

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **NICE guidelines**

### **Equality and health inequalities assessment (EHIA)**

#### **Urinary tract infection (recurrent): antimicrobial prescribing**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

- the update of the guideline to consider the use of methenamine hippurate as a possible alternative to antibiotic prophylaxis.
- potentially refreshing some of the language in the guideline including to make it clearer where recommendations apply to trans people.

## STAGE 2. Informing the scope

*(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)*

Urinary tract infection (recurrent): antimicrobial prescribing

Date of completion: March 2024

Focus of guideline or update: use of methenamine hippurate as an alternative to antibiotic prophylaxis.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

### **Equalities considerations from 2022 surveillance of urinary tract infection (recurrent): antimicrobial prescribing (NICE NG112)**

[Surveillance decision](#) | [Evidence](#) | [Urinary tract infection \(recurrent\): antimicrobial prescribing](#) | [Guidance](#) | [NICE](#)

The scope of NICE's NG112 guideline includes adults and children (excluding neonates, those in the first 4 weeks of life) who develop recurrent urinary tract infections (rUTIs). Topic experts highlighted that the new evidence from the ALTAR trial, which applies to women ( $\geq 18$  years), would therefore not directly relate to the populations excluded in the trial, including children, pregnant women and men. These considerations would inform any potential update.

### **Sources of equality considerations in scoping stage**

Note these are considerations based on the issues raised in the equality impact assessment in 2018, the issues highlighted in the 2022 surveillance report, issues raised by stakeholders, an editorial review of the guideline content and language and on methodological considerations of the approach to the evidence review and populations and sub groups that should be covered.

There has been no stakeholder workshop and no consultation on this scope

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

- The surveillance decision 2022 highlights new evidence about the effectiveness of methenamine hippurate as a possible alternative to prophylactic antibiotics for women. It has been noted that this trial does not cover men, young people under 18 or children.

- As the rUTI guideline defines adult women as those aged 16 and over and the new evidence above is based on adult women aged 18 and over, adult women between 16-18 will need special consideration in the light of the new evidence.
- Low socioeconomic status may be a risk factor for antibiotic resistant UTI. So people from lower socioeconomic groups may particularly benefit from interventions which potentially reduce the use of antibiotics in the community.
- A number of vulnerable groups including disabled people, young people who are in care and frail elderly people in care homes may have reduced access to primary care.
- It is particularly important to consider where different approaches are needed for women who are not pregnant, pregnant or are post-menopausal (mainly older women) – this remains in line with the existing guideline also.
- It is currently unclear how the recommendations apply to trans people, especially people who have had surgical procedures which have resulted in structural alterations to their genitourinary tract.

### 2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

The new evidence review *What is the clinical and cost-effectiveness of methenamine hippurate when compared to antibiotics in managing recurrent UTIs?* Will include sub group analysis where possible for the following groups:

- Age and gender:
  - Women ≥16 years of age (non-pregnant)
  - Women ≥16 years of age (pregnant)
  - Men ≥16 years of age
  - Children (72 hours to 15 years of age)
  - Older people (frailty, care home resident, dementia)
- People with 'complicated' lower UTI. Complicated UTI: UTI with one or more factors that predispose to persistent infection, recurrent infection or treatment failure, such as abnormal urinary tract, virulent organism, impaired host defences (diabetes mellitus, immunocompromised) or impaired renal function (Source: CKS).

The committee will use clinical expertise and personal expertise from lived experience to ensure that:

- There is careful consideration given to the possible use of methenamine hippurate as a treatment option for men, young people and children in the light of the evidence available.
- The potential reduced access to primary care for some vulnerable groups (see above) is considered in the recommendations
- There is careful consideration given to recommendations for post-menopausal women (mainly older women) and that a holistic approach is taken to treatment options and patient choice (e.g. making use of information within the NICE guideline on Menopause: diagnosis and management [NG23]).
- The committee consider refreshing some of the language in the guideline to make it clearer where recommendations apply to trans people. (Note this will not be based on further reviews of the evidence but on expert opinion.)

2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

No. We will encourage responses from stakeholder groups that we have identified as affected by these equality and health equality issues at consultation of any new or amended recommendations.

2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

The guideline committee will include two lay members with direct experience of recurrent urinary tract infections. These appointments will consider the breadth of the issues the guideline needs to cover as far as their direct experience allows.

If areas where these lay committee members are unable to represent the full breadth of the population, we will engage with stakeholder organisations and encourage feedback and input about the recommendations at consultation stage.

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

Not Applicable

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

There are no plans to exclude certain populations from the scope of the work. However, in potentially refreshing some of the language in the guideline to make it clearer where recommendations apply to trans people (especially people who have had surgical procedures which have resulted in structural alternations to their genitourinary tract) the guideline may need to make clear which recommendations do and do not apply to these populations and where specialist advice should be sought. If this results in some recommendations not applying to some of these groups this will be noted and logged as a gap in the guideline for consideration by the NICE prioritisation board.

Completed by developer Lisa Boardman (Guideline Lead)

Date 29<sup>th</sup> May 2024

Approved by committee chair Phil Taverner

Date 29<sup>th</sup> May 2024

## **STAGE 4. Development of guideline or topic area for update**

***(to be completed by the developer before consultation on the draft guideline or update)***

Urinary tract infection (recurrent): antimicrobial prescribing

Date of completion: July 2024

Focus of guideline or update: use of methenamine hippurate as an alternative to antibiotic prophylaxis.

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

The equality and health inequality issues identified through the evidence synthesis and committee considerations were largely as previously identified. However, the committee agreed that pregnant women were a further group to consider.

When updating the recommendations about the use of vaginal oestrogen the committee identified that these recommendations should have a wider applicability to women experiencing peri-menopause and who were within menopause – not just post-menopausal women.

The committee also clarified the applicability of the whole guideline to trans men and non-binary people with a female urinary system and to trans women and non-binary people with a male genitourinary system as well as the sub groups of people who have had gender reassignment surgery that involved structural alternation of the urethra.

The committee highlighted these things in the committee discussion of the evidence in the methenamine hippurate evidence review and added something in the opening sections of the original 2018 evidence review to indicate updates with regards the above.

No evidence was found for the groups identified, apart from for non pregnant women, aged 18 and over, so the committee made a research recommendation.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

No evidence was found about the use of methenamine hippurate as an alternative prophylactic treatment option for men, young people and children. However, based on their expertise the committee agreed that people within these populations often benefited from these treatments and were not aware of evidence of serious adverse events. They therefore agreed to recommend that specialist advice was sought when considering this alternative treatment for these populations. They added 'during pregnancy' to this group also.

Because the committee were unable to directly recommend the use of methenamine hippurate for these groups the committee made a research recommendation to cover these populations specifically. They also agreed to add 'older people' to this group, since it had not been possible to do any sub group analysis about particularly vulnerable older age groups who may be care home residents or have dementia. Given the difficulties in accessing primary care for some of these groups the committee believed it would be useful to look at the particular challenges and benefits of methenamine hippurate as alternative prophylactic treatment for those groups.

The committee updated the recommendations about vaginal oestrogen using committee expertise and in the context of updated recommendations in the NICE guideline on menopause. They extended the recommendations to women, trans men and non-binary people with a female urinary system experiencing peri-menopause, not just those experiencing menopause or who are post-menopausal.

All of the treatment options were updated to be clear where they applied to trans and non-binary people. This resulted in changes to most of the recommendations in the guideline.

4.3 Could any draft recommendations potentially increase inequalities?

No.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

Please see rationale in previous sections.

The committee have agreed the following research recommendation:

*What is the clinical and cost-effectiveness of methenamine hippurate when compared to antibiotics in the prevention of recurrent UTIs for men, pregnant women, older people and people with upper UTI or complicated lower UTI?*

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

The list of stakeholders currently registered to respond to this consultation include a number of specialist patient groups with interests in this area, including adults and children and diverse social and cultural groups from both urban and rural areas and disability organisations.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

We will ask whether it is clear which populations different recommendations apply to and whether any populations have been missed or whether anything is unclear. Particularly in relation to trans people.

Completed by developer      Lisa Boardman

Date      28<sup>th</sup> August 2024

Approved by committee chair      Phil Taverner

Date      28<sup>th</sup> August 2024

**STAGE 5. Revisions and final guideline or update**  
*(to be completed by the developer before guidance executive considers the final guideline or update)*

Urinary tract infection (recurrent): antimicrobial prescribing

Date of completion: November 2024

Focus of guideline or update: use of methenamine hippurate as an alternative to antibiotic prophylaxis.

5.1 How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic?

We did not receive comments from particular groups identified in box 2.2 or 4.1. However, advocates of these groups did respond to the consultation.

Some equality issues were raised about the need to make adjustments when prescribing for people with learning disabilities and autism with regards advice and preparations. Many of the areas raised were out of scope for the update and are also already covered by NICE foundational guidelines on patient experience and shared decision making. We have included additional links to our foundational guidelines to point people to these.

5.2 Have any **further** equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them?

Some stakeholder comments suggested that reasonable adjustments should be considered for people with learning disability and autism when prescribing methenamine hippurate. These issues are covered by legislation and within NICE foundational guidelines, and links have now been provided from this guideline. However, the committee discussed the comments and agreed it was important for practitioners to talk to the person about how methenamine hippurate works as a preventative treatment and to encourage discussion about options for treatment, taking into account individual needs and preferences.

NICE have also produced a new visual summary of the guideline and are in the process of developing an updated patient decision aid to support these discussions. The committee also agreed to include a recommendation about over the counter sachets that make urine more alkaline and how these should not be taken with methenamine hippurate. The committee also agreed that a new recommendation should be added to

review treatment within 6 months and then every 12 months. This will also help ensure the practitioner checks with the person whether methenamine hippurate has or has not been effective in reducing recurrent UTIs and review treatment options with them regularly.

5.3 If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues?

Some recommendations have changed after consultation (as described in 4.1). No changes will have made it more difficult in practice for a specific group to access services compared with other groups.

5.4 Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline?

It was noted that children had been omitted from the research recommendation and children have now been included in the research recommendation about methenamine hippurate

5.5 Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update

The guideline has been updated with gender-inclusive language and the committee agreed that trans people who had had surgical procedures that resulted in alternations to urethra should be referred for specialist advice on further investigation and management.

The committee noted the possible benefits of methenamine hippurate for vulnerable adults and frail older adults, especially those living in care homes and with dementia, given the difficulties in accessing primary care for some of these groups as well as the benefits of reducing antimicrobial resistance.

At consultation some equality issues were raised about the need to make adjustments when prescribing for people with learning disabilities and autism with regards advice and preparations. Many of the areas raised were out of scope for the update and are already covered by NICE foundational guidelines on patient experience and shared decision making. We have included additional links to our foundational guidelines to point people to these.

Completed by developer      Lisa Boardman

Date    6<sup>th</sup> November 2024

Approved by committee chair      Phil Taverner

Date    6<sup>th</sup> November 2024

Approved by NICE quality assurance lead      Kate Kelley

Date    6<sup>th</sup> November 2024