

# Priority Topic: DYSURIA

## Key Features:

There is lots of overlap between Dysuria and Priority Topics UTI, Vaginitis, STI, and Menopause

For an overview of this topic, read: [Dysuria AAFP 2015](#)

1. In a patient presenting with dysuria, use [history](#) and [dipstick urinalysis](#) to determine if the patient has an uncomplicated urinary tract infection.

✓ [Dysuria AAFP 2015 - for history](#)

2. When a diagnosis of uncomplicated urinary tract infection is made, [treat promptly](#) without waiting for a culture result.

***What you should study:*** know not to wait, and how to treat

✓ [INESSS UTI Treatment Guidelines 2017](#)

3. Consider [non-urinary tract infection](#) related etiologies of dysuria (e.g., [prostatitis](#), [vaginitis](#), [sexually transmitted disease](#), [chemical irritation](#)) and look for them when appropriate.

***What you should study:***

✓ [Prostatitis CUA Guidelines 2011](#)

✓ [Vaginitis AAFP 2018](#)

✓ [Sexual History Toolkit 2017](#)

✓ Vulvar Contact Dermatitis 2004

4. When assessing patients with dysuria, identify those at **higher risk of complicated urinary tract infection** (e.g., pregnancy, children, diabetes, urolithiasis).

**What you should study:**

- ✓ Risks for Recurrent UTI PEDS 2015
- ✓ UTI in Children CPS 2014
- ✓ UTI & Pyelo in Pregnancy BPJ 2011
- ✓ UTI in Pregnant Women BMJ 2017 (short!)
- ✓ UTI in Diabetes 2015

5. In patients with **recurrent dysuria**, look for a specific underlying cause (e.g., post-coital urinary tract infection, atrophic vaginitis, retention).

**What you should study:**

- ✓ Recurrent UTI AAFP 2016
- ✓ Interstitial Cystitis AAFP 2011 **AND IMPORTANTLY**  
Medications for Interstitial Cystitis AAFP 2015 (updates from 2011)
- ✓ Vaginal Atrophy SOGC 2004
- ✓ Urinary Retention in Adults AAFP 2008