

Helping to Erase the Stigma of **UTIs**

“Because UTIs are so common, one might not think that there would be a stigma associated with them, but the negative perception around UTIs is real.”



Patients are increasingly exposed to medical misinformation and social negativity online, often leading them to associate urinary tract infections (UTIs) with promiscuous sex or the poor hygiene of a woman and her partner, further perpetuating the stigma associated with UTIs. As with most medical misunderstandings, the negativity is largely due to a lack of knowledge.

As a health care professional, you're a patient's best source of factual information when it comes to UTIs.

Your ability to bust the UTI myths, and help women let go of the unwarranted shame associated with them, will go a long way in erasing the stigma.

What are the hurdles to the patient-provider UTI conversation and how do you overcome them?

Embarrassment from both the patient and the provider - Before you can clear up the UTI myths, you'll need to give some extra thought on how to begin the discussion and establish that you're a sympathetic listener. Pay attention to HOW you communicate: do you want to roll your eyes in disbelief or impatience when you listen? Your body has already telegraphed this feeling to your patient. Instead, take a “mental deep breath,” and feel your body relax so you can focus on your patient without broadcasting embarrassment or judgment through your body language.

“Practice by standing in front of a mirror because believe me, a patient is going to be looking at you and paying attention to how comfortable you are, and if you turn bright red and trip over the word, they are going to say, *hmm, I don't really think they are comfortable talking about this, and they will shut down.*”

— Michael Krychman, MD,
Southern CA Center for Sexual Health
and Survivorship Medicine

Time constraints that limit patient education - Because there's never enough time, many clinicians ask closed yes-or-no questions that don't require a detailed response. Instead, consider starting the UTI conversation with *"Tell me more about what you know about UTIs"* or, *"Many women I see have concerns about UTIs and how they get them. What are yours?"* This will give you a jumping off point to clarify, correct or confirm her understanding (and hopefully put her at ease). Once you establish trust, you can:

- ▶ Communicate that the female anatomy makes it easier for bacteria on the skin (especially near the anus) to enter the urinary tract.
- ▶ Assure her that UTIs are not sexually transmitted infections (despite sexual intercourse being one of the triggers) and explain the other triggers, such as certain birth control, hormonal changes after menopause and various medical conditions.
- ▶ Discuss that while hygiene and post-coital voiding are important, they are not a sure thing and some women are simply more prone to UTIs.

Lack of communication training - They don't teach empathy in medical school, you've had to develop that throughout your career, and you understand when your patient balks at relating her painful urination or her sudden, urgent need to 'go' that restricts her lifestyle. Choose your words carefully and don't minimize her pain or understanding of the issue. Consider using a carefully worded screening questionnaire for patients that present with UTIs. This gives them a sense of what will be discussed, validates their concerns right from the start and may help to alleviate some discomfort.

Many women experience personal shame from developing UTIs. They're embarrassed. They're angry: they want the infection to go away right now. "I just need an antibiotic," is often their request, without wanting to get into too much detail.

If there's one thing you want to get through to your patients about UTIs, it's this — you're not to blame. Overcoming common communication problems allows for a more streamlined appointment and creates a faster path to discuss a preventive solution that leaves a patient feeling empowered, not embarrassed.

“Unfortunately, we see women in our office who have been led to believe that they are the cause of their recurrent chronic urinary tract infections and it's our job to educate them and to inform them about the changes that are occurring in their body that are putting them at risk and to empower them to be an advocate for their own health.”

— Suzanne Smith, PA-C
Southern Urogynecology



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