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## URINARY TRACT INFECTION PROPHYLAXIS IN MEN AND ANTIBIOTIC COURSE LENGTH FOR PROSTATITIS

In response to a request from SAPG members about use of urinary tract infection (UTI) antibiotic prophylaxis in men with recurrent infections and recommended course length for antibiotic treatment of prostatitis advice has been sought from urology specialists.

SAPG agreed to share this information with Antimicrobial Management Teams and the Scottish Prescribing Advisers Association to inform review of male patients receiving repeat prescriptions for UTI prophylaxis and to support appropriate duration of treatment for patients with prostatitis.

### Recurrent UTI in men

There are very few men, if any, who merit long term prophylactic antibiotics, as usually there is an underlying cause such as significant pathology, stones or bladder emptying due to benign or malignant disease. It is rare to find no cause for recurrent UTI in men and prophylactic antibiotics are not advised.

There is very little evidence regarding prophylactic antibiotics in men with recurrent UTIs.

Recommendations on management from the current [Clinical Knowledge Summaries \(CKS\)](#) are:

- Treat each episode as for acute lower UTI, and ensure urine culture is arranged on each occasion.
- Consider and manage any risk factors for UTI, if appropriate.
- Consider alternative conditions that can present with similar features to a lower UTI, such as urethritis.
- Refer the man for urological assessment\* to exclude an underlying urological abnormality, and for specialist advice as to whether prophylactic antibiotics may be helpful, if appropriate.
- Advise the man about measures that may reduce the risk of recurrent UTIs, such as to maintain sufficient fluid intake (at least 2 litres per day) to avoid dehydration.

#### *\*Referral for urological assessment*

*Referral criteria for urological assessment are based on expert opinion in*

*[COMPASS Therapeutic notes on the management of bacterial urinary tract infections in primary care](#)*

*Look for underlying causes of recurrent UTI such as prostatic enlargement due to cancer or benign prostatic hypertrophy, urinary calculi, and bladder cancer, which require specialist referral to confirm these diagnoses. In addition, consider specialist referral for men with frequent episodes of UTI.*

### Duration of antibiotics therapy for prostatitis

Advice can be found at [European Association of Urology 2015, Guidelines for Urological Infections](#) page 45.

Acute bacterial prostatitis is a serious infection with fever, intense local pain, and general symptoms.

Following initial parenteral therapy and normalisation of infection parameters, oral therapy can be substituted and continued for a total of 2-4 weeks.

In chronic bacterial prostatitis antibiotics should be given for 4-6 weeks after initial diagnosis. Relatively high doses are needed and oral therapy is preferred.

Refer to local antibiotic guidance for choice of antibiotic, dosage and duration.