



Urinary tract infection prophylaxis in men and antibiotic treatment of acute 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. Evidence from the literature together with advice from urology specialists in Scotland have informed the following advice.

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.
- Advise the man about behavioural and personal hygiene measures and self-care treatments that may help to reduce the risk of UTI, for example:
 - Drinking enough fluids to avoid dehydration.
 - Not delaying habitual and post-coital urination.
- Consider alternative conditions that can present with similar features to a lower UTI, such as urethritis.
- Seek specialist advice on further investigation and management, or refer to urology*.

**Referral for urological assessment - Referral criteria based on expert opinion available in [COMPASS Therapeutic notes on the management of bacterial urinary tract infections in primary care](#)*

Antibiotics therapy for prostatitis

Comprehensive advice on diagnosis and management of prostatitis can be found in the European Association of Urology 2018, Guidelines for Urological Infections pages 29-33.

<https://uroweb.org/wp-content/uploads/EAU-Guidelines-on-Urological-Infections-2018-large-text.pdf>

Acute bacterial prostatitis usually presents abruptly with voiding symptoms and distressing but poorly localised pain. It is often associated with malaise and fever. Acute bacterial prostatitis is a serious infection and initial intravenous antibiotics may be required. Treatment should follow local guidelines for management of complicated UTI and suggested course length is 7-14 days.