NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE

ANTIMICROBIAL BULLETIN

VOL 3 ISSUE 01 | MARCH 2023

NHS Nottingham and Nottinghamshire

RECURRENT UTI

Methenamine hippurate

Methenamine may now be offered as a first-line alternative to continuous antibiotic therapy for UTI prevention in women. It may be initiated in primary care in women without urinary tract abnormalities or neuropathic bladder. The choice of agent should be based on patient preference, consideration of the patient's co-morbidities, renal function and any contra-indicating factors.

Methenamine should **NOT** be used for the treatment of UTIs

Methenamine hippurate is a urinary antiseptic agent that is converted to formaldehyde in an acidic urine environment which is directly toxic to bacteria.

Continuous methenamine prophylaxis avoids the risks of long-term prophylactic antibiotic, including the development of antibiotic resistance and adverse effects such as *C. difficile* infection.

Patients should be reviewed after 6 months of prophylactic methenamine with a view to stopping. If the patient starts to suffer from recurrent UTIs again and methenamine was effective previously, this can be restarted. Consider referral for investigation if the patient has not already been investigated.

Within primary care, the Nottinghamshire formulary recommends using the cost-effective brand Hiprex®.

APC Recurrent UTI Guidelines
Preferred Prescribing List

A randomised control trial in 2022 demonstrated methenamine was non-inferior to prophylactic antibiotics for reducing the incidence of symptomatic UTIs over a 12-month period. There is some evidence that methenamine works in an acidic urine environment. In the ALTAR study, the value of urinary acidification was not explored. Therefore, the routine dipstick testing is currently not advised in the APC guideline for Recurrent UTI in Adults until further evidence is available.

ANTIBIOTIC AMNESTY

Do you have any unused or old antibiotics at home? If you have unused or unwanted antibiotics, they should not be kept for another time or shared with other people. This could make you or them sick and it increases the risk of bugs becoming resistant to antibiotics. They should be returned to a community pharmacy which can dispose of them safely—throwing them in the bin or flushing them down the toilet can contaminate the environment.
See Tweet link

APC ANTIMICROBIAL GUIDELINE UPDATES

- **Scabies** — hygiene measures and patient information leaflet added. The Infection Prevention and Control Team should be contacted if there is a spread (i.e., more than 1 case) or a single case of the more infectious crusted scabies within the care home.
- **Boils** — clindamycin is no longer a recommended treatment option. It is recommended to use doxycycline only if a macrolide is not suitable for children and adults over 12 years of age.
- **Cutaneous Candidiasis** — itraconazole was removed as a treatment option. Fluconazole was added as a systemic antibiotic if the disease is severe or unresponsive to topical treatment. Self-care advise added.
- **Gonorrhoeae** — ciprofloxacin should not be used empirically due to a high resistance rate in the UK, and should not be given during pregnancy and breastfeeding.
- **Vaginal Discharge in a Child** — a vulval swab (Amies charcoal bacterial swab) should be sent to determine if the cause is bacterial vulvovaginitis requiring treatment. Consider possible underlying causes such as foreign body, vaginal candidiasis, recurrent UTI or threadworms.
- **Pelvic Inflammatory Disease (PID)** — ensure all appropriate microbiological tests have been undertaken before commencing treatment. Levofloxacin may be used as a more convenient alternative to ofloxacin.

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