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METHENAMINE ALONE IN THE MANAGEMENT OF CHRONIC URINARY TRACT INFECTION

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Introduction and Rationale

In treating chronic UTI a Grail Quest is limiting antibiotic exposure. Methenamine was invented in 1889 from work on using organic acids to treat UTI. We use it alone from patient preference and antibiotic intolerance. It is important to report data on such use.

Methods

We analysed data from 141 patients (131 women and 11 men; mean age = 63, sd= 16) who were treated for chronic urinary tract infection. 77 took antibiotic combined with Methenamine and 65 took methenamine alone for the reasons explained above. We analysed the between group differences using the non-parametric Kruskal-Wallis Test

Results

The two groups were indistinguishable at the time of presentation with respect to age, gender, duration of symptoms, symptoms scores and urinalysis.

There was no between group difference in the treatment outcome (K-W $\chi^2 = 3.7$, $df = 1$, $p = 0.053$), treatment duration for maximum response, the number of reviews needed for management. Methenamine caused some upper GI symptoms and dysuria caused by low pH on inflamed mucosa.

Conclusion

We had adapted to these findings in clinical practice setting our first goal as the management of the condition with Methenamine on its own. Antibiotic treatment is used to reduce the infection so that the recession of symptoms allows the introduction of methenamine without dysuria and we then move onto the withdrawal of antibiotics by a process of trial and error elimination so that the last phase of treatment uses Methenamine alone.

References

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