Point-of-care tests for urinary tract infections to reduce antimicrobial resistance: a systematic review and conceptual economic model

Eve Tomlinson,¹ Mary Ward,¹ Chris Cooper,¹ Rachel James,¹ Christina Stokes,² Samina Begum,² Jessica Watson,³ Alastair D Hay,³ Hayley E Jones,¹ Howard Thom,¹ and Penny Whiting^{1*}

¹Bristol TAG, Population Health Sciences, Bristol Medical School, Bristol, UK ²Patient representative, UK ³Centre for Academic Primary Care, Population Health Sciences, Bristol Medical School, Bristol, UK

*Corresponding author penny.whiting@bristol.ac.uk

Published November 2024 DOI: 10.3310/PTMV8524

Plain language summary

Point-of-care tests for urinary tract infections to reduce antimicrobial resistance: a systematic review and conceptual economic model

Health Technology Assessment 2024; Vol. 28: No. 77 DOI: 10.3310/PTMV8524

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

What is the problem?

Urine infections are very common but can be difficult to diagnose. A GP will diagnose a urine infection based on symptoms, and sometimes they will send a urine sample to the lab. The GP will usually give antibiotics before knowing the lab test results (which can take up to a week). Some people will be given the wrong antibiotics, and some will be given antibiotics unnecessarily.

New 'rapid tests' can be done in the GP surgery or pharmacy and will quickly tell (some in just a few minutes) whether someone has a urine infection. Some tests can also tell which bug is causing the infection and which antibiotics will work best.

What did we do?

We wanted to know whether using 'rapid tests' to diagnose urine infections means that more people are correctly diagnosed, diagnosed more quickly, and treated with the right antibiotics more quickly. We also wanted to know whether these tests are a good use of NHS money. We reviewed existing research and developed an economic (cost) model.

What did we find?

There is very little information available on these 'rapid tests'. Tests were only looked at by a few studies each, and the people studied were different. Rapid tests that can detect a urine infection in under 40 minutes showed promise, but there were not enough data to know whether they are a good use of NHS money. More studies are needed to answer this question and to determine whether results vary across different populations.

Health Technology Assessment

ISSN 2046-4924 (Online)

Impact factor: 3.6

A list of Journals Library editors can be found on the NIHR Journals Library website

Launched in 1997, *Health Technology Assessment* (HTA) has an impact factor of 3.6 and is ranked 32nd (out of 105 titles) in the 'Health Care Sciences & Services' category of the Clarivate 2022 Journal Citation Reports (Science Edition). It is also indexed by MEDLINE, CINAHL (EBSCO Information Services, Ipswich, MA, USA), EMBASE (Elsevier, Amsterdam, the Netherlands), NCBI Bookshelf, DOAJ, Europe PMC, the Cochrane Library (John Wiley & Sons, Inc., Hoboken, NJ, USA), INAHTA, the British Nursing Index (ProQuest LLC, Ann Arbor, MI, USA), Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA) and the Science Citation Index Expanded™ (Clarivate™, Philadelphia, PA, USA).

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

The full HTA archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hta.

Criteria for inclusion in the Health Technology Assessment journal

Manuscripts are published in *Health Technology Assessment* (HTA) if (1) they have resulted from work for the HTA programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

Reviews in *Health Technology Assessment* are termed 'systematic' when the account of the search appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

HTA programme

Health Technology Assessment (HTA) research is undertaken where some evidence already exists to show that a technology can be effective and this needs to be compared to the current standard intervention to see which works best. Research can evaluate any intervention used in the treatment, prevention or diagnosis of disease, provided the study outcomes lead to findings that have the potential to be of direct benefit to NHS patients. Technologies in this context mean any method used to promote health; prevent and treat disease; and improve rehabilitation or long-term care. They are not confined to new drugs and include any intervention used in the treatment, prevention or diagnosis of disease.

The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

This article

The research reported in this issue of the journal was commissioned and funded by the Evidence Synthesis Programme on behalf of NICE as award number NIHR135710. The protocol was agreed in December 2022. The draft manuscript began editorial review in February 2023 and was accepted for publication in May 2024. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the NHS, these of the authors, those of the NHS, the NIHR, the HTA programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2024 Tomlinson *et al.* This work was produced by Tomlinson *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).