

Continuing Education

Urinary Tract Infection: Urine Trouble

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1. **At what age does the incidence of UTIs become relatively equal in males and females?**
 - a. 30
 - b. 45
 - c. 50
 - d. 65
2. **Which of the following is a predisposing risk factor to develop a UTI in both males and females?**
 - a. Estrogen deficiency
 - b. Prostatic hyperplasia
 - c. Urinary tract obstruction
 - d. Use of cervical diaphragm
3. **Which bacteria is the most common causative organism of UTIs?**
 - a. *Klebsiella pneumonia*
 - b. *Escherichia coli*
 - c. *Proteus mirabilis*
 - d. *Staphylococcus saprophyticus*
4. **Which of the following is NOT a proposed pathway for developing a UTI?**
 - a. Ascending
 - b. Complicated
 - c. Hematogenous
 - d. Lymphatic
5. **Which of the following characteristics are categorized under complicated UTI?**
 - a. Renal failure and community-acquired UTI
 - b. Diabetic and acute cystitis in women
 - c. Acute pyelonephritis in young healthy women and immunocompromised
 - d. Men and catheterization
6. **What is the most common UTI in regards to its location and characterization?**
 - a. Uncomplicated pyelonephritis
 - b. Uncomplicated cystitis
 - c. Complicated cystitis
 - d. Complicated pyelonephritis
7. **Which of the following is NOT a common symptom of pyelonephritis?**
 - a. Fever with chills
 - b. Fever without chills
 - c. Flank pain
 - d. Blurry vision
8. **What is the “gold standard” for the diagnosis of UTIs?**
 - a. Pyuria test
 - b. Nitrate test
 - c. Urine culture
 - d. Leukocyte esterase test
9. **How many colony forming units (cfu) per milliliter of urine is defined as significant bacteriuria for diagnosis of UTI?**
 - a. $>10^2$
 - b. $>10^3$
 - c. $>10^4$
 - d. $>10^5$
10. **What antibiotics are considered first line agents in pyelonephritis?**
 - a. Trimethoprim-sulfamethoxazole
 - b. Fosfomycin trometamol
 - c. Amoxicillin-clavulanate
 - d. Cefdinir

(over)

11. **Which of the following statements is FALSE regarding nitrofurantoin?**
- Nitrofurantoin may be used in patients with CrCl <60 mL/min.
 - Common adverse events are nausea, vomiting, and headache.
 - Serious adverse events are hemolytic anemia and peripheral neuropathy.
 - Administration with meals improves absorption and decreases adverse events.
12. **If local resistance rates for trimethoprim-sulfamethoxazole exceed 20%, what would be the most appropriate response?**
- Only consider a different medication if resistance rates exceed 30%
 - Double the dosing frequency
 - Increase the treatment duration to 21 days
 - Consider a different medication
13. **What antibiotic should be taken with 8 oz. of water to prevent crystalluria and kidney stones?**
- Trimethoprim-sulfamethoxazole
 - Fosfomycin trometamol
 - Nitrofurantoin
 - Ofloxacin
14. **Which antibiotic includes tendon rupture as a severe side effect?**
- Nitrofurantoin
 - Levofloxacin
 - Fosfomycin trometamol
 - Cefaclor
15. **In pregnant women who are asymptomatic, when is the recommended screening time for a UTI?**
- 1st trimester
 - 2nd trimester
 - 3rd trimester
 - All the above
16. **When fluoroquinolones (FQ) are the appropriate option for therapy but resistance is >10%, what is the appropriate alternative line of therapy?**
- Continue to give fluoroquinolone alone
 - Give FQ with 1 gram of IV ceftriaxone
 - Give FQ with consolidated 12-hour IV dose of an aminoglycoside
 - Give FQ with Vancomycin IV
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4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
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10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D

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