



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION FORM**

Title of guideline	SIGN 88: Management of suspected urinary tract infection in adults
Date of publication	December 2006
SIGN scoping search – sources	<p>MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline</p> <p>Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site; CKS Knowledge Summaries. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane Library. Other good quality systematic reviews: UK HTA database (Southampton); DARE.</p> <p>Search dates: 2005- 2009</p>
SIGN scoping search - summary	<p>Guidelines – 6 HTAs – 1 Cochrane reviews – 7</p>
Other guidelines/HTAs	<p>Grabe M, Bishop MC, Bjerklund-Johansen TE, Botto H, Çek M, Lobel B, Naber KG, Palou J, Tenke P. Guidelines on the management of urinary and male genital tract infections. Arnhem, The Netherlands: European Association of Urology (EAU); 2008 http://www.uroweb.org/fileadmin/tx_eauguidelines/2009/Full/Urological_Infections.pdf</p> <p>Stohrer M, Castro-Diaz D, Chartier-Kastler E, Del Popolo G, Kramer G, Pannek J, Radziszewski P, Wyndaele JJ. Guidelines on neurogenic lower urinary tract dysfunction. Arnhem, The Netherlands: European Association of Urology (EAU); 2008 http://www.uroweb.org/fileadmin/tx_eauguidelines/2009/Full/Neurogenic_LUTS.pdf</p> <p>Lo E, Nicolle L, Classen D, Arias KM, Podgorny K, Anderson DJ, Burstin H, Calfee DP, Coffin SE, Dubberke ER, Fraser V, Gerding DN, Griffin FA, Gross P, Kaye KS, Klompas M, Marschall J, Mermel LA, Pegues DA, Perl TM, Saint S, Salgado CD, Weinstein RA, Wise R, Yokoe DS. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals. Infect Control Hosp Epidemiol 2008 Oct;29 Suppl 1:S41-50.</p> <p>Sandler CM, Francis IR, Baumgarten DA, Bluth EI, Bush WH Jr, Casalino DD, Curry NS, Israel GM, Jafri SZ, Kawashima A, Papanicolaou N, Remer EM, Spring DB, Fulgham P, Expert Panel on Urologic Imaging. Suspected lower urinary tract trauma. [online publication]. Reston (VA): American College of Radiology (ACR); 2007. http://www.acr.org/SecondaryMainMenuCategories/quality_safety/app_criteria/pdf/ExpertPanelonUrologicImaging/SuspectedLowerUrinaryTractTraumaDoc19.aspx</p> <p>American College of Obstetricians and Gynecologists (ACOG). Treatment of urinary tract infections in nonpregnant women. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2008 http://guidelines.gov/summary/summary.aspx?doc_id=12628&nbr=6536</p> <p>University of Michigan Health System. Urinary tract infection. Ann Arbor (MI): University of Michigan Health System; 2005 http://cme.med.umich.edu/pdf/guideline/uti.pdf</p>

	<p>Nicolle LE, Bradley S, Colgan R, Rice JC, Schaeffer A, Hooton TM. Infectious Diseases Society of America guidelines for the diagnosis and treatment of asymptomatic bacteriuria in adults. Clin Infect Dis 2005 Mar 1;40(5):643-54. http://www.guideline.gov/summary/summary.aspx?doc_id=6566&nbr=004128&string=</p> <p>HTAs</p> <p>Little P, Turner S, Rumsby K, Warner G, Moore M, Lowes JA, et al (2009) Dipsticks and diagnostic algorithms in urinary tract infection: development and validation, randomised trial, economic analysis, observational cohort, and qualitative study. Volume 13, number 19 http://www.nccta.org/fullmono/mon1319.pdf</p>
<p>Main conclusions from new evidence</p>	<ul style="list-style-type: none"> ▪ An antibiotic treatment of 3 to 6 days could be sufficient for treating uncomplicated UTIs in elderly women. In younger women three days of treatment were adequate to achieve symptomatic relief for most patients, but it appears that longer therapy is better in terms of bacteria elimination from the urine, no matter what antibiotic is used. Longer therapy for UTI is related to higher rate of adverse reactions to the antibiotics used. Pending further research, it could be considered for women in whom eradication of bacteria in the urine is important. <i>SIGN 88 recommends that non-pregnant women of any age with symptoms or signs of acute LUTI should be treated with trimethoprim or nitrofurantoin for three days (B).</i> ▪ In pregnant women antibiotics were effective in clearing asymptomatic bacteriuria and reducing the incidence of symptomatic kidney infection in the mother. The incidence of low birthweight seemed also to be reduced.. <i>Antibiotic treatment for pregnant women with asymptomatic bacteriuria is recommended (A).</i> ▪ Oral antiobiotic therapy is as effective as intravenous antibiotic therapy for treating patients with bacterial UTI, and may be more convenient for the patient. <i>No recommendation given on mode of administration.</i> ▪ A review on the use of oestrogens to prevent recurrence of UTIs in postmenopausal women found that vaginal oestrogens reduced the number of UTIs when compared to placebo. All studies reported adverse events for the oestrogen treatment groups (breast tenderness, vaginal bleeding or spotting, vaginal discharge, vaginal irritation, burning and itching). This was based on the findings from two studies. <i>SIGN 88 states that oestrogens are not recommended for routine prevention of recurrent UTI in postmenopausal women (A). This is based on evidence that the treatment is less effective than antibiotic prophylaxis.</i> ▪ Methenamine hippurate may be effective in preventing UTI in patients without renal tract abnormalities particularly when used for short term prophylaxis. It does not appear to be effective for long term prophylaxis in patients who have neuropathic bladder. <i>Methenamine hippurate is recommended to prevent symptomatic UTI in patients without known upper renal tract abnormalities (B).</i> ▪ A Cochrane review of 10 trials on the use of cranberry juice concluded that cranberries (juice and capsules) can prevent recurrent infections in women. The evidence for elderly men and women was less clear, and there is evidence that it is not effective in people who need catheterisation. Many people in the trials stopped drinking the juice, suggesting it may not be a popular intervention. In addition it is not clear how long cranberry juice needs to be taken to be effective or what the required dose might be. <i>Cranberry products are recommended for women with recurrent UTI to reduce the frequency of recurrence (A). The guideline states that the effectiveness of cranberry products on other patients is not known.</i> ▪ Compared with standard catheters, antimicrobial urinary catheters can prevent catheter-associated bacteriuria in hospitalised patients during short-term catheterisation. <i>Not discussed in SIGN 88</i> ▪
<p>New areas that could be added to</p>	<ul style="list-style-type: none"> ▪ Type of catheter for prevention of UTI

the guideline	
Summary of the recommendations that could be updated	<ul style="list-style-type: none">▪ Duration of antibiotic treatment could be reviewed.

This report has been reviewed by SIGN Senior Management who do not consider that the new evidence provides justification for updating of the guideline at this stage, and the guideline remains current. This report will be updated and reconsidered in 2011.