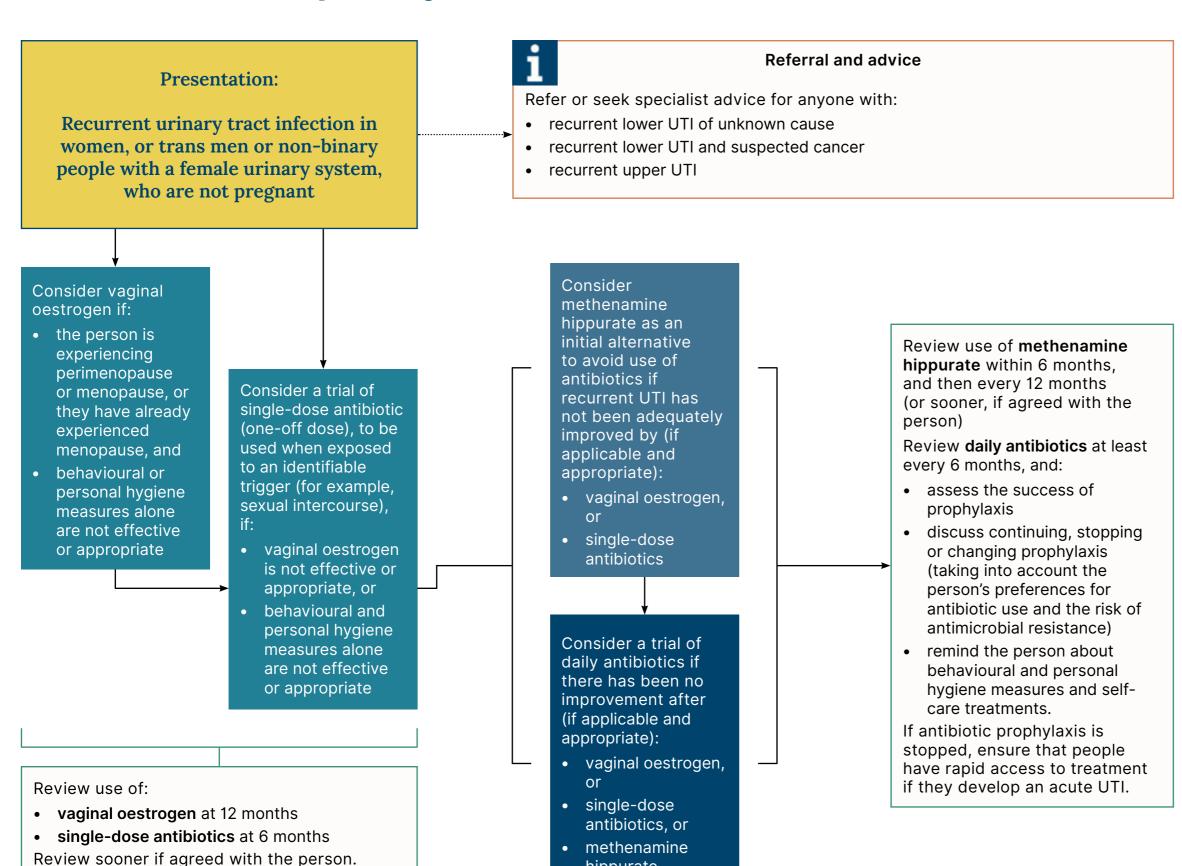
Prevention of recurrent UTI in women, or trans men or non-binary people with a female urinary system, who are not pregnant

Recurrent UTI: antimicrobial prescribing



hippurate

Background

- This diagram shows the likely treatment pathway for the groups covered, but some treatments may be offered in a different order, or may be combined.
- Recurrent urinary tract infection (UTI) in adults is defined as: repeated UTI with a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months (European Association of Urology [EAU] guidelines on urological infections [2017]).

Treating current UTI

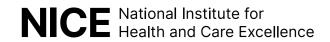
 Any current episode of UTI should be treated before offering preventative treatment.

Self-care

Follow the advice in the quideline section on self-care.

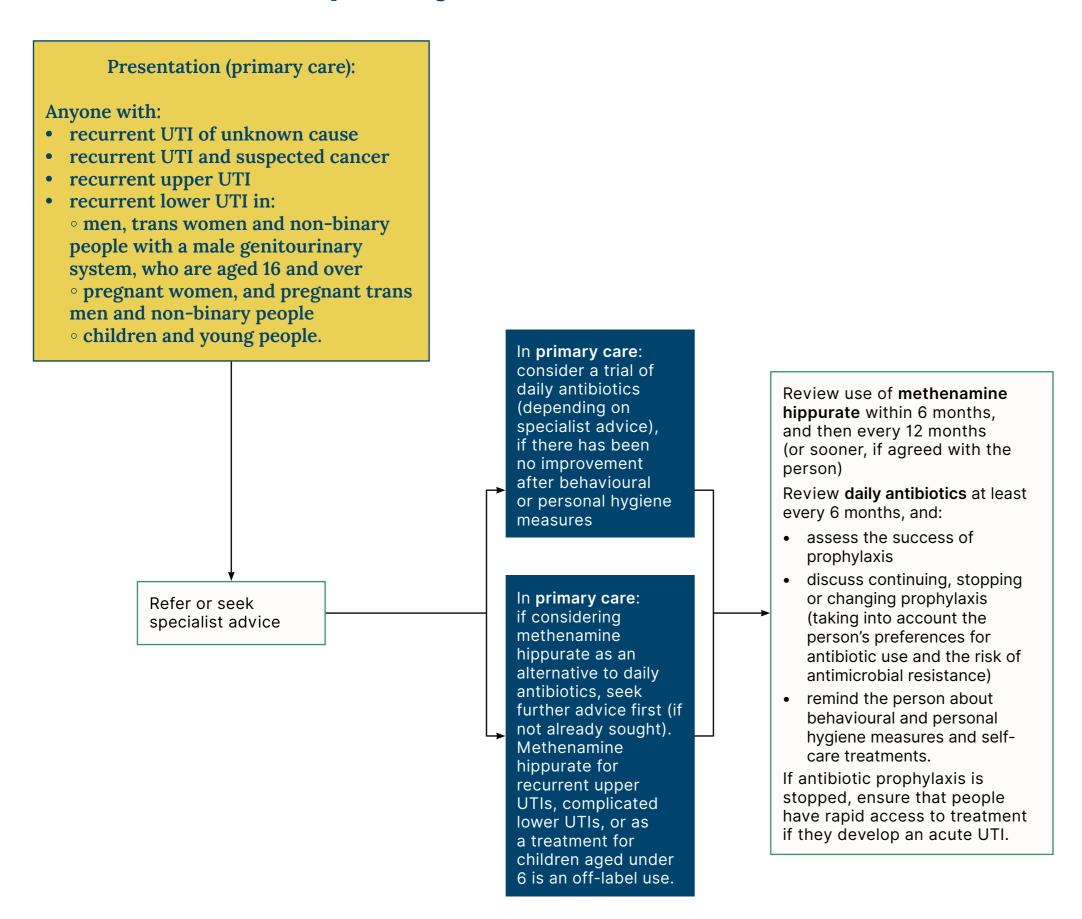
Seek specialist advice or

referral for anyone who has had gender reassignment surgery that has altered the structure of the urethra



Prevention of recurrent UTI in people who need specialist referral or advice

Recurrent UTI: antimicrobial prescribing





Background

- Recurrent urinary tract infection (UTI) in adults is defined as: repeated UTI with a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months (European Association of Urology [EAU] guidelines on urological infections [2017]).
- Recurrent UTI is diagnosed in children and young people under 16 years if they have:
 2 or more episodes of UTI with acute pyelonephritis/ upper UTI, or
 - 1 episode of UTI with acute pyelonephritis plus 1 or more episode of UTI with cystitis/ lower UTI, or
 - 3 or more episodes of UTI with cystitis/lower UTI.

Treating current UTI

 Any current episode of UTI (including acute UTI) should be treated before offering preventative treatment.

Self-care

 Follow the advice in the quideline section on self-care.

Recurrent UTI: antimicrobial prescribing

Choice of antibiotic or antiseptic for people aged 16 years and over		
Prophylaxis	Dosage	
Antiseptic prophylaxis		
Methenamine hippurate	1 g twice a day	
First-choice antibiotics		
Trimethoprim	200 mg single dose when exposed to a trigger, or 100 mg nightly	
Nitrofurantoin (if eGFR 45 ml/min or more)	100 mg single dose when exposed to a trigger, or 50 to 100 mg nightly	
Second-choice antibiotics		
Amoxicillin	500 mg single dose when exposed to a trigger, or 250 mg nightly	
Cefalexin	500 mg single dose when exposed to a trigger, or 125 mg nightly	

Choice of antibiotic or antiseptic for children and young people under 16 years	
Prophylaxis	Dosage
Children under 3 months: refer to paediatric specialist	
Antiseptic prophylaxis for children aged 6 and over (with specialist advice only):	
Methenamine hippurate	6 to 12 years: 500 mg twice a day 12 to 15 years: 1 g twice a day
Children aged 3 months and over (with specialist advice only): first-choice antibiotics	
Trimethoprim	3 to 5 months: 2 mg/kg nightly (maximum 100 mg per dose) or 12.5 mg nightly 6 months to 5 years: 2 mg/kg nightly (maximum 100 mg per dose) or 25 mg nightly 6 to 11 years: 2 mg/kg nightly (maximum 100 mg per dose) or 50 mg nightly 12 to 15 years: 100 mg nightly
Nitrofurantoin (if eGFR 45 ml/min or more)	3 months to 11 years: 1 mg/kg nightly 12 to 15 years: 50 to 100 mg nightly
Children aged 3 months and over (with specialist advice only): second-choice antibiotics	
Cefalexin	3 months to 15 years: 12.5 mg/kg nightly (maximum 125 mg per dose)
Amoxicillin	3 to 11 months: 62.5 mg nightly 1 to 4 years, 125 mg nightly

5 to 15 years: 250 mg nightly

Choose antibiotics according to recent culture and susceptibility results where possible, with rotational use based on local policies.

Select a different antibiotic for prophylaxis if treating an acute UTI.

Notes

For methenamine hippurate: off-label use of methenamine hippurate for preventing recurrent upper UTIs and complicated lower UTIs. See NICE's information on prescribing medicines.

For **all antibiotics**: see BNF or BNF for children for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy, or breastfeeding. If 2 or more antibiotics are appropriate, choose the antibiotic with the lowest acquisition cost.

For **children and young people under 16 years**: the age bands apply to children of average size and, in practice, the prescriber should use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age.

For **trimethoprim**: teratogenic risk in first trimester of pregnancy (folate antagonist). Manufacturers advise this is contraindicated in pregnancy (see <u>BNF information on trimethoprim</u> or <u>BNFC information on trimethoprim</u> or <u>BNFC information on trimethoprim</u> or <u>BNFC information on trimethoprim</u>.

For **nitrofurantoin**: See the MHRA advice on monitoring for pulmonary and hepatic adverse reactions to nitrofurantoin. Avoid at term in pregnancy as it may produce neonatal haemolysis (see BNF information on nitrofurantoin or BNFC information on nitrofurantoin). Off-label use of nitrofurantoin for preventing recurrent upper UTIs or complicated lower UTIs. See NICE's information on prescribing medicines.

For amoxicillin: off-label use of amoxicillin for preventing recurrent UTIs. See NICE's information on prescribing medicines.

For cefalexin: off-label use of cefalexin for preventing recurrent UTIs. See NICE's information on prescribing medicines.

