

Decision aid

Reducing the chance of recurrent urinary tract infection (UTI) in postmenopausal women

Information to help women and their healthcare professionals discuss the options

Many women have UTIs from time to time but some women get a UTI several times a year. This is known as **recurrent UTI**.

What are the options?

There are several things you can do to help reduce your chance of getting a UTI in the future. These include:

- wiping from front to back when you go to the toilet
- not holding your urine in too long; pass urine when you need to go
- passing urine after sex to flush out any bacteria
- drinking enough fluids so you don't get dehydrated.

If these don't help, you may also want to try:

- D-mannose (a kind of sugar), or
- cranberry products

If these things don't help or are not suitable for you, you may like to try **vaginal oestrogen**.

If that doesn't work or isn't suitable you may want to think about taking an **antibiotic**.

There is more information about what these options involve later in this decision aid.

It is important to make a choice that is right for you. There are pros and cons for each option, which this decision aid will help to explain.

Information about how this decision aid was produced and the evidence on which it is based is available on the [NICE website](#).

| | D-mannose | Cranberry | Vaginal oestrogen | Antibiotic |
|---------------------------------------|---|--|--|---|
| What does this option involve? | <p>D-mannose is a sugar that you buy as powder or tablets.</p> <p>D-mannose is taken every day.</p> | <p>You buy cranberry as either cranberry juice, tablets, or capsules.</p> <p>Cranberry is taken every day.</p> | <p>Vaginal oestrogen is usually a cream which you insert into your vagina, using an applicator. There are other forms which you may want to ask your GP about.</p> <p>You will need to see your GP for a review within 12 months, or an earlier agreed time.</p> | <p>If you know that something triggers a UTI you could take an antibiotic when that trigger happens (called the 'single-dose antibiotic' approach). Triggers might include having sex, or something else.</p> <p>If you can't identify triggers, or a single-dose antibiotic doesn't help, you could try taking a low dose of an antibiotic every day.</p> <p>Whether you take a single-dose antibiotic or a low dose of antibiotic every day, you will need to see your GP for a review within 6 months.</p> |

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|--|---|---|---|---|
| <p>How well does it prevent UTI?</p> <p><i>See the diagrams on page 7</i></p> | <p>One small study looked at what happened to women who had recurrent UTIs who took D-mannose compared with those who didn't. It found that women who took D-mannose were less likely to have a UTI over 6 months. However, it is difficult to give reliable figures to say how good D-mannose is at preventing UTIs.</p> | <p>Several studies have looked at what happened to women who had recurrent UTIs who took cranberry products compared with those who didn't. Some studies showed a benefit but others didn't. This means it is difficult to give reliable figures to say how good cranberry products are at preventing UTIs.</p> | <p>If 100 women use vaginal oestrogen we would expect that, over 8 months on average about:</p> <ul style="list-style-type: none"> • 40 women won't get a UTI, but would not have done anyway • 45 women avoid getting a UTI because they use vaginal oestrogen • 15 women get a UTI even though they use vaginal oestrogen. | <p>If 100 women use an antibiotic we would expect that, over 6–12 months on average about:</p> <ul style="list-style-type: none"> • 40 women won't get a UTI, but would not have done anyway • 50 women avoid getting a UTI because they use an antibiotic • 10 women get a UTI even though they use an antibiotic. |
| | | | <p>Your chance of getting a UTI without treatment might be more or less than this. These figures are taken from studies done in different groups of women at different times. It's not possible to say from these studies whether vaginal oestrogens or antibiotics are better at reducing your chance of getting UTIs. It's also not possible to say whether a single-dose antibiotic approach or taking an antibiotic every day works better.</p> | |

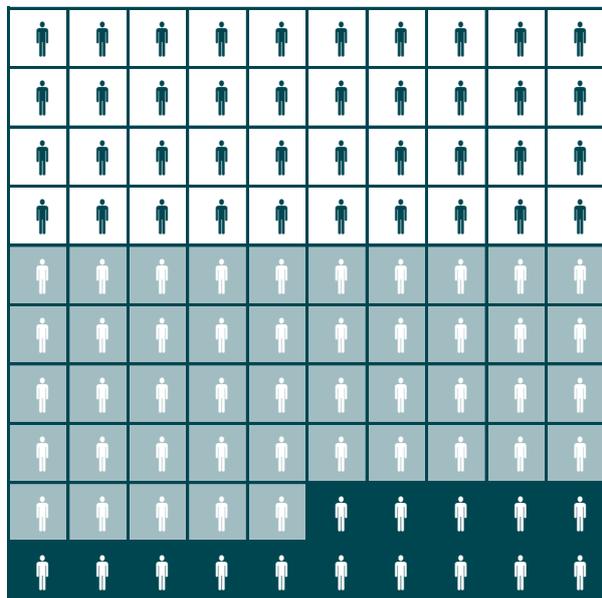
| | D-mannose | Cranberry | Vaginal oestrogen | Antibiotic |
|---|---|--|---|---|
| What are the <u>common side effects</u>? | D-mannose isn't a medicine so information about possible side effects is not available. | Cranberry products aren't medicines so information about possible side effects is not available. | Vaginal oestrogen can cause side effects, but not everyone gets them. These include vaginal bleeding, vaginal discharge, burning and itching. About 10 to 20 women in 100 get these (so 80 to 90 don't); some women get similar problems even if they don't use vaginal oestrogens. | Antibiotics can cause side effects, but not everyone gets them. These include feeling or being sick, diarrhoea and thrush. About 10 to 20 women in 100 get these (so 80 to 90 don't); some women get similar problems even if they don't use antibiotics. You are less likely to get side effects if you take a single-dose antibiotic when you have a trigger than if you take an antibiotic every day. |
| What are the <u>possible serious side effects</u>? | D-mannose isn't a medicine so information about possible side effects is not available. | Cranberry products aren't medicines so information about possible side effects is not available. | There may be a small risk of cancer of the lining of the womb (the endometrium) if vaginal oestrogen is used for several years. The size of this risk is not known. If you get vaginal bleeding, it is usually nothing to worry about, but you should tell your doctor. | Rarely, antibiotics can cause more serious side effects, for example, affecting the skin, blood, lungs or liver. |

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|------------------------------------|---|--|--|--|
| Other things to think about | D-mannose is a sugar. If you use this then it will count towards your daily sugar intake. This could be important if you have diabetes or are overweight. | Some of these products have a high sugar content. If you use these they count towards your daily sugar intake. This could be important if you have diabetes or are overweight. If you are taking warfarin, you should avoid using cranberry products. | Vaginal oestrogen may help if you have other problems like vaginal dryness. Vaginal oestrogen may take a while to work. Vaginal oestrogen is recommended by NICE as an option to try because evidence has shown it may help. But because vaginal oestrogen products are not licensed specifically for preventing UTI, this is called 'off label' use. There is more information about licensing of medicines on www.nhs.uk . | Taking antibiotics increases the chance of bacteria becoming resistant to them. This means that they may not work as well for you or other people in the future, for UTI or other infections. |

| How you feel about the options | | | | |
|--|-------------------------------------|------------------|----------------------|-----------------------------|
| Issue | How important is this to me? | | | |
| | Very important | Important | Not important | Not at all important |
| How good the option is at preventing UTI | | | | |
| How I feel about inserting a cream or other product into my vagina (for vaginal oestrogen) | | | | |
| Whether I know what can trigger my UTI (for use of a single-dose antibiotic) | | | | |
| The possibility of common side effects | | | | |
| The possibility of serious side effects | | | | |
| The possibility that vaginal oestrogen might help vaginal dryness | | | | |
| Increasing my sugar intake (with D-mannose or cranberry) | | | | |
| The chance of antibiotic resistance (with antibiotics) | | | | |
| Other things I want to talk about: | | | | |
| | | | | |

Diagrams to help explain the numbers in the decision aid

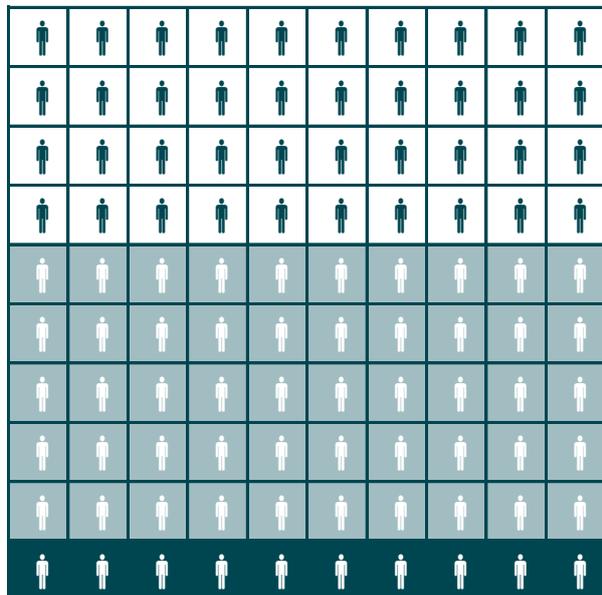
Recurrence of UTI with vaginal oestrogen



If 100 women with recurrent UTI use vaginal oestrogen we would expect that, over **8 months on average about:**

-  40 women don't get a UTI, but would not have done anyway
-  45 women avoid getting a UTI because they use vaginal oestrogen
-  15 women get a UTI even though they use vaginal oestrogen

Recurrence of UTI with an antibiotic



If 100 women with recurrent UTI use an antibiotic we would expect that, over **6–12 months on average about:**

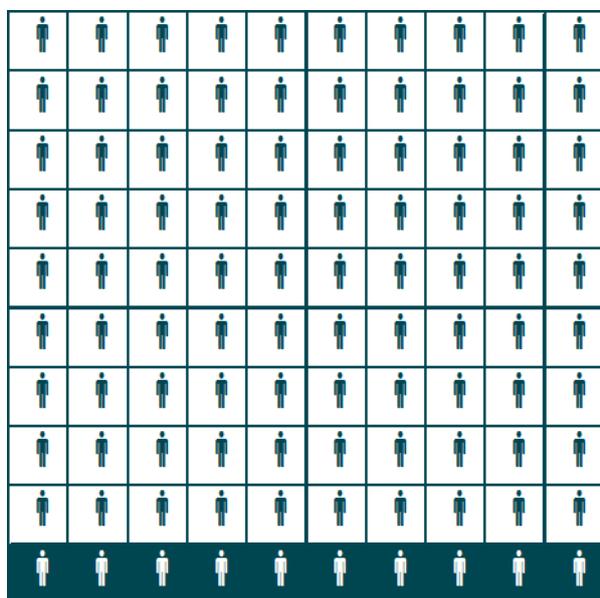
-  40 women don't get a UTI, but would not have done anyway
-  50 women avoid getting a UTI because they use an antibiotic
-  10 women get a UTI even though they use an antibiotic

Your chance of getting a UTI without treatment might be more or less than this. These figures are taken from studies done in different groups of women at different times. **It's not possible to say from these studies whether vaginal oestrogens or antibiotics are better at reducing your chance of getting UTIs.** It's also not possible to say whether a single-dose antibiotic approach or taking an antibiotic every day works better.

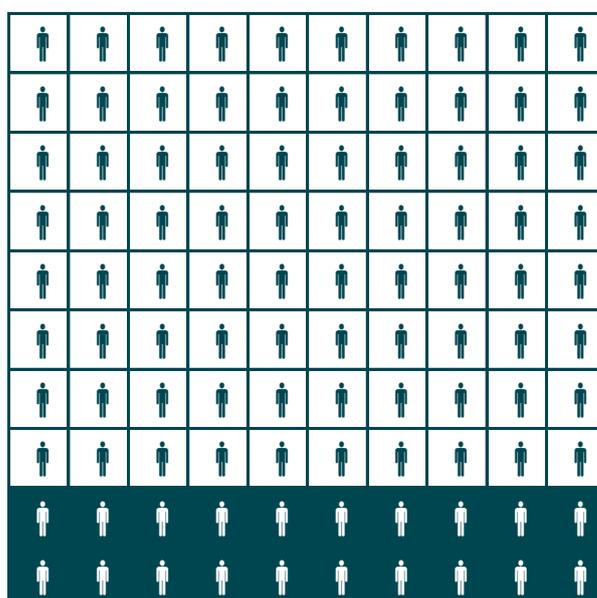
Chance of common side effects of vaginal oestrogens and antibiotics

It isn't possible to give very precise figures for the chances of common side effects with vaginal oestrogens or antibiotics. About 10 to 20 women in 100 get these (so 80 to 90 don't); some women get similar problems even if they don't use vaginal oestrogens or antibiotics. You are less likely to get side effects if you take a single-dose antibiotic when you have a trigger than if you take an antibiotic every day.

10 in 100



20 in 100



It is not possible to know in advance what will happen to any individual person