

Treat & Prevent Recurrent UTIs With Stewardship in Mind

Top Takeaways

- Typically treat uncomplicated recurrent UTIs in women with short courses of nitrofurantoin, TMP/SMX, or a single fosfomycin dose.
- Avoid extending antibiotic durations, using broader agents, or increasing doses to treat recurrent UTIs.
- Consider non-antibiotic options (cranberry products, increased fluid intake, methenamine, etc) for recurrent UTI prophylaxis to limit antibiotic exposure.

Updated guidelines provide tips on **how to treat and prevent uncomplicated recurrent urinary tract infections (rUTIs) in women.**

These infections are typically defined as 2 or more bacterial cystitis cases within a 6-month time frame...or 3 or more in 1 year.

Focus on stewardship when prescribing rUTI antibiotics.

Acute management. Usually start with TMP/SMX (1 DS tab bid x 3 days)...nitrofurantoin monohydrate/macrocrystals (100 mg bid x 5 days)...or fosfomycin (3 g x 1 dose).

Tailor options based on resistance, patient factors, etc. For example, avoid empiric TMP/SMX if local resistance is >20%...and steer away from nitrofurantoin if kidney function is less than 30 to 60 mL/min.

Move to beta-lactams (cephalexin, etc) and quinolones as second-line options if patients have allergies or resistance to first-line meds.

Similarly, save newer po agents (gepolidacin, pivmecillinam, etc) as last-line due to their high cost.

Avoid lengthening antibiotic courses beyond 7 days, using broader agents, or increasing doses for rUTIs. There isn't good evidence showing that these work...and they may only increase resistance.

Prophylaxis. Use shared decision-making when weighing prevention strategies. And support stewardship by using antibiotics last.

Discuss cranberry products, such as 8 oz of juice (ideally low-sugar or unsweetened) or one 500 mg cap daily. Plus advise drinking more water (especially if intake is <1.5 L/day)...and avoiding spermicides.

Consider methenamine as a non-antibiotic Rx option. It's metabolized to formaldehyde in the urine to kill bacteria in the bladder.

Steer toward methenamine HIPPURATE (1 g po bid) over methenamine MANDELATE. The mandelate salt has less rUTI data...must be taken 4 times daily...and was introduced pre-1938 before FDA approval requirements.

Avoid combining either methenamine salt with TMP/SMX...due to crystalluria risks.

Suggest vaginal estrogen in peri- or postmenopausal women. Meta-analyses show vaginal estrogen may lower rUTI risk by 60%.

If moving to antibiotics, limit exposure to prevent resistance.

For example, prescribe single antibiotic doses immediately before or after sex if rUTIs are associated with intercourse.

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If moving to daily regimens for better control, limit courses to 1 year or less. And use low doses (TMP/SMX 40/200 mg daily, cephalexin 125 or 250 mg daily, etc) listed in our *Urinary Tract Infections* chart.

Confirm the patient's pregnancy and breastfeeding status when writing for any rUTI antibiotics. Assess possible risks using our *Antibiotics in Pregnancy and Lactation* chart as a guide.

Key References:

- Ackerman AL, Bradley M, D'Anci KE, et al. Updates to Recurrent Uncomplicated Urinary Tract Infections in Women: AUA/CUA/SUFU Guideline (2025). *J Urol*. 2026 Jan;215(1):3-12.
- Gupta K, Hooton TM, Naber KG, et al. International clinical practice guidelines for the treatment of acute uncomplicated cystitis and pyelonephritis in women: A 2010 update by the Infectious Diseases Society of America and the European Society for Microbiology and Infectious Diseases. *Clin Infect Dis*. 2011 Mar 1;52(5):e103-20.
- Bakhit M, Krzyzaniak N, Hilder J, et al. Use of methenamine hippurate to prevent urinary tract infections in community adult women: a systematic review and meta-analysis. *Br J Gen Pract*. 2021 Jun 24;71(708):e528-e537.
- Chen YY, Su TH, Lau HH. Estrogen for the prevention of recurrent urinary tract infections in postmenopausal women: a meta-analysis of randomized controlled trials. *Int Urogynecol J*. 2021 Jan;32(1):17-25.

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