

# MY TOP 5

## TAKES ON A PAPER TITLED

No Clinical Benefit to Treating Male Urinary Tract Infection Longer than Seven Days: An Outpatient Database Study

### WHY?

**UTI should be treated for up to 14 days in male patients according to guidelines.**



However, previous studies suggest that a shorter duration may suffice.

Nonetheless, these studies were not specific for uncomplicated UTI.

This is a **retrospective study** involving 3 types of outpatient clinics (family med, GM and uro clinics).

The inclusion criteria were;

- 1) male  $\geq$  18 years old
- 2) with UTI and
- 3) prescribed with UTI-relevant ABX.

Any patient with anatomic genito-urinary tract anomaly was excluded, so was patient who had a recent surgery ( $\leq$ 30 days) prior to his UTI.

### WHO?



### HOW?



**Treatment exposure was dichotomised at 7-day mark** and confounding factors that are known to complicate UTI (e.g. kidney stone, pyelonephritis, etc.) or its cure (e.g. diabetes, morbidities, etc.) were assessed for their impact on the length of treatment exposure

## RESULTS

**Factors assc. with longer treatment duration (>7 days) x the odds**

Complicated UTI X 9.0 times

Nitrofurantoin use X 2.7 times

UTI treated in urology clinics X 2.4 times



**But was longer treatment duration confers a better edge?**

**NO.** It did not protect against UTI recurrence for the entire cohort (viz. all the different groups)

Interestingly, a subgroup analysis involving subjects with fewer complicating factors showed that **longer ABX Rx was more harmful as it caused more recurrence.**

Could the longer ABX Rx give rise to microbiome dysbiosis and lead to this complication?

### / **CONCLUSION** /

**Longer treatment duration** in outpatient settings was associated with **increased recurrence of UTI in men** without additional complicating factor