

# FACES OF AMR PROFILE STORIES



## Judy Loftin

***“Chronic UTIs are ruining women’s lives. Not enough is being done to find treatments to help thousands of women globally who are suffering from this common infection.”***

Judy Loftin is tired of not being heard. For years, she has suffered from chronic urinary tract infections (UTIs) that have forced her to re-think how she approaches aspects of her life that many people take for granted. Things like traveling, watching a movie, enjoying intimacy with a spouse or, worse, being some place where she can’t be treated and ends up in the hospital because the infection has spread.

Despite suffering for decades, making countless visits to doctors and doing enough research to make her an unofficial expert on UTIs, Loftin said that nothing has changed when it comes to treating UTIs. What’s worse, she – and many women – are often left feeling like the infection is their fault. It’s not. In fact, UTIs are the [most common outpatient infections](#), with a lifetime incidence of 50–60% in adult women. What’s more, between 20% and 40% of women who have a UTI [will have another](#), and older patients can experience [more severe symptoms](#) than younger people.

For Loftin, her struggle with UTIs began at an early age. She had the occasional UTI growing up but it wasn’t serious and was usually treatable. The infections began occurring with more frequency as she got older, starting in college and through adulthood. Once, in college, she wasn’t able to get treated and the infection spread to her kidneys. The infections continued – through pregnancy and even today. Loftin once suffered from the same UTI for a year.

UTIs are usually treatable with antibiotics. However, when the infection persists, growing resistant to the standard courses of treatment, doctors must prescribe other antibiotics until the infection is resolved and often run the risk of no other antibiotic options being available for treatment. In some circumstances, patients who suffer from a very common infection like a UTI must go to the hospital to get an IV treatment.

Loftin, who also has an allergy to penicillin, said doctors have prescribed every type of antibiotic short of an IV to treat her infections. She has been prescribed micro-doses of antibiotics to take on a daily basis to try to keep the infections at bay. That worked for a while but then she started having breakthrough cases. Her last UTI lasted 3-4 weeks, which she described as a mild and short stretch.

Today, she is concerned that there are not enough treatment options for the thousands of women who suffer silently with chronic UTIs. She participates in several support groups with women around the globe sharing their experiences. Whenever she hears of any new treatment options, she learns as much as she can and hopes that those options will be available to her and others like her.

Loftin is passionate about telling her story. After all, this is personal. She hopes that by telling her story, people will start listening and, more importantly, taking action to find more treatment options, including antibiotics.



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