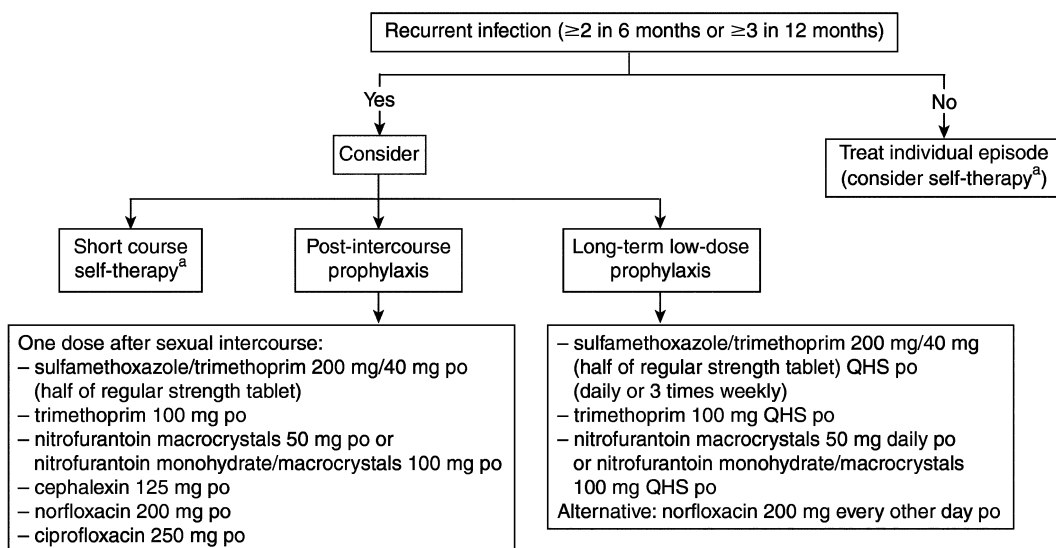


Figure 1: **Management of Recurrent Acute, Uncomplicated UTIs**

^a Three-day course of treatment, self-administered on appearance of symptoms.

Pharmacologic Choices

Sulfamethoxazole/trimethoprim (SMX/TMP) and Trimethoprim (TMP)

SMX/TMP and **TMP** are the drugs of choice for most UTIs if local rates of resistance are <20% [Evidence: SORT C*].² Both may be used as 3-day therapy for acute uncomplicated UTIs. Resistance to SMX/TMP and TMP is increasing and must be considered in individuals who have failed empiric therapy or who have had recent prior therapy with these agents. Use of SMX/TMP is limited by sulfa allergy (TMP alone may be used in sulfa-allergic patients).

Nitrofurantoin

Nitrofurantoin, a urinary antiseptic, has been widely used to treat UTIs. It may not be as effective as SMX/TMP for 3-day therapy in the treatment of acute uncomplicated UTIs; however, a 5-day course is effective.⁵ It is not recommended for treatment of pyelonephritis and is contraindicated in renal failure (CrCl <60 mL/min). Pulmonary and hepatic toxicity occur rarely but are more common with long-term use. Nitrofurantoin *monohydrate/macrocrystals* (MacroBID) is dosed twice daily and may be better tolerated than the standard *macrocrystal* formulation.

Amoxicillin and Amoxicillin/clavulanate

Resistance of *E. coli* to **amoxicillin** limits its current use; reserve for UTIs with streptococci or enterococci or when the infecting organism is known to be susceptible.

Amoxicillin is not recommended for empiric therapy of uncomplicated UTIs as it will be about 20% less effective than SMX/TMP.²

* SORT (Strength of Recommendation Taxonomy) is a rating system (A, B or C) that addresses the quality of available evidence. For more information consult **How to Use Compendium of Therapeutic Choices** on page xxv.