Predictors of Urinary Tract Infections in Nursing Students in India

Dear Sir,

I read with a lot of interest, the original research paper by Vyas et al.[1] This paper tried to find out the clinical, demographic and social causes predisposing nursing students to urinary tract infections (UTI). The study has revealed the prevalence rate of UTI as >19%. The authors have mentioned that the subjects were residing in the nursing hostel. It must be noted that most of the nursing students spend significant time in the hospital moving between their clinical postings. Have the authors considered this point while selecting the study subjects. In view of the busy schedule of the nursing students in hospital, they may be spending most of the time in hospital; during which time practically they were using the toilets present in the hospital that are meant for patients is a point that needs to be addressed. Another important aspect of the study is the interpretation of Table 2 (http://www.amhsr.org/viewimage.as p?img=AnnMedHealthSciRes_2015_5_1_13_149765_t2.jpg), which presents the sociodemographic factors associated with UTI. The authors show that Hindus (77%) are more prone to UTI's as compared to other religions that include Muslims (14%), Christians (3%) and Sikhs (6%). The association of religion with predisposition to UTI appears to be contradictory. The authors should first reveal how many subjects were selected from each religion, how many of them were positive for UTI among them and later try to project the possible causes for predisposition to either UTI or none with religion. Another important observation of the study includes the incidence of UTI's in urban (43%) and rural (57%) population. Here, I would like to point out that western type of toilets is used normally in the urban setups rather than the rural settings, so how the authors would justify the increased prevalence of UTI's in rural population rather than urban residents. The study fails to exactly define the methods of selection of the subjects and the environment that could have influenced the chances of acquiring UTI's.

The cause for UTIs was associated with seating habits as seen in western toilets, unhygienic toilets and drinking <1 L of water per day. Considering the fact that there is a risk for hospital patients to acquire secondary UTI's, the hospital hygiene needs to be improved, which is a big problem in most of the developing countries. Further studies are warranted in future that look into the possible predisposing factors for UTI's in various groups of the population that includes various hospital inmates.

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Reference

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