

Prevalence and Associated Factors of Urinary Tract Infection in Patients with Diabetic Neuropathy [Letter]

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Dear editor

Latterly, an original observational study titled “Prevalence and Associated Factors of Urinary Tract Infection in Patients with Diabetic Neuropathy: A Hospital-Based Cross-Sectional Study”¹ was published in *Diabetes, Metabolic Syndrome and Obesity-Targets and Therapy* by authors Wang et al. We congratulate and pay tribute to the authors.

This study mainly discussed the prevalence of urinary tract infection (UTI) and its influencing factors in patients with diabetic neuropathy. This study concluded that older age, female sex, hypodermic insulin injection, CKD, history of UTI, and positive urinary nitrite were independent risk factors for UTI in patients with diabetic neuropathy.

We consider four things that need further clarification. Firstly, unbalanced baseline data on the age and gender of enrolled individuals will inevitably impact statistical results. Secondly, lack of vital indicators of diabetic nephropathy in baseline data: urinary albumin creatinine ratio (UACR) and eGFR. According to the guidelines,^{2,3} when UACR >30 mg/g or eGFR ≥ 60 mL/min $\cdot 1.73$ m², sodium-dependent glucose transporters-2 inhibitor (SGLT-2i) should be used early in routine clinical practice. However, UTI usually may be the result of using SGLT-2i. Thirdly, lack of bone metabolism indicators such as bone mineral density (BMD). Older women with postmenopausal osteoporosis often lead to UTI.⁴ Fourthly, this study is a retrospective single-center cross-sectional observational study, and the number of enrolled cases is relatively small. The conclusion of this study still needs to be confirmed by randomized, double-blind, multicenter, and prospective longitudinal cohort studies.

Although this article has some shortcomings, its topics are essential for clinical practice and still serve as a guiding document for our clinical practice.

Disclosure

The authors report no conflicts of interest in this communication.

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