

## UTI

Those three letters will make just about any woman shudder. It's true, urinary tract infections are the worst, and this season is prime time for them. We've got the real deal on what you should know, cranberries and all.

By Stephanie Anderson Witmer

✓ If you've never suffered the misery that is a urinary tract infection, consider yourself lucky. About half of all women will have at least one in their lifetime. And when the temp goes up, so does your risk of having a very uncomfortable situation: UTIs spike in warm weather due to a combination of factors, including not drinking enough water and having more sex, say researchers at the University of Iowa. Regardless of how you get one, the symptoms are no joke (um, lava pee plus the constant urge to go). This crib sheet will keep you UTI-free for-evah.

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### Why, why, whyyyy do I get UTIs?

Simply being a woman is the biggest risk factor (yay!). Men can get them too, but thanks to our anatomy, they're way more common for us. Our short urethras are close to our vaginal opening, making it easy for bacteria that naturally live in our rectum (ew, but true) to migrate from back to front. When that bacteria (most commonly *E. coli*) from the nearby source get into the urethra, they can infect the bladder or other parts of the urinary tract.

What else causes UTIs? Sex. The movement of sex can push our *E. coli* closer to our urinary tract. "Our partner's anatomy can act as a bridge, allowing the bacteria greater access to the tissue around our urethra," says Elodi Dielubanza, MD, a urologist at Harvard's Brigham and Women's Hospital. Experts suspect UTIs can also happen when the bacteria in our lady parts are introduced to another person's bacteria. UTIs tend to increase in the first year of a relationship, when we're more active and not yet used to our partner's natural flora, then decline later.



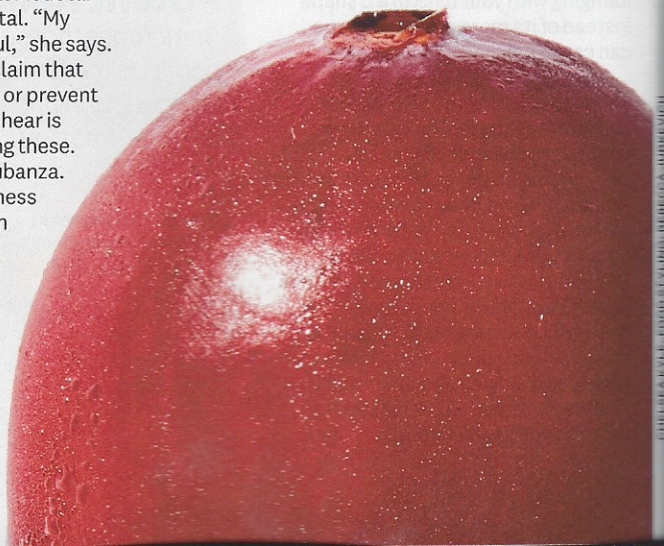
# 10 MILLION

▼  
The number of doc appointments in the U.S. due to UTIs each year

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### So I heard peeing after sex will keep me from getting one. True or nah?

Maybe. Peeing after sex (and wiping from front to back) to ward off infections hasn't been researched much, but it's definitely a good idea, says Elizabeth Timbrook Brown, MD, MPH, a urologist at MedStar Georgetown University Hospital. "My patients say they find it helpful," she says. Science doesn't support the claim that your hygiene can either cause or prevent UTIs. "A common statement I hear is 'I don't know how I keep getting these. I'm very clean,'" says Dr. Dielubanza. "It's not necessarily a cleanliness issue. It's possible to maintain excellent hygiene and still be at risk for UTIs just because of female anatomy and other risk factors." Womp womp.



## 7 DAYS

The average duration of antibiotic treatment for a UTI. (You may feel better in two, but you should finish the full course of meds to clear it all up!)



Oof, I got a UTI. Please tell me how I can get rid of this thing.

Right now, antibiotics—prescribed for as little as 3 days, or up to 14—are the only treatment. But here’s the catch: You have to take the *right* antibiotic, and you have to finish the *entire* course, or the infection will likely linger. If you’re prescribed a drug to which bacteria have built up resistance, those bugs won’t budge. That’s why—pro tip for those with recurring UTIs—you should ask your doc to perform a urine culture instead of just a basic “dipstick” urinalysis. The stick test determines only whether you have an infection, whereas cultures show exactly what kind it is (certain STIs and vaginal infections have similar symptoms) and exactly which antibiotics will fight it. And if you’re in the regular UTI camp (more than three infections a year), make sure you’re seeing your gynecologist for treatment rather than going to urgent care each time. While great as a quick fix, walk-in clinics tend to treat each episode as an isolated incident and often don’t do cultures.



Okay, hard pass on future UTIs. What are the most effective ways to prevent them?

First, drink plenty of water. When premenopausal women with recurrent UTIs upped their daily water consumption to 1.5 liters (about 51 ounces), they experienced fewer UTIs than women who drank less than 1.5 liters a day, found a recent study. More water means more urine, which flushes out bad-news bacteria.

Cranberry juice is a well-known preventive measure—cranberries contain flavonoids thought to keep *E. coli* from latching on to the bladder wall. While some research supports cranberry’s preventive abilities, it’s nowhere near conclusive, says Victoria Handa, MD, director of the department of gynecology and obstetrics at Johns Hopkins Bayview Medical Center. Aim to drink about 10 ounces of juice. And a good rule of thumb is to choose juice with the least amount of sugar, says Dorota Hawsworth, MD, a urologist at Johns Hopkins Medicine in Baltimore. Preferably unsweetened, 100 percent pure juice, though it’s *suuuuper* tart. Cranberry capsules are also a possibility, especially for diabetics or others who want to avoid the high sugar content of a cranberry juice cocktail, says Dr. Brown. (But nutritional supplements aren’t regulated by the FDA, so quality and purity can vary from product to product.)

Another OTC option? D-mannose, which comes as a capsule or drink powder. It’s essentially a sugar molecule, similar to glucose, that’s excreted in the urine. “The idea is it can also prevent *E. coli*’s adhesion to the surface of the bladder simply because of the bulk of the molecule,” says Dr. Dielubanza. While it hasn’t been studied extensively, she recommends taking D-mannose daily for patients who experience UTIs even once or twice a year.

### IMPORTANT SAFETY INFORMATION (Continued)

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX® has been used at the recommended dose to treat chronic migraine.

BOTOX® may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of taking BOTOX®. If this happens, do not drive a car, operate machinery, or do other dangerous activities.

**Do not receive BOTOX® if you:** are allergic to any of its ingredients (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); have a skin infection at the planned injection site.

The dose of BOTOX® is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported, including itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Get medical help right away if you experience symptoms; further injection of BOTOX® should be discontinued.

**Tell your doctor about all your muscle or nerve conditions** such as ALS or Lou Gehrig’s disease, myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including difficulty swallowing and difficulty breathing from typical doses of BOTOX®.

**Tell your doctor about all your medical conditions, including if you:** have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles; trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; are pregnant or plan to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to (it is not known if BOTOX® passes into breast milk).

**Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.** Using BOTOX® with certain medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you received BOTOX® in the past.**

Tell your doctor if you received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc®, Dysport®, or Xeomin® in the past (tell your doctor exactly which product you received); have recently received an antibiotic injection; take muscle relaxants; take allergy or cold medicines; take sleep medicine; take aspirin-like products or blood thinners.

**Other side effects of BOTOX® include:** dry mouth, discomfort or pain at injection site, tiredness, headache, neck pain, eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of eyelids, dry eyes; and drooping eyebrows.

For more information refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

Please refer to the Summary of Information about BOTOX® on the following page.

**BOTOX**  
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