

Pain on peeing post-menopause? It could be a UTI

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Image: Unsplash

Urinary tract infections are more common after menopause, and can cause other issues. Most women will have experienced the misery of at least one urinary tract infection (UTI), which include cystitis (infection of the bladder), urethritis (infection of the urethra) and kidney infection. I remember my own first time suffering with cystitis, embarrassed to visit the doctor I hadn't seen for years, soon after I started having sex. And I've had (thankfully, just) a couple more bouts in the decades since then.

But I've been lucky; I have friends who've had countless bouts, and up to one million women live with chronic UTIs, according to the Urology Foundation charity.

What are the symptoms?

Symptoms include burning or pain when peeing, needing to pee more often, more urgently, or at night, cloudy pee or blood in your pee, as well as high (or low) temperature, pain in the lower stomach or back and feeling tired or weak. Your urine may also be dark and smell different to usual, although if that's the only symptom you have, it might just be down to dehydration.

Women are more susceptible to UTIs, because of physiological differences between men and women: our urethras are a lot shorter, so it's easier for E coli bacteria, found in the bowel and the commonest cause of cystitis, to enter. Post-menopausal women are also more susceptible, because oestrogen contributes to vaginal secretions that have a protective effect against harmful bacteria, and helps maintain the vagina's acidity level. Softening of the pelvic floor muscles may also mean the bladder is not fully emptied, and retention of a little urine can encourage infection.

Apart from general unwellness and pain on peeing, UTIs can also cause mental confusion, mostly in people over 65, but potentially at any age. When bacteria are present in the urinary tract, small proteins are released as part of the body's response to inflammation, and can cross into the brain.



How to prevent UTIs

The standard hygiene advice from the NHS is to: wipe from front to back when you go to the toilet; keep the genital area clean and dry; avoid using bubble baths, talcum powder, vaginal deodorants and feminine wipes; drink plenty of fluids, particularly water, so that you pee regularly and do not feel thirsty; wash the skin around the vagina with water before and after sex; pee as soon as possible after sex; change incontinence pads promptly once used; wear cotton knickers.

Vitamin C is a known bladder irritant and there have been a couple of times when I've thought I've been developing a UTI after taking a Berocca (effervescent vitamin and mineral tablet) two days in a row.

How to treat UTIs

They may clear up on their own within a couple of days, but you can go to your GP or a pharmacist for treatment/advice. NHS advice is to take paracetamol to ease pain and reduce your temperature; rest and drink enough fluids so that your urine is pale, and you're peeing regularly during the day. And, of course, drinking enough water is good for you in so many other ways. Place a hot water bottle on your tummy or between your legs. Avoid drinks that may irritate your bladder, like fruit juices, coffee and alcohol.

You can also take over-the-counter preparations to reduce the acidity of your urine, which contain potassium citrate or sodium citrate), or 1 tsp bicarbonate of soda in half a glass of water.

If your UTI recurs, or you have two bouts within six months (or three within 12 months), you need to see a GP. They may prescribe different antibiotics or a longer course of a lower dose, or vaginal oestrogen for pre- or post-menopausal women.

That last option, vaginal oestrogen, has been known to help for over a decade, but, anecdotally, some GPs don't appear to be aware of how effective it can be for UTIs and more generally, for Genitourinary Syndrome of the Menopause (GSM), the new name for the deeply depressing sounding 'vaginal atrophy'. It describes several menopause-associated symptoms, which can include vaginal dryness, discomfort or pain during sex, vulval or vaginal irritation or burning, needing to urinate more often, feeling desperate to urinate. This very low dose of the female hormone comes as a ring, gel, pessary/tablet or cream. It's available on prescription and also over the counter, but may not be suitable for everyone.

The Urology Foundation has a [UTI information service](#) for support, but it is unable to diagnose conditions or prescribe treatments.

While working on this, I feel I've discovered another potential cause of UTIs: writing about them! I've been so focused on my bladder I became convinced I was developing cystitis, but it's not the first time I've experienced I'm-writing-about-it-so-I've-got-it syndrome so I'm confident I'm actually OK.

Adrienne Wyper is a health and lifestyle writer and regular TNMA contributor.

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