Advising women to take ibuprofen reduces antibiotic use for urinary tract infection

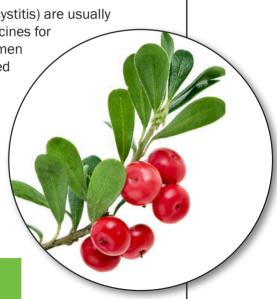
School for Primary Care Research

STUDY SUMMARY

NHS
National Institute for
Health Research

Women presenting with symptoms of acute uncomplicated urine infection (cystitis) are usually treated with antibiotics. We wanted to find out if offering women some medicines for symptom relief would reduce the symptoms and help cut antibiotic use. Women who saw their doctor with a suspected urine infection and who were prepared to wait for antibiotics were either recommended to take ibuprofen or offered a herbal product thought to reduce urinary symptoms. Neither treatment seemed to make any difference to symptom severity or recovery. However we showed that advising women to take ibuprofen appeared to reduce antibiotic use by around two thirds. Offering any advice (even a placebo) with a back up prescription seemed to reduce antibiotic use since usually all women would use antibiotics and in this study overall less than half of women reported antibiotic use. No women suffered serious complications so recommending ibuprofen for women prepared to wait for antibiotics appears safe and would help reduce overall antibiotic exposure.

www.southampton.ac.uk/medicine/academic_units/projects/ atafutialternativetreatmentsofadultfemaleurinarytractinfection. page



ATAFUTI:

Alternative treatments of adult female urinary tract infection



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Issue:

Most women visiting their GP with symptoms of cystitis will get antibiotic treatment. Many will not have proven infections and usually, although uncomfortable, urinary infections are self-limiting. There is some evidence that ibuprofen provides symptom relief and reduces antibiotic use. *Uva ursi* a herbal product has a traditional use for urinary symptom relief. Would either of these help women recover without antibiotics?

What we did:

We set out to test, in women with suspected UTI, whether ibuprofen or *Uva ursi* provide relief from urinary symptoms and reduce antibiotic use. All participants were offered a 'just in case' prescription of antibiotics in addition to the trial medication. Adult women, aged 18-70, with a suspected urinary tract infection were randomised.

What we found:

Overall less than half of the women taking part took their antibiotics in the first two weeks. For those given advice to take ibuprofen there was a significant (two thirds) reduction in antibiotic use compared to those not given advice. No episodes of serious urinary tract infection were recorded. Although we were unable to demonstrate any effect on symptom severity or time to recovery for women allocated to either treatment, advice to take ibuprofen resulted in a significant reduction in short term antibiotic use compared to no such advice. Advice to take ibuprofen appears to be safe when accompanied by a 'just in case' prescription and leads to reduced

antibiotic use despite no measurable effect on symptoms or recovery.