

Patient decision aid

Reducing the chance of recurrent urinary tract infection (UTI) in premenopausal women who are not pregnant

Information to help women and their healthcare professionals discuss the options

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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 do not get dehydrated.

If these do not help, you may also want to try:

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

If these things do not help or are not suitable for you, you may want to think about taking an **antibiotic**. **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](#).

Table 1 How do the options compare?

-	D-mannose	Cranberry	Antibiotic
<p>What does this option involve?</p>	<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>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.</p> <p>If you cannot identify triggers, or a single-dose antibiotic does not 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>
<p>How well does it prevent UTI?</p> <p>See the diagram for antibiotics on page 5.</p>	<p>One small study looked at what happened to women who had recurrent UTIs who took D-mannose compared with those who did not. It found that women who took D-mannose were less likely to have a UTI over 6 months.</p> <p>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 did not.</p> <p>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 an antibiotic we would expect that, over 6–12 months on average:</p> <ul style="list-style-type: none"> • about 40 women will not get a UTI, but would not have done anyway • about 50 women avoid getting a UTI because they use an antibiotic • about 10 women get a UTI even though they use an antibiotic. <p>Your chance of having a UTI if you do not take antibiotics might be more or less than this.</p> <p>There is no good evidence to say if a single-dose antibiotic or taking an antibiotic every day is better.</p>

-	D-mannose	Cranberry	Antibiotic
What are the <u>common</u> side effects?	D-mannose is not a medicine so information about possible side effects is not available.	Cranberry products are not medicines so information about possible side effects is not available.	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 do not); some women get similar problems even if they do not 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</u> side effects?	D-mannose is not a medicine so information about possible side effects is not available.	Cranberry products are not medicines so information about possible side effects is not available.	Rarely, antibiotics can cause more serious side effects, for example affecting the skin, blood, lungs or liver.
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.	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. Some antibiotics are best avoided in pregnancy. Speak to your healthcare professional if you are pregnant, could be pregnant or you are trying for a baby.

How you feel about the options

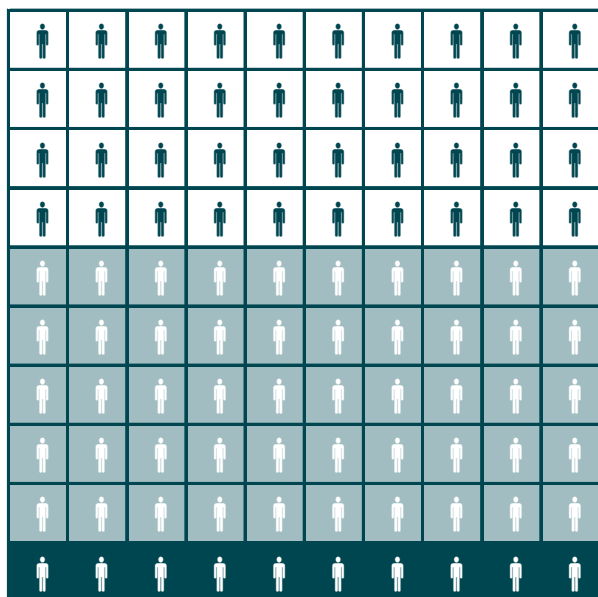
How important are the issues to me?

Issue	Very important	Important	Not important	Not at all important
How good the option is at preventing UTI				
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				
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 an antibiotic



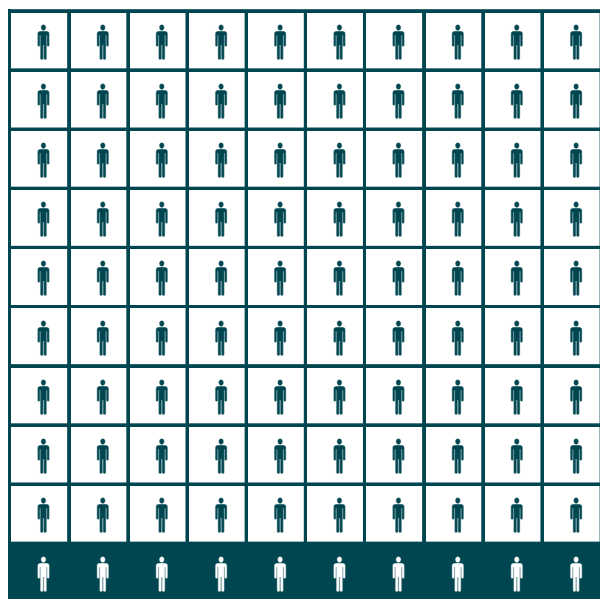
If 100 women with recurrent UTI use an antibiotic we would expect that, over **6–12 months on average about:**

-  40 women do not 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

Chance of common side effects with antibiotics

It is not possible to give very precise figures for the chances of common side effects with antibiotics. About 10 to 20 women in 100 get these (so 80 to 90 do not); some women get similar problems even if they do not 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.

10 in 100



20 in 100



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