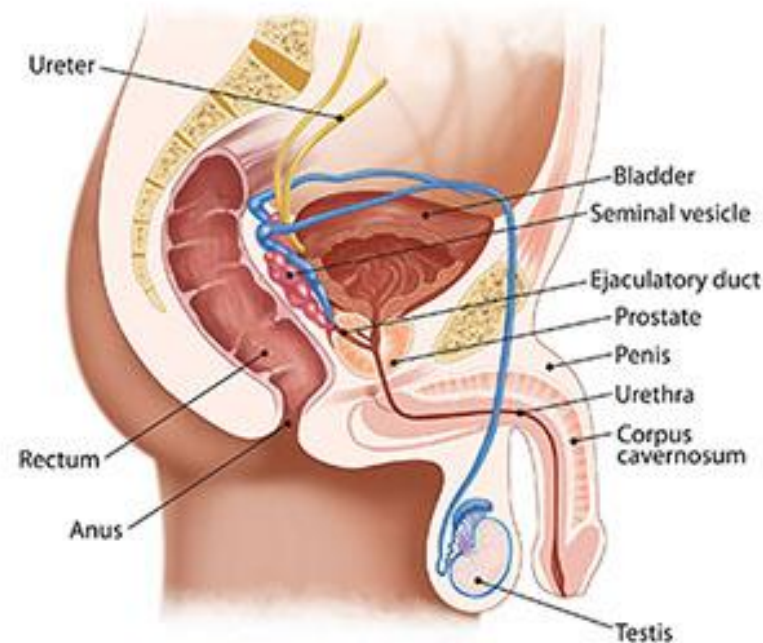
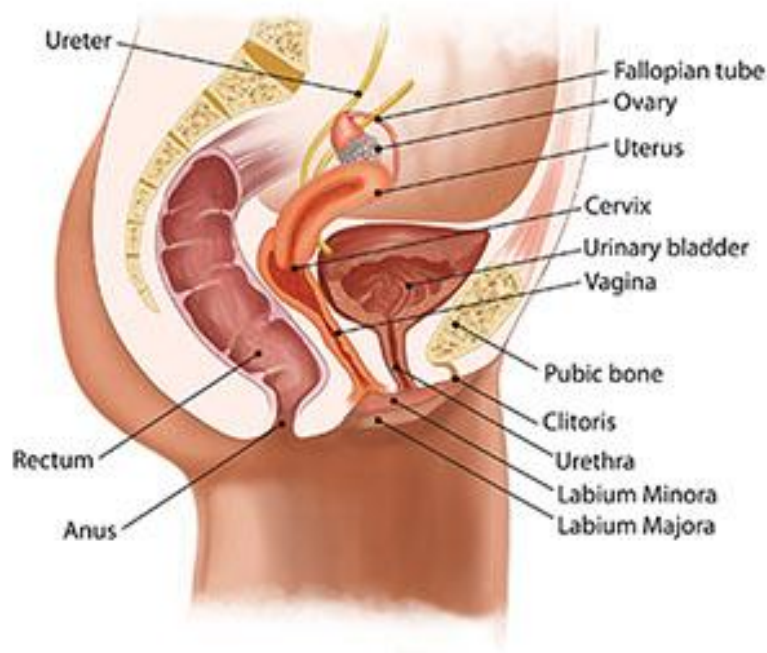
_____ UTIs occur within the first two weeks of completing antibiotics for a diagnosed UTI.

Risk Factors for UTIs

UTI Risk Factors

UTIs are more common in females than males because of differences in the length of the urethra.

- The female urethra is approximately 4 inches in length and closer to the rectum where more bacteria exists and can easily travel into the urinary tract.
- The male urethra is approximately 7 to 8 inches in length, and the opening is farther from the rectum.



UTI Risk Factors continued...

- Previous UTIs.
- Family-related risk (a mother, sister, aunt, or grandmother with history of UTIs).
- Changes in a female's bacterial growth caused by medication used for vaginal infections, or during menopause.
- Age 65 years or older, with urinary incontinence, urinary retention, numerous hospitalizations and or institutionalizations.
- Diabetes (impaired insulin processing within the body).
- Incomplete emptying of the bladder due to diabetic-related nerve damage.



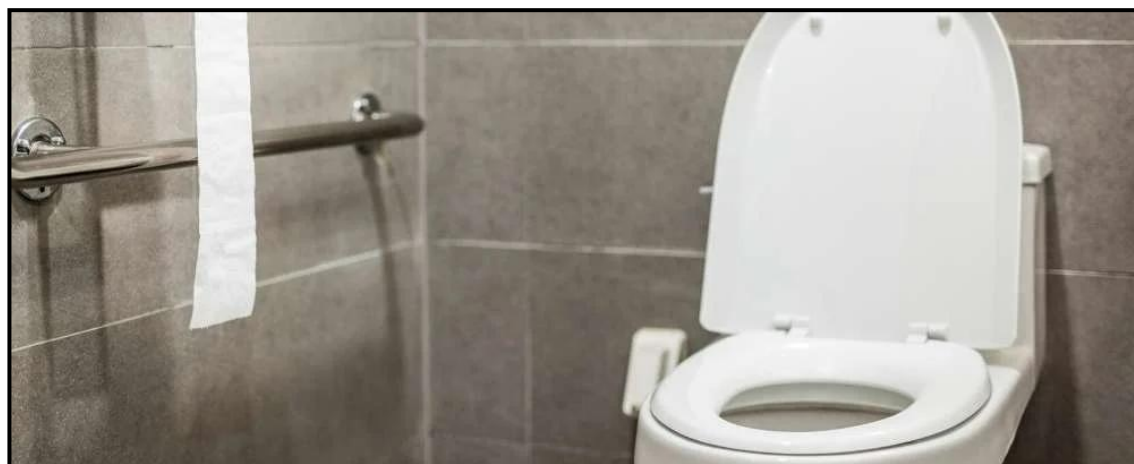
UTI Risk Factors continued...

- Enlarged prostate or incomplete emptying of the bladder related to narrowing of the urethra.
- Young children being toilet trained, if not taught proper hygiene of wiping from front to back after bowel movements.
- Prolonged use of an indwelling urinary or suprapubic catheter and/or having recently experienced urinary catheterization in the hospital or medical environment.



Increased Risk for UTIs in Individuals with I/DD

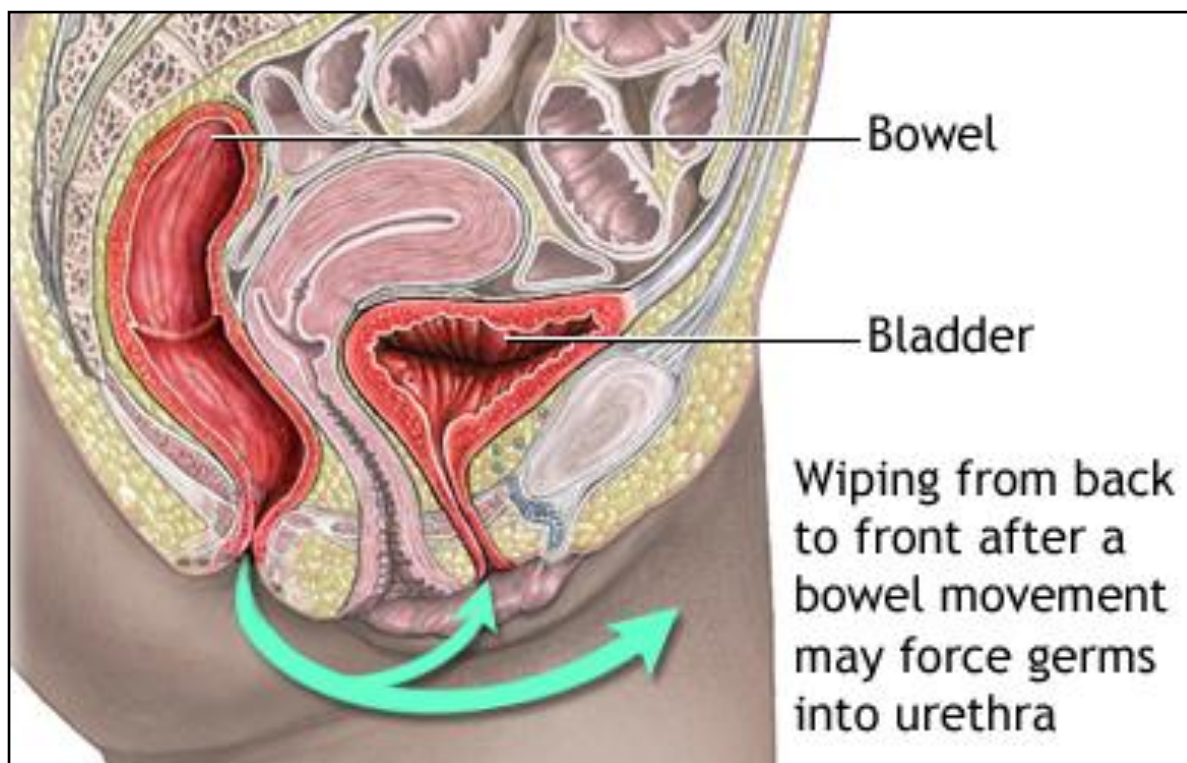
- Individuals with any intellectual and developmental disabilities (IDD) are at higher risk for UTIs than the general population if they:
 - Have a diagnosis of profound or severe IDD.
 - Are nonverbal and/or communicate without words.
 - Have difficulty understanding and communicating abstract concepts such as pain and discomfort.
 - Have physical disabilities and require assistance to use the bathroom.
 - Are incontinent.



Causes of UTIs

Causes of UTIs

- UTIs are caused when bacteria enters the urinary tract.
- Feces from the rectum find their way into the urethra, which can occur when a female wipes her perianal area from the back to the front.



This picture shows the **incorrect** way to wipe after a bowel movement.

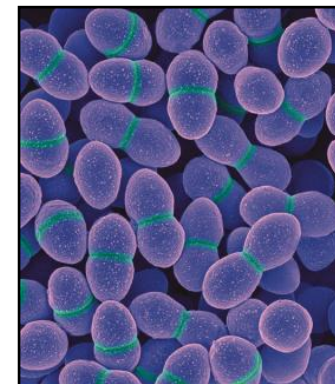
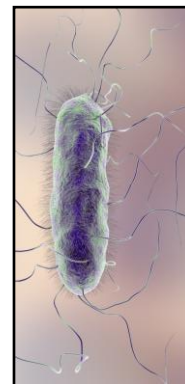
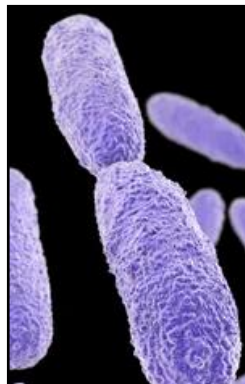
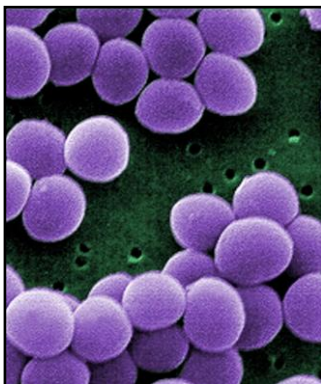
Proper cleaning of the perianal area after a bowel movement is to **wipe from front to back** away from the urethra.

Causes of UTIs continued...

- *Escherichia coli* (E. coli) is the most common bacteria found to cause UTI's in the community, accounting for greater than 80% of all diagnoses.

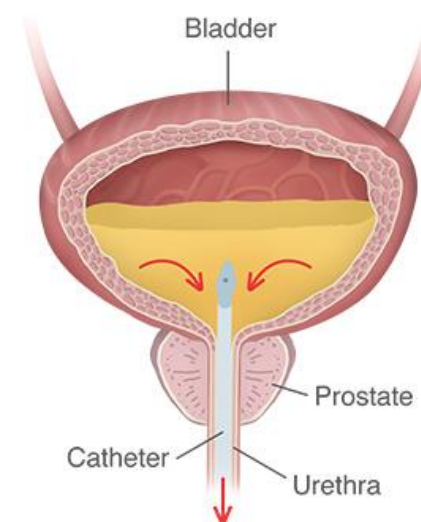
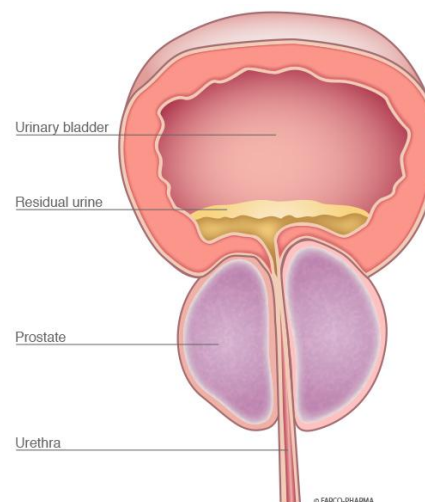
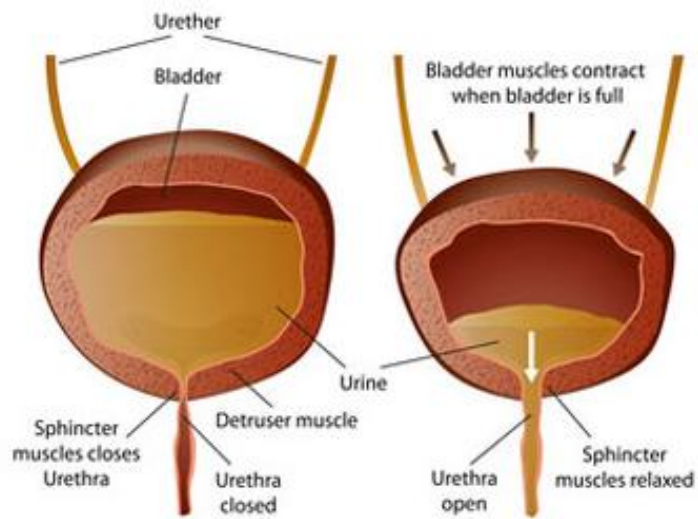


- Other pathogens such as *Staphylococcus*, *Klebsiella*, *Proteus*, and *Enterococcus* have mostly been identified in hospital acquired CAUTI's.

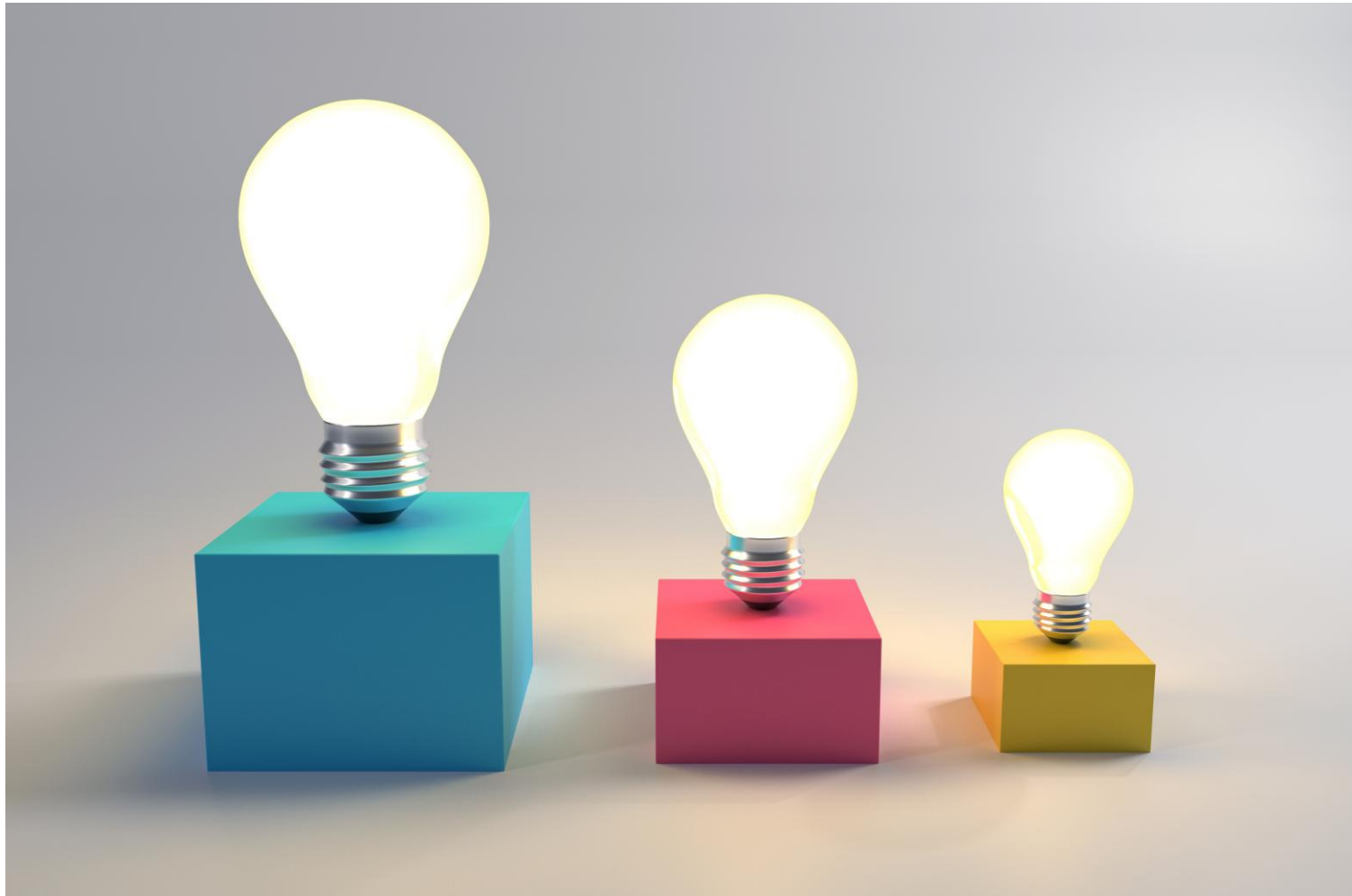


Causes of UTIs continued...

- Urine that is left sitting in the bladder after urination is referred to as stagnant urine residual which provides an environment for bacterial growth.
- Stagnant urine residual happens when the bladder is not emptied completely during urination, leaving a small amount of left over urine.
- Treatment for stagnant urine residual is an in-out (straight) catheterization.
 - Catheterization is considered a sterile procedure requiring a nurse to perform under a physician's order.



Checkpoint!



Checkpoint!

Name three risk factors for UTIs.

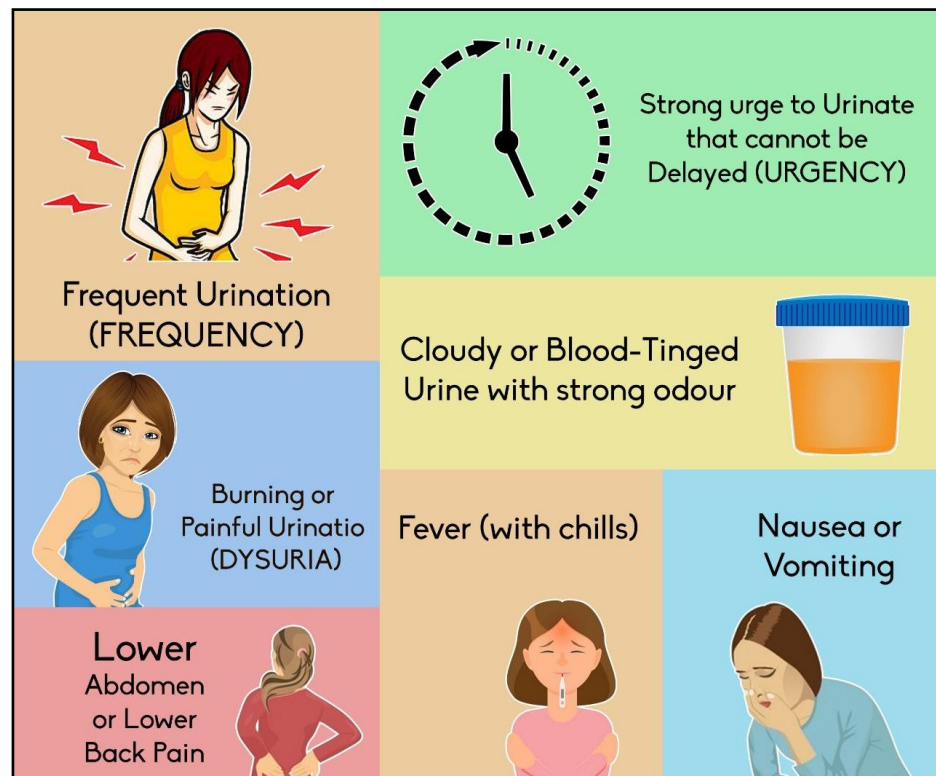
Checkpoint!

What are two causes of UTIs?

Signs and Symptoms UTIs

Typical Signs and Symptoms of UTIs

- Dysuria is painful or difficult urination which is a key symptom.
- The feeling of needing to urinate, even after emptying the bladder.
- Pelvic pain is lower abdominal pressure, cramping or pain.
- Hematuria is the presence of blood in the urine.
- Malaise is generally feeling ill or weakness.
- Nocturia is excessive urination at night.
- New or worsening mental confusion.
- Frequent and urgent urination.
- Lower back pain or side pain.
- Lack or loss of appetite.
- Irritability and agitation.
- Nausea or vomiting.
- Chills.
- Fever.



Signs and Symptoms of UTI in Individuals with IDD

Individuals with IDD may exhibit the following symptoms, in addition to the symptoms experienced by the general population:

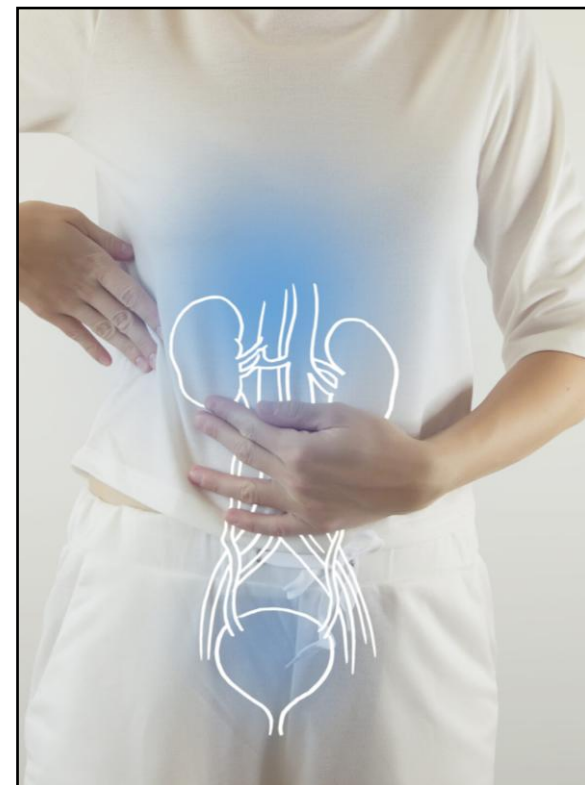
- A higher-than-normal temperature 98.6> is often one of the first signs of UTI in a non-verbal individual.
- Grabbing, pulling or holding their genitals or perianal area, more than usual or sudden onset.
- Increased irritability and agitation related to toileting or urinating (squirming, wiggling, grimacing, whining, crying, stiffening legs, etc.)
- Refusal to eat or drink, and/or poor appetite.
- New onset of bowel or urinary incontinence.
- Numerous repeated trips to the bathroom.
- Listlessness, and tiredness.



Seeking Medical Attention and Identifying UTIs

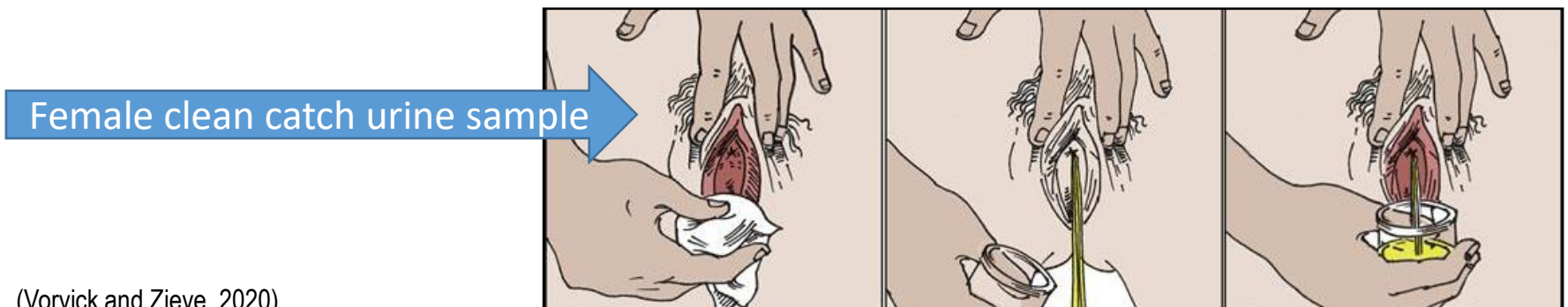
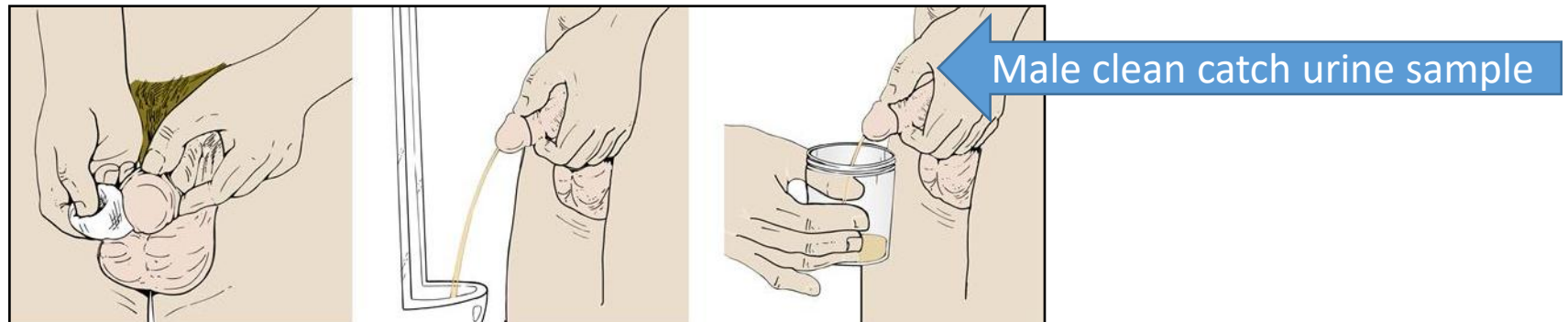
Diagnosis

- **If UTI is suspected an individual should be seen by a physician right away, either by the primary care physician (PCP) or in the hospital emergency room, based on the increased risk of the infection developing into sepsis.**
 - Urinary tract infections are the second leading cause of sepsis, which if not treated immediately can quickly lead to death.
- Verification of UTI is based on the presence of bacteria and white blood cells in the urinary tract with the presents of physical symptoms.
- A person can have increased bacteria in their urine without having any physical symptoms.
 - This is referred to as Asymptomatic Bacteriuria (ASB), which is at times confused with UTI.



Urine Collection

- Collection of a mid-stream clean catch urine specimen is the first step in properly diagnosing and treating UTIs.
- It is important not to contaminate the urine specimen with bacteria from outside of the body when collecting a urine specimen.
- If time will allow, the best time to collect urine is in the morning, when the urine has been in the bladder for several hours.



Urine Collection continued...

- A special urine collection kit should be obtained from the primary care physician's (PCP's) office to collect the specimen.
- In the kit there is a sample cup with lid and disinfecting wipes to be used to clean the perianal area before collection.
- Write the individuals last name and date of birth on the cup label with a permanent marker.
- Follow the specific step-by-step instructions in the kit for collecting a clean catch urine sample.
- Staff should wear gloves and remain with the individual to assist if needed, and to ensure a clean catch urine is obtained.



Urine Collection continued...

- Some individuals with I/DD are not cognitively able to follow verbal direction to obtain a clean catch urine specimen.
- If the individual is physically able to sit on the commode a specimen collection device or “toilet hat” can be inserted under the lid of the toilet to catch urine, then staff can fill the specimen cup with the urine.
- If needed ask the physician for the device, which can be obtained from most pharmacies.
- It is a one time use only device and must be thrown away after use.



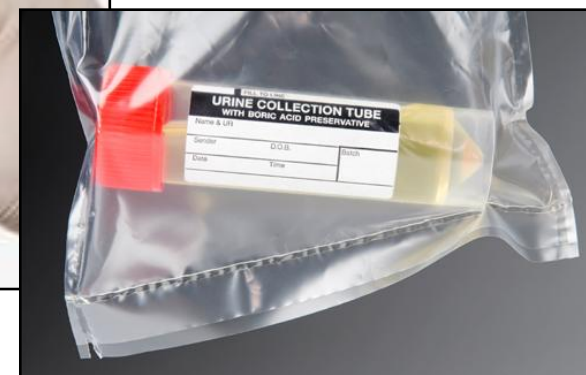
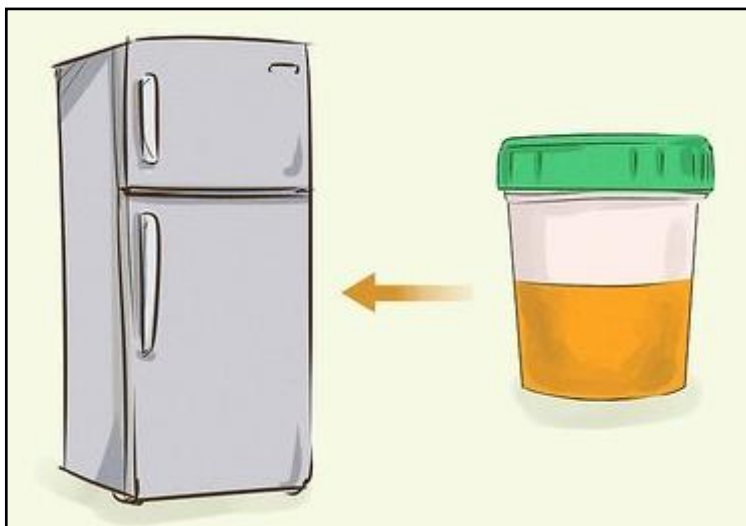
Urine Collection continued...

- Non-ambulatory individuals who cannot sit upright on the commode can use a specialized ultra-absorbent gel collection insert in an incontinence brief for urine sample collection.
- The urine is then drawn out of the insert and tested.
- The drawback to this process is it increases the risk of contamination and inaccurate results.
- The suggested “gold standard” method of urine specimen collection from an incontinent, non-ambulatory or non-compliant individual is to have a nurse perform a sterile in-out catheterization.
- A needle aspiration of the bladder is another option, if the individual is in a medical location where sedation, is an option.



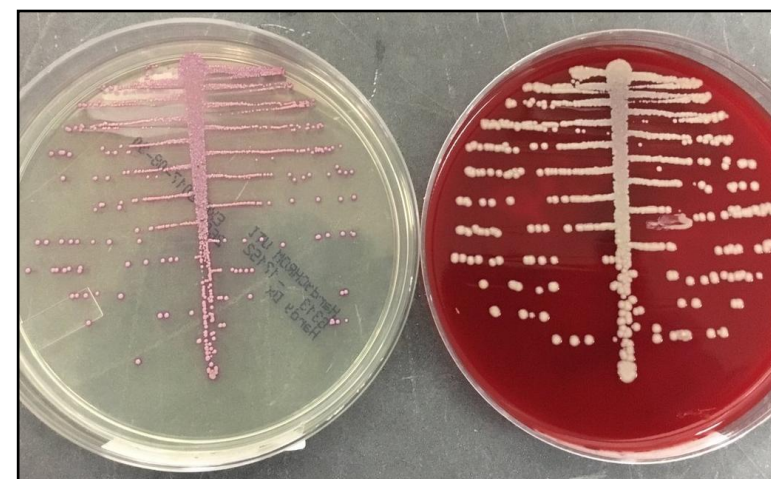
Urine Collection continued...

- After the urine is collected, it should be returned to the primary care physician's (PCP) office or lab immediately if possible.
- If it cannot be returned immediately following collection, it can be stored in the refrigerator in a plastic baggy until the next earliest opportunity for delivery.
- If a urine sample is left at room temperature it will affect the bacterial growth in the urine and will require another urine specimen to be collected.



Urine Analysis

- Identifying bacterial growth and white blood cells in the urine specimen is done using a dip-stick test (urinalysis) initially confirming infection.
 - A urinalysis (UA) examines the color and clarity, content and concentration of the urine.
- To identify the specific bacteria causing the infection a culture & sensitivity (C&S) test is required.
 - This test identifies the specific bacteria causing the infection and establishes which antibiotic will be most effective.
 - A C&S takes approximately 3 to 5 days to complete.
- A UA and C&S is recommended for recurrent and relapse UTIs to verify correct choice of antibiotic is being taken to fight infection and or length of treatment is effective.

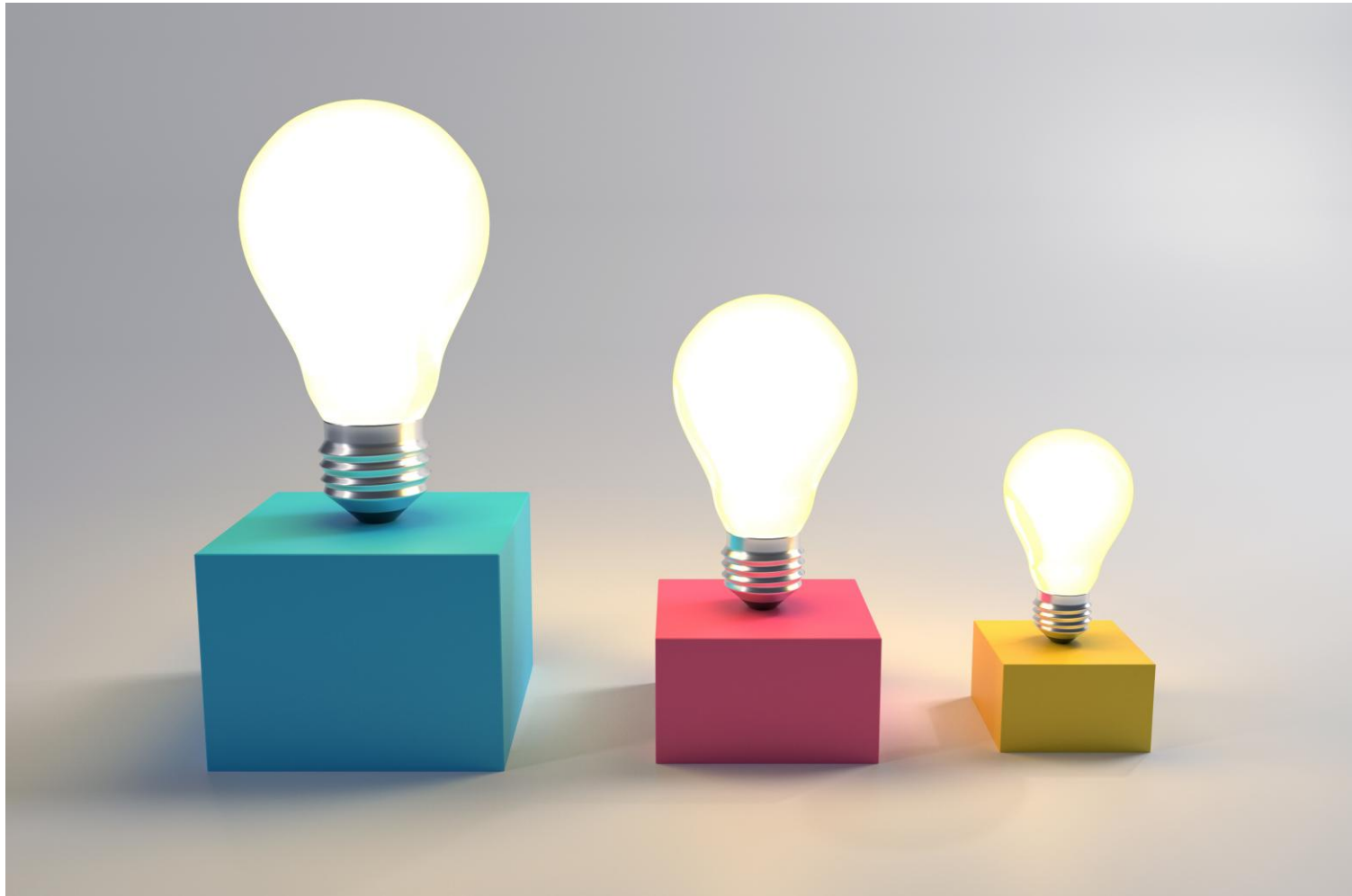


Additional Analyses and Testing

- Complicated UTIs may involve more extensive testing to pinpoint the physical issue adding to the infection.
- Other procedures which might be required to treat a complicated UTI are:
 - Ultra-sounds.
 - Pelvic examination.
 - X-rays of the urinary tract.
 - Magnetic resonance imaging (MRI).
 - Computerized tomography (CT) scans.
 - A scope of the urinary tract (cystoscopy).



Checkpoint!



Checkpoint!

What are three signs and symptoms of UTIs unique to people with IDD?

Checkpoint!

If a UTI is suspected, when should medical attention be sought? Why?

Checkpoint!

What supplies are needed to obtain a clean catch urine sample?

Care and Treatment of UTI

UTI Medications

- Antibiotics are prescribed to treat bacterial infections which cause UTIs with symptoms.
- Other medications such as Ibuprofen (Advil) and Pyridium (phenazopyridine) maybe prescribed to treat symptoms of pain, burning and itching
- Pyridium causes the urine to become bright orange to gold in color and can stain bedsheets or clothing.



UTI Medications continued...

- Antibiotic treatment will be started immediately by the PCP based on the UA confirmation of infection and symptoms.
- If the UTI persists once the initial treatment has started, another antibiotic may be needed.
- The results of the C&S might indicate another antibiotic choice would be more effective.
- Antibiotic treatment can range from between 3 – 10 days depending on the individual's infection and the physician's prescription.
- It is so important to give antibiotic as soon as the medication is acquired.
 - Antibiotic medications should be taken exactly as prescribed until all of the medication is gone.
 - If a dose is missed, for whatever reason, it should be taken as soon as it is remembered or skipped if it is close to time for the next dose.
 - If unsure, contact the pharmacy where the medication was obtained, or the prescribing physician for guidance.



Continue to Monitor

- Within 24 – 48 hours of taking antibiotics signs and symptoms of UTI should begin to improve and the UTI should be completely gone after finishing the medication.
- If the UTI is not gone after taking the initial antibiotic treatment it is very important to notify the diagnosing physician for reevaluation immediately.
- If symptoms worsen or new symptoms appear such as:
 - Fever.
 - Chills.
 - Fast breathing or panting (tachypnea).
 - Fast heartbeat >100 (tachycardia).
 - **Take the individual to the emergency room immediately or call 911.**
- Any type of infection can progress into sepsis, but UTI's, with or without urinary catheterization, pose an increased risk of infection entering the bloodstream.



Additional Treatment

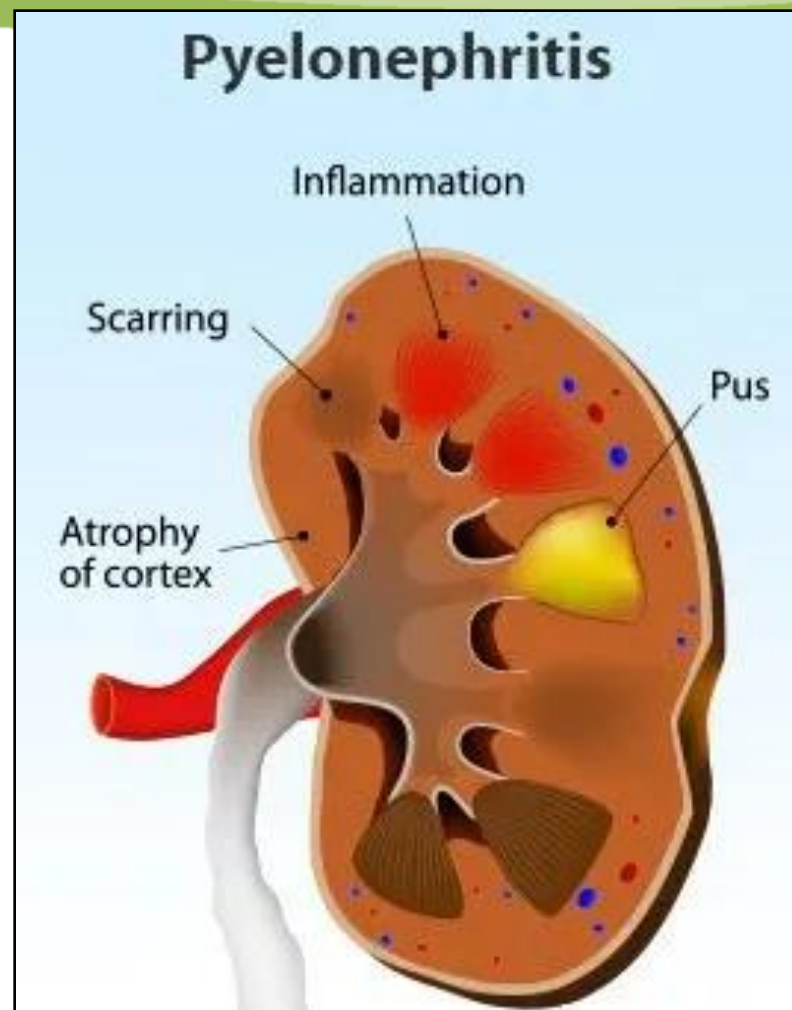
- Treatment of complicated UTIs may require surgical intervention, such as needle drainage and ultrasound shockwaves to clear obstructions like bladder stones.
- Antibiotic bladder irrigation is a treatment option available to individual's experiencing server recurrent UTIs.
- Individuals diagnosed with serious kidney infections may need to be hospitalized for IV antibiotic treatment and or surgical intervention.



UTI Complications

UTI Complications

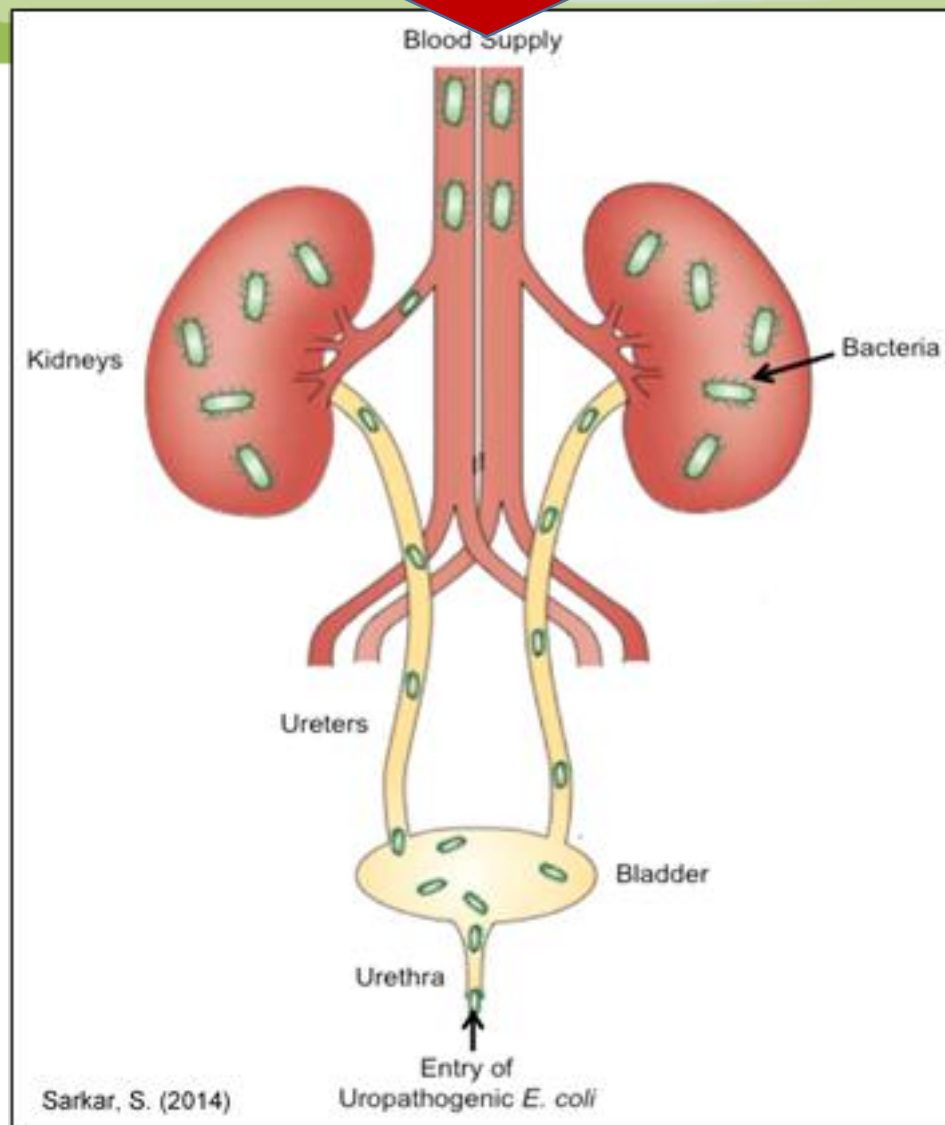
- The bacteria associated with urinary tract infections can cause:
 - Chronic kidney infections (pyelonephritis).
 - Permanent renal damage.
 - Serious antibiotic-resistant complications such as *Clostridium difficile* (C.diff).



Sepsis

UTI Sepsis

- Urinary tract sepsis occurs when bacterial pathogens travel into the ureter, through the bladder, up the urethra into the kidney then out into the blood stream.
- Other serious complications include but are not limited to:
 - Renal abscess.
 - Renal vein thrombosis (blood clot).
 - Tissue death.
- If a UTI is left untreated, it can cause death in all age groups.
- Kidney failure leading to sepsis can result in death if there are no medical interventions provided.



Prevention

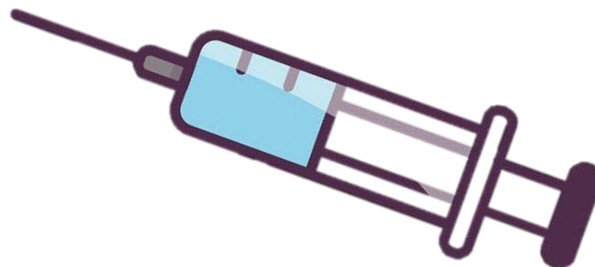
UTI Prevention

- Educating individual's and caregivers regarding proper perianal hygiene is most effective in reducing UTIs.
- Staying well hydrated flushes bacteria from the body when urinating.
- Drinking adequate amounts of non-caffeinated fluids assists the bladder muscles in remaining firm and healthy to evacuate urine from the body completely.
- Low dose preventative antibiotics have been shown to lower risk of future UTIs.
- Preventative antibiotics are usually prescribed for three months to one year for individuals who suffer from chronic recurrent UTIs.



UTI Prevention continued...

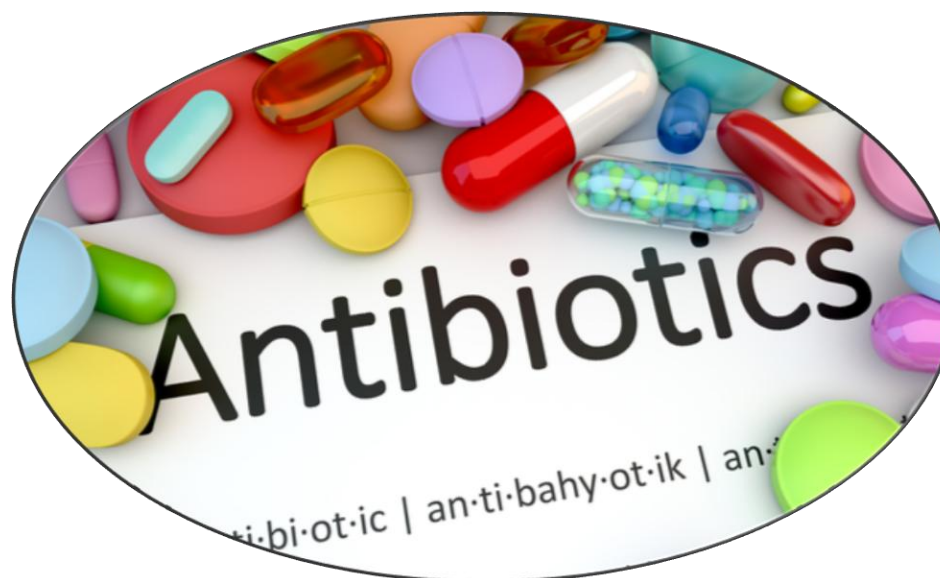
- Women who have low estrogen levels are sometimes prescribed vaginal estrogen cream to decrease UTI reoccurrence.
- Performing proper catheter care hygiene on a regular basis as prescribed by a physician and maintaining scheduled replacement appointments has been shown to lowers the risk of CAUTI in individuals with indwelling urinary and or suprapubic catheters.
- Regular review of the individual's underlying health conditions requiring an indwelling catheter, with a possible treatment change to periodic catheterization, if possible, may be the best way to reduce risk of CAUTI's.
- Pharmacy research is working on developing a vaccine, currently in clinical trials, which would target and reduce E.coli bacteria growth in the urinary tract.



Caregiver Considerations

Observe and Report!

- While an individual is being treated with antibiotics it is important to be aware of other flora and fauna imbalances which could produce secondary infections, such as yeast infections and persistent diarrhea.
- Seek assistance from the individuals PCP if concerns arise regarding antibiotic treatment.
- If the individual has a history of C. diff or MRSA, as a result of antibiotic treatment, be sure to inform the prescribing physician.

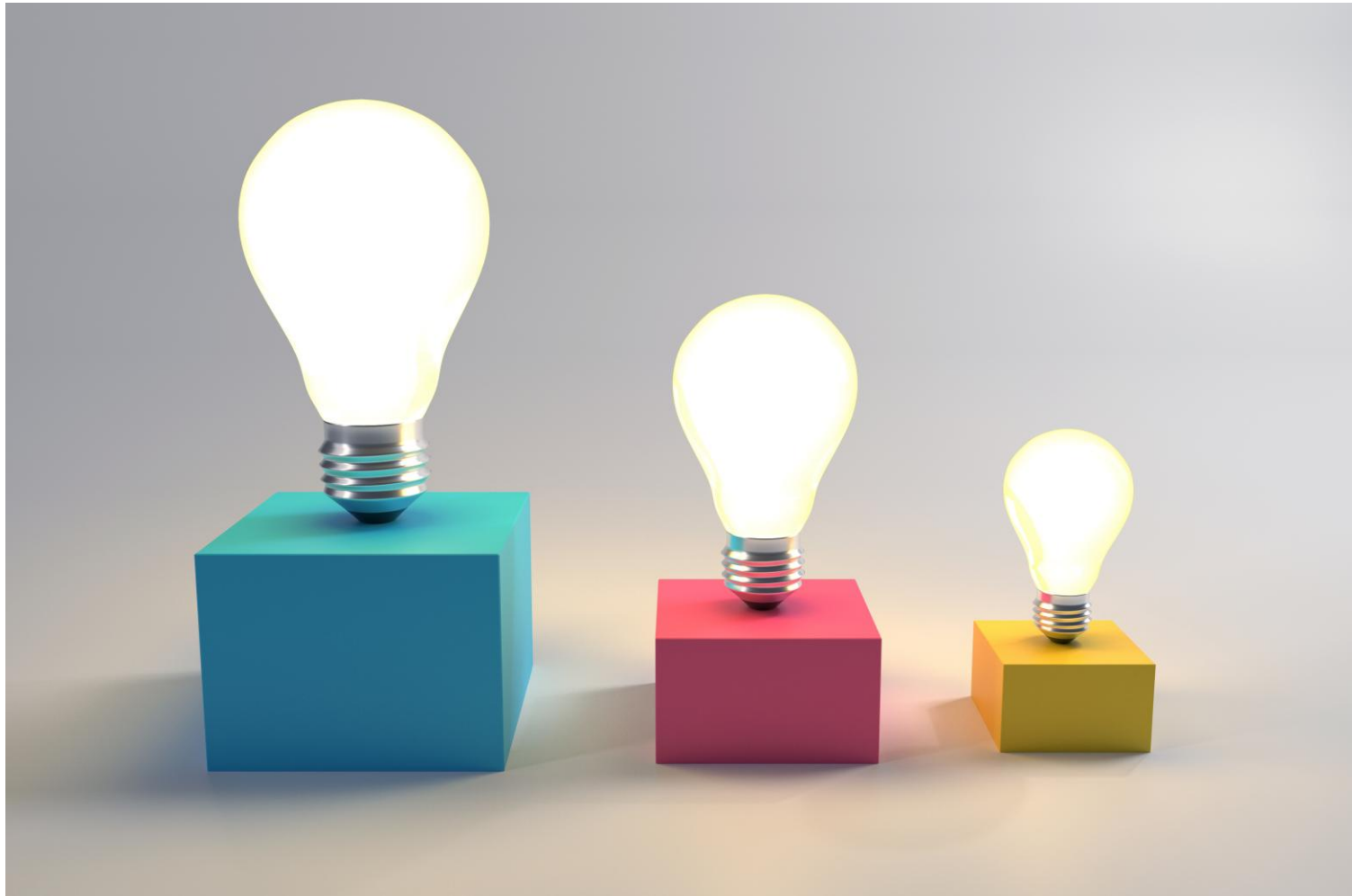


Observe and Seek Medical Attention!

- For individuals with diabetes of either type 1 or type 2, a diagnosis of UTI requires special caregiver considerations and observation.
- Caregivers should be aware of the increased risk of acute kidney infection UTI and septic shock.
- If signs and symptoms of UTI are suspected in an individual with diabetes they should be examined by their PCP immediately.
- **If the individual's PCP is unavailable on the day, you call for an appointment, the individual should be examined in an emergency room immediately.**



Checkpoint!



Checkpoint!

What kinds of medications may be prescribed for someone with a UTI?

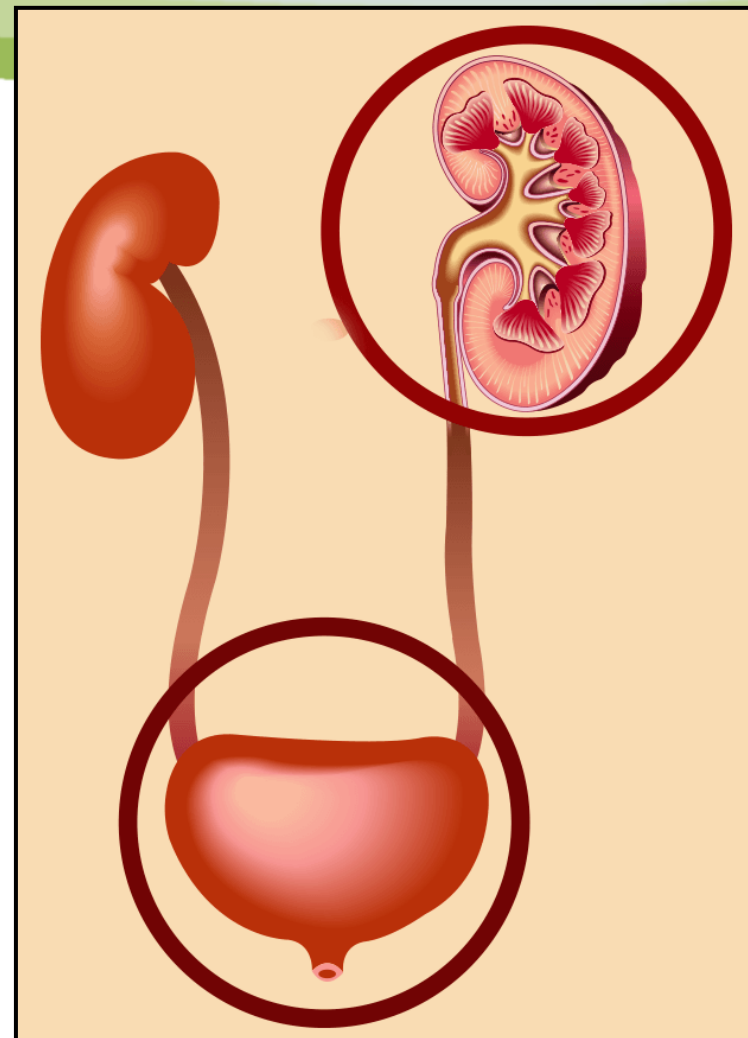
Checkpoint!

Why is it important to seek treatment for UTIs AND ensure they resolve?

Review

Let's Review

- What is a urinary tract infection (UTIs).
- The different types of UTIs.
- The risk factors for getting a UTI.
- The causes of UTIs.
- Signs and symptoms of UTIs.
- When to get medical attention.
- How to get a clean catch urine sample.
- Increased danger of undiagnosed UTIs.
- Treatment of a UTI.



Questions?

EXIT Poll Questions

We need your feedback!

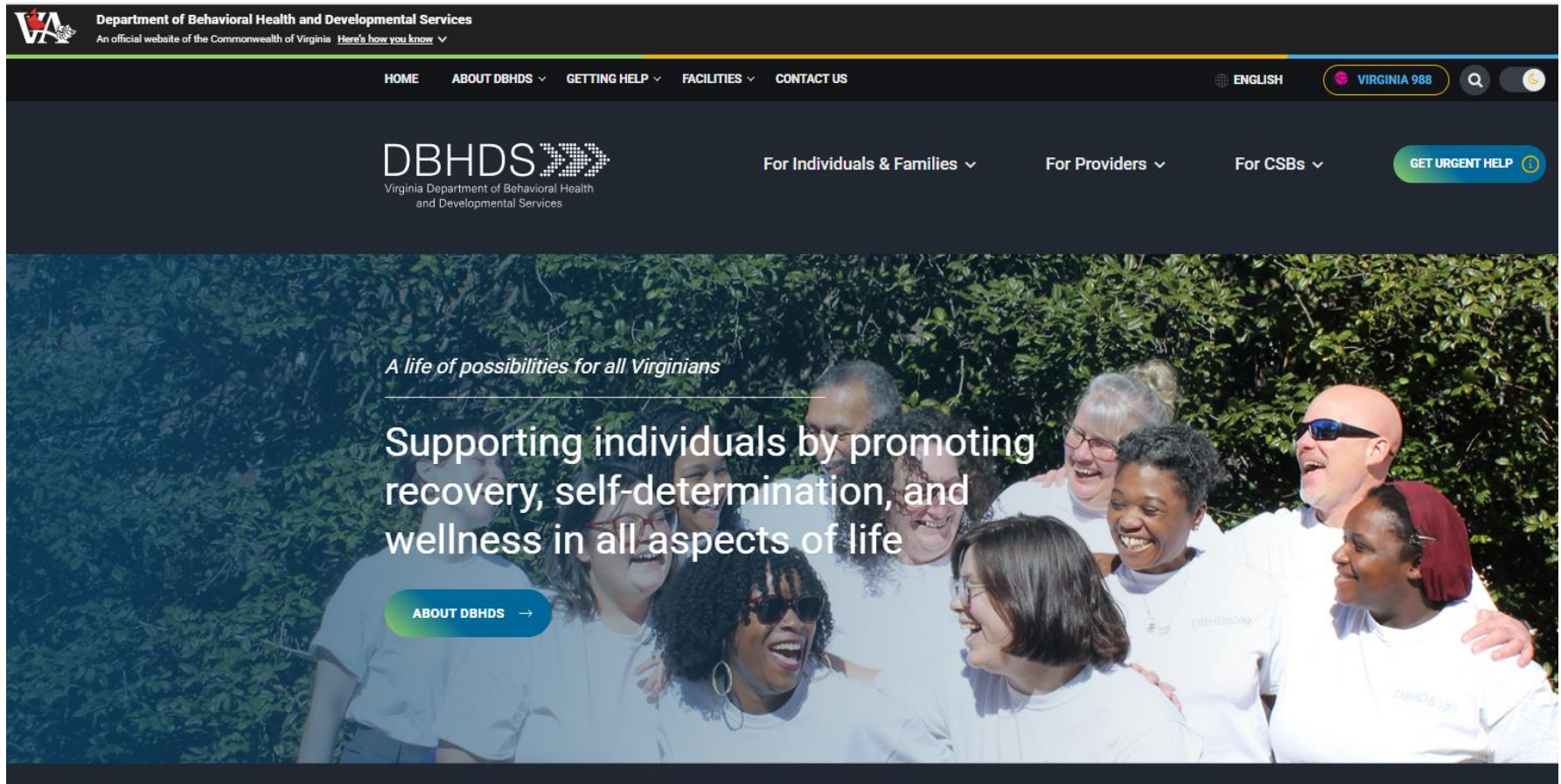


<https://forms.office.com/g/Es3z7huAe0>

**Office of
Integrated Health
Resources**

DBHDS on the Web

DBHDS Website: <http://www.dbhds.virginia.gov/>



The screenshot shows the DBHDS website homepage. At the top left is the Virginia state logo and the text "Department of Behavioral Health and Developmental Services" with a sub-link "An official website of the Commonwealth of Virginia Here's how you know". A dark navigation bar contains links for HOME, ABOUT DBHDS, GETTING HELP, FACILITIES, and CONTACT US. On the right of this bar are options for ENGLISH, VIRGINIA 988, a search icon, and a user profile icon. Below the navigation bar is the DBHDS logo and tagline, followed by dropdown menus for "For Individuals & Families", "For Providers", and "For CSBs", and a "GET URGENT HELP" button. The main content area features a large image of a diverse group of people smiling, with the text "A life of possibilities for all Virginians" and "Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life". A blue button labeled "ABOUT DBHDS" is positioned at the bottom left of the image.

The Office of Integrated Health Supports Network on the Web

What We Do...

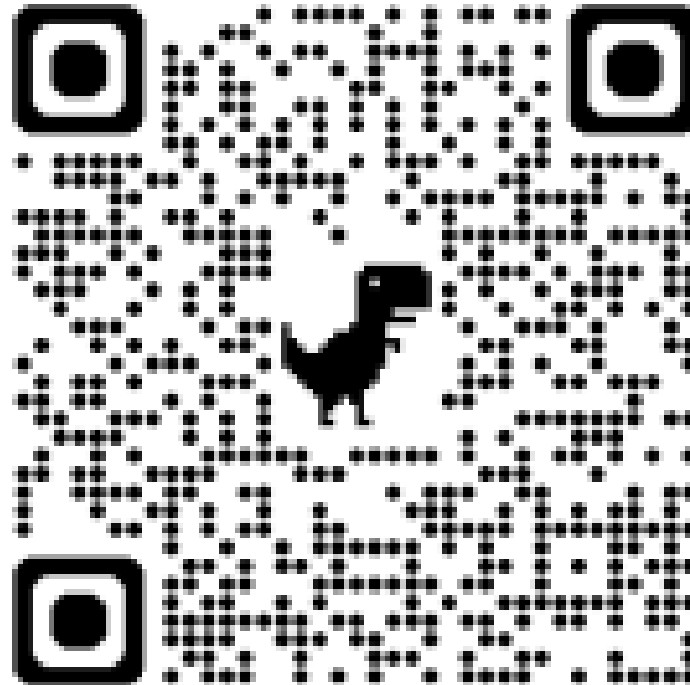
Mission:

- Supporting a life of possibilities by ensuring quality supports and a pathway to community integrated health services.
- To serve as a resource for information related to healthcare, wellness, healthcare providers, and health-related services within the Commonwealth.



OIHSN Website

Easily access all the OIHSN resources by using this QR code.



OIHSN Mobile Rehab Engineering (MRE) Team

MRE Team Email Contact: mreteam@dbhds.virginia.gov



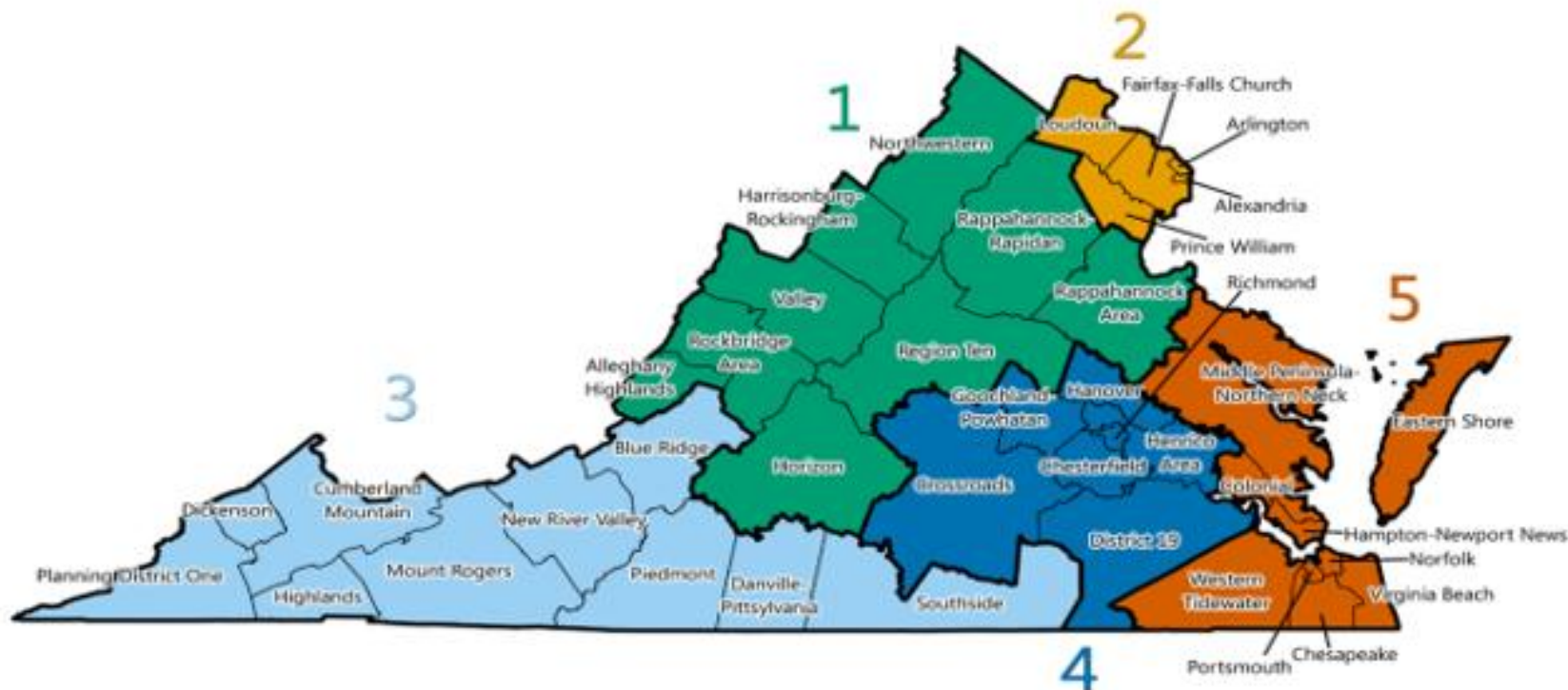
OIHSN Mobile Dental Team

For more information about the OIH Dental Program and the services provided please contact the OIH Dental Team at dentalteam@dbhds.virginia.gov



OIHSN Registered Nurse Care Consultants (RNCCs) and Physical Therapist (PT)/Wound Care Specialist (CWS)

- The RNCCs provide technical assistance for individuals with intellectual and or developmental disabilities related to their health and safety in the community. Community Nursing: communitynursing@dbhds.virginia.gov
- The PT/CWS/ATP provides consultations with other healthcare professionals and provides agencies in the community supporting the IDD population.



OIHSN RNCC Team

The OIHSN RNCC Team:

- Health Trends Newsletter.
- Monthly Regional Nursing Meetings.
- Health & Safety alerts.

Provider Development
Constant Contact Sign Up:
[Signup Form](#)
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Regional Nursing Meeting Agenda DBHDS

September Office of Integrated Health Supports Network

The Office of Integrated Health – Health Supports Network Regional Community Nursing Meetings
“A safe space for nurses to discuss challenges, experiences, and ask questions.”

Goals

- To ensure individuals with intellectual and developmental disabilities are receiving needed services.
- To provide a forum in which nurses (and others) can discuss ideas, challenges, policy needs (e.g. health policies, which affect individuals with IDD, to bring policy needs forward.
- To provide a forum for caregivers to interact with state agency representatives, to express concerns, develop educational tools and resources, and further enhance train-the-trainer models.

Region 1: September 4, 2024
10am - 12:00pm
<https://events.aac.leads.microsoft.com/event/779b1c497-8a68-4683-805f-89c5b0449c96?IC=20240904-4ec1-4160-8641-509386c7309>
Community Nurse
Keyvin Burn-kburn

Region 2: Sept 10am - 12:00pm
<https://events.aac.leads.microsoft.com/event/11665c814-8374-a5b165cbe78480c-509386c7309>
Community Nurse
Beatrice Claiborne

Region 3: Sept 10am - 12:00pm
<https://events.aac.leads.microsoft.com/event/11665c814-8374-a5b165cbe78480c-509386c7309>
Community Nurse
Beatrice Claiborne

Region 4: September 9, 2024
11am - 1:00pm
<https://events.aac.leads.microsoft.com/event/1c635166-4055-4286-a1c2-5c5e1ee7b936?IC=20240909-4ec1-4160-8641-509386c7309>

Meetings Dates

Regional Nursing Meetings will continue to be held

COMMONWEALTH of VIRGINIA
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
First Office Box 1797
Richmond, Virginia 23214-1797

Office of Integrated Health
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Telephone (804) 764-9421
Fax (804) 571-4628
www.dbhds.virginia.gov

Health Trends DBHDS
September 2024

Sepsis Awareness Month

Since 2011 the Sepsis Alliance has designated September as Sepsis Awareness Month. The main message from the Sepsis Alliance is Infection Prevention is Sepsis Prevention™ (5).

Sepsis Alliance Awareness Month Information
<https://www.sepsis.org/get-involved/sepsis-awareness-month/>

Why is TIME so important?
80% of deaths from sepsis could be avoided with immediate diagnosis and treatment. The risk of death increases by 4% - 9% every hour treatment is prolonged (5).

When it comes to sepsis, remember IT'S ABOUT TIME! Watch for:

TEMPERATURE higher or lower than normal
INFECTION any new signs and symptoms of infection
MENTAL DECLINE confused, drowsy, difficult to wake, disoriented, decreased alertness
EXTREMELY ILL severe pain, difficulty breathing, decreased alertness

If you experience a combination of these symptoms, seek urgent medical care. Call 911 or go to the hospital with an ambulance. Don't "wait to see"!

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Sepsis and Individuals with Intellectual and Developmental Disability (IDD)

- Sepsis has been identified as the three most common cause of death in the IDD population (2).
- Due to reduced immune response individuals diagnosed with a genetically linked developmental disorders, such as Down's syndrome, DiGeorge syndrome and/or Trisomy 21, are at an increased risk for developing infections and sepsis (3).
- Individuals with IDD may need assistance to understand ways of preventing the spread of infection, such as handwashing or practicing good overall hygiene (4).
- Caregivers should encourage regular daily hygiene practices, help individuals attend all physician appointments, report any physical or mental changes immediately, make sure individuals receive all recommended vaccinations, along with recognizing and diagnosing infection quickly to lower the risk of developing sepsis (5).
- Communication limitations may prevent individuals from expressing early symptoms therefore they should be monitored closely for changes in their physical or mental health (1).

Please direct any questions or concerns regarding the Office of Integrated Health Supports Network "Health Trends" newsletter to communications@oihsn.org

Risk of Sepsis
Anyone with an infection is at risk for developing sepsis. Individuals with weakened immune systems, the very young, and older adults are at highest risk for sepsis (1).

Signs and Symptoms
An individual with sepsis might experience one or more of the following signs and symptoms:

- Clammy or sweaty skin.
- Confusion or disorientation.
- Extreme pain or discomfort.
- Fever, shivering or feeling very cold.
- High heart rate or weak pulse.
- Shortness of breath.

Causes of Sepsis
Any type of infection, especially untreated infections, can lead to sepsis. Bacterial infections are the most common types of infections associated with sepsis, but fungal infections and viral infections, such as influenza and COVID-19 can also develop into sepsis (1).

References


1. [Center for Disease Control and Prevention \(CDC\). \(2020\). Sepsis. https://www.cdc.gov/sepsis/about/sepsis-101.html](#)
2. [Sepsis in Individuals with Intellectual and Developmental Disabilities. https://www.aac.com/resources/clinical-practice-guidelines/2023-09-26](#)
3. [Sepsis in Individuals with Down's Syndrome, DiGeorge Syndrome and/or Trisomy 21. https://www.aac.com/resources/clinical-practice-guidelines/2023-09-26](#)
4. [Sepsis in Individuals with Intellectual and Developmental Disabilities. https://www.aac.com/resources/clinical-practice-guidelines/2023-09-26](#)
5. [Sepsis in Individuals with Intellectual and Developmental Disabilities. https://www.aac.com/resources/clinical-practice-guidelines/2023-09-26](#)

Medications Introduction

also known as psychoactive or psychiatric drugs, are medications, mind, emotions and or behaviors (Mamat et al., 2015; American Psychiatric Association (APA), 2020). Psychotropics are powerful drugs, which can impact body functions, and modify an individual's thoughts, moods, and perceptions (National Cancer Institute (NCI), 2020).

are primarily used to treat mental health conditions such as depression, agitation, hallucinations, attention deficit hyperactivity disorder, and schizophrenia. Individuals, who are prescribed medications, should be monitored regularly by their prescribing physician (Mental Health (NIMH), 2016).

a broad category of medications, which includes antidepressants, mood stabilizers, and anti-anxiety medications. This wide-range of medications can be confusing due to the varied uses and types of drugs, the umbrella term. New drugs are rapidly being developed and marketed on an ongoing basis, which further complicates this field (Frank, et al., 2005; NIMH, 2016; Rao and Andrade, 2016).



Resources

- **The Office of Integrated Health at DBHDS**
 - If you have any questions about the information contained in this Health & Safety Alert, or need additional resources or support, please email your questions to the Office of Integrated Health's nursing team at communitynursing@dbhds.virginia.gov
- **Subscribe to DBHDS Licensing Updates Here**
<https://dbhds.virginia.gov/wp-content/uploads/2025/10/Initial-Applicant-Orientation-Training-Materials-Constant-Contact.pdf>
- **The Office of Women's Health at womenshealth.gov a division of the U.S. Department of Health & Human Services**
<https://womenshealth.gov/>

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Thank You !

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