

A Trial Investigating Alternative Treatments of Adult Female Urinary Tract Infection

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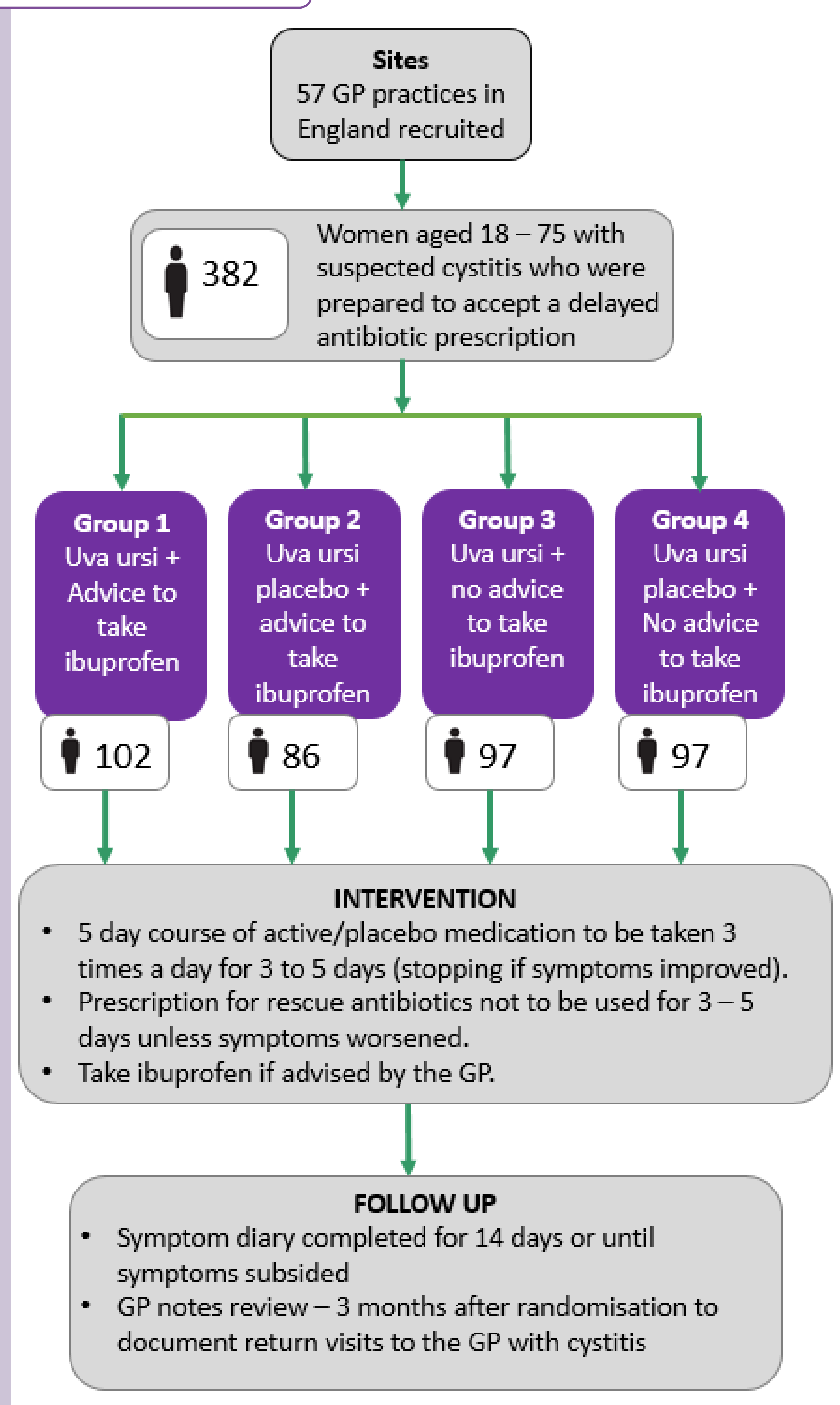
- Antibiotic resistance is rising and is linked to prescribing in primary care.
- Cystitis (uncomplicated urinary tract infection) is one of the most common female conditions treated by general practitioners (GPs).
- Most women visiting their GP with symptoms of cystitis will get antibiotic treatment but many will not have a proven infection.
- Complications of cystitis are rare and although uncomfortable, the symptoms of cystitis will settle.
- Antibiotics, although not reducing the severity of the symptoms, do reduce how long they last.
- A delayed prescription strategy has been shown to be feasible in cystitis but most women (77%) who were given a 'just in case' prescription still used antibiotics.
- Patients with cystitis are in discomfort and it is unlikely delayed prescribing will become widespread unless decent symptom relief can be provided.
- There is some evidence that **ibuprofen** provides symptom relief and reduces antibiotic use.
- **Uva ursi**, a herbal product, extracted from the leaves of *Arctostaphylos uva-ursi* (bearberry) plant, has a traditional use for urinary infection symptom relief and has been approved for use for urinary tract inflammation by the German Federal Institute for Drugs and Medical Devices.



ATAFUTI:

- Is a double blind, placebo controlled, 2x2 factorial randomised trial of **Uva ursi** and open pragmatic trial of **ibuprofen**.
- The aim of the trial was to investigate if either **Uva ursi** or **ibuprofen**, alongside a 'just in case' prescription, would reduce symptoms and so help women recover from cystitis without antibiotics.

WHAT WE DID:



WHAT WE FOUND:

- There was no difference in symptom severity between the factorial groups or any difference in the duration of moderately bad symptoms.
- 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.
- No episodes of serious urinary tract infection were recorded.

Antibiotic use in the first two weeks by group				
	1. Uva Ursi + Ibuprofen Advice	2. Uva Ursi Placebo + Ibuprofen Advice	3. Uva Ursi + No Ibuprofen Advice	4. Uva Ursi Placebo + No Ibuprofen Advice
Total number of patients	102	86	97	97
No of patients using antibiotics	24 (34%)	21 (36%)	33 (45%)	42 (57%)

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 results in reduced antibiotic use despite no measurable effect on symptoms or recovery.

For full results see:
Moore M et al., Uva-ursi extract and ibuprofen as alternative treatments for uncomplicated urinary tract infection in women (ATAFUTI): a factorial randomized trial, Clinical Microbiology and Infection, <https://doi.org/10.1016/j.cmi.2019.01.011>

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