REVIEW

An Updated Management of Uncomplicated Recurrent UTI in Women

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Abstract

Management of recurrent UTI is a very topical subject due to the high prevalence of the disease, its influence on the quality of life and the resulting social burden, as well as the increasing ecological adverse effects of the prolonged and repetitive antimicrobial therapy prescribed over the time. Sustained efforts should be made for a better understanding of the risk factors and the pathophysiology of the UTI recurrence, a precise diagnosis and a circumspect attitude regarding the antibiotic prescription. All the alternative therapies must be considered and the best treatment option should be chosen, providing maximum efficiency and minimal risks for the individual and also for the community.

Key words: urinary tract infections, management, antimicrobial therapy.

Introduction

This topic has been discussed very frequently in recent years due to the high prevalence of urinary tract infections (UTI) among women, their significant recurrence rate and, above all, due to the risks of classical therapy for these recurrences. Repetitive and/or prolonged antimicrobial therapy prescriptions produced increases in the rates of antimicrobial resistance, multidrug-resistance colonization with microorganisms ("collateral damage" phenomenon) and contribute to the uprising

incidence of Clostridium difficile infection worldwide [1-4].

Definitions and prevalence

According to the recent published American Urological Association (AUA) guidelines, 60 percent of the feminine population experience an acute episode of low UTI (cystitis) in their lifetime [1, 5, 6]. Approximately one third of these patients are prone to another episode and 25-50 % of them may have the misfortune to experience multiple UTI episodes [6-8]. Recurrent UTI (rUTI) are defined as two or

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