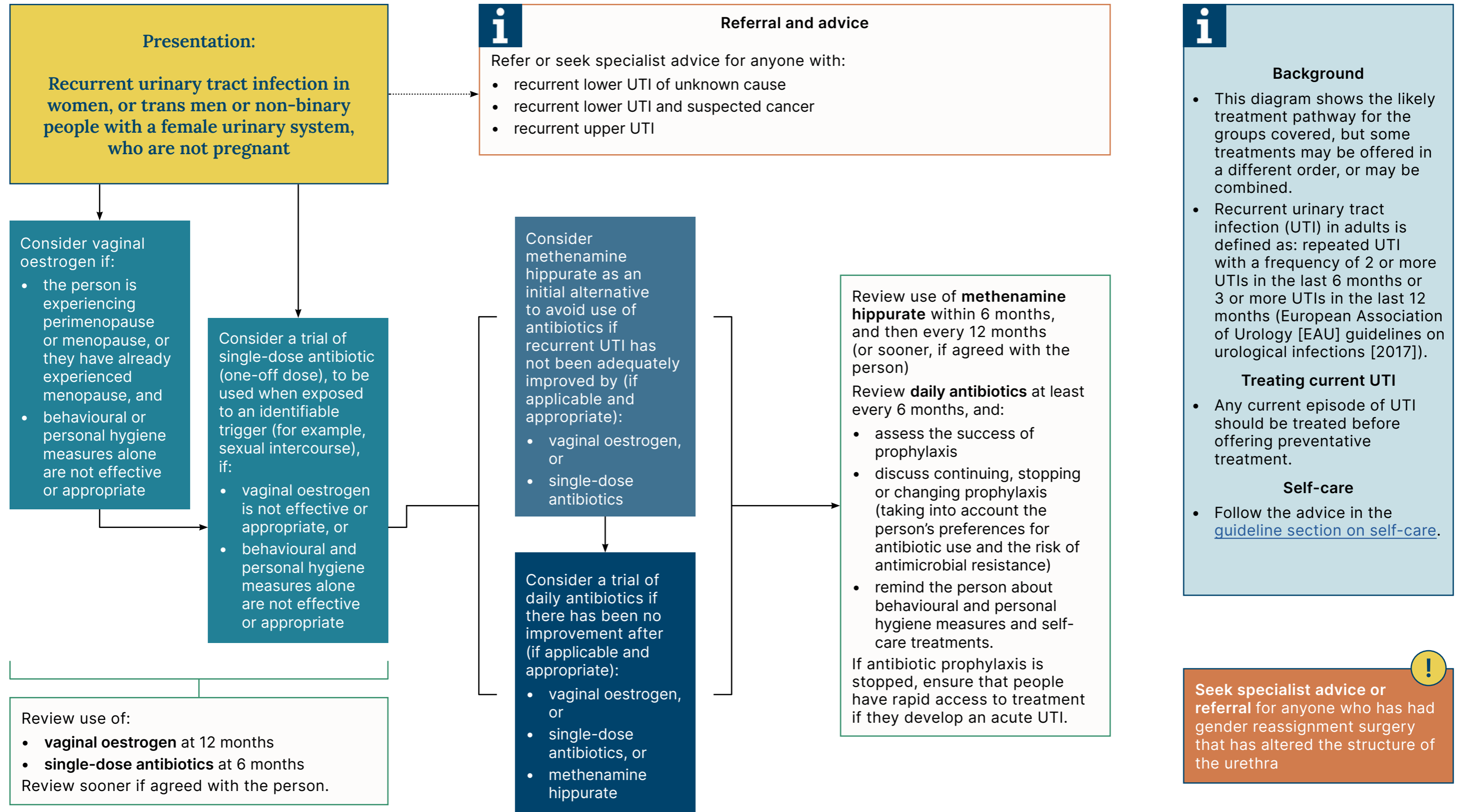


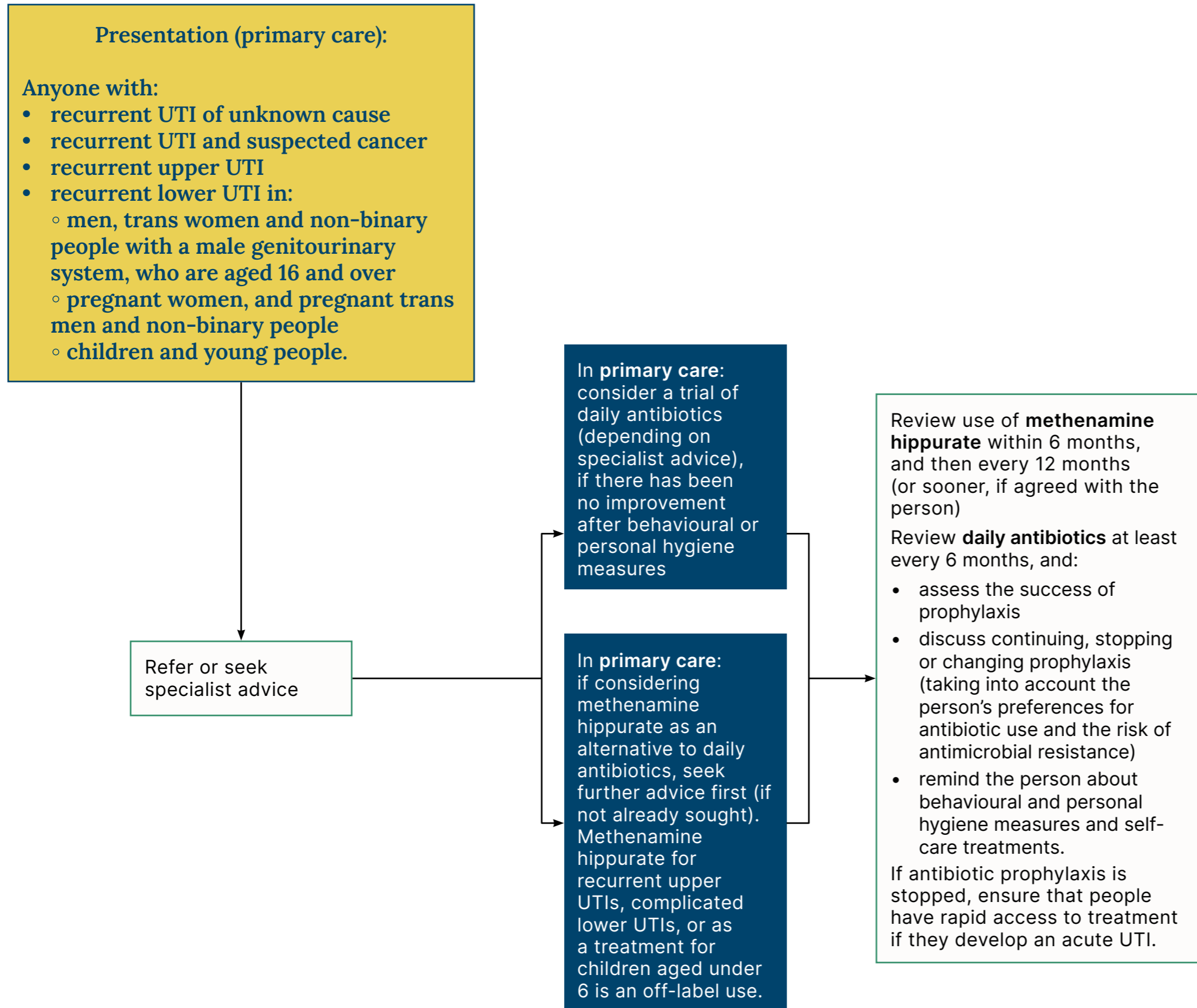
# Prevention of recurrent UTI in women, or trans men or non-binary people with a female urinary system, who are not pregnant

## Recurrent UTI: antimicrobial prescribing



# Prevention of recurrent UTI in people who need specialist referral or advice

## Recurrent UTI: antimicrobial prescribing



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### Background

- Recurrent urinary tract infection (UTI) in adults is defined as: repeated UTI with a frequency of 2 or more UTIs in the last 6 months or 3 or more UTIs in the last 12 months (European Association of Urology [EAU] guidelines on urological infections [2017]).
- Recurrent UTI is diagnosed in children and young people under 16 years if they have:
  - 2 or more episodes of UTI with acute pyelonephritis/upper UTI, or
  - 1 episode of UTI with acute pyelonephritis plus 1 or more episode of UTI with cystitis/lower UTI, or
  - 3 or more episodes of UTI with cystitis/lower UTI.

### Treating current UTI

- Any current episode of UTI (including acute UTI) should be treated before offering preventative treatment.

### Self-care

- Follow the advice in the [guideline section on self-care](#).

# Recurrent UTI: antimicrobial prescribing

## Choice of antibiotic or antiseptic for people aged 16 years and over

Prophylaxis	Dosage
Antiseptic prophylaxis	
Methenamine hippurate	1 g twice a day
First-choice antibiotics	
Trimethoprim	200 mg single dose when exposed to a trigger, <b>or</b> 100 mg nightly
Nitrofurantoin (if eGFR 45 ml/min or more)	100 mg single dose when exposed to a trigger, <b>or</b> 50 to 100 mg nightly
Second-choice antibiotics	
Amoxicillin	500 mg single dose when exposed to a trigger, <b>or</b> 250 mg nightly
Cefalexin	500 mg single dose when exposed to a trigger, <b>or</b> 125 mg nightly

## Choice of antibiotic or antiseptic for children and young people under 16 years

Prophylaxis	Dosage
Children under 3 months: refer to paediatric specialist	
Antiseptic prophylaxis for children aged 6 and over (with specialist advice only):	
Methenamine hippurate	6 to 12 years: 500 mg twice a day 12 to 15 years: 1 g twice a day
Children aged 3 months and over (with specialist advice only): first-choice antibiotics	
Trimethoprim	3 to 5 months: 2 mg/kg nightly (maximum 100 mg per dose) <b>or</b> 12.5 mg nightly 6 months to 5 years: 2 mg/kg nightly (maximum 100 mg per dose) <b>or</b> 25 mg nightly 6 to 11 years: 2 mg/kg nightly (maximum 100 mg per dose) <b>or</b> 50 mg nightly 12 to 15 years: 100 mg nightly
Nitrofurantoin (if eGFR 45 ml/min or more)	3 months to 11 years: 1 mg/kg nightly 12 to 15 years: 50 to 100 mg nightly
Children aged 3 months and over (with specialist advice only): second-choice antibiotics	
Cefalexin	3 months to 15 years: 12.5 mg/kg nightly (maximum 125 mg per dose)
Amoxicillin	3 to 11 months: 62.5 mg nightly 1 to 4 years, 125 mg nightly 5 to 15 years: 250 mg nightly

Choose antibiotics according to recent culture and susceptibility results where possible, with rotational use based on local policies.  
Select a different antibiotic for prophylaxis if treating an acute UTI.

### Notes

For **methenamine hippurate**: in November 2024, methenamine hippurate for recurrent upper UTIs, complicated lower UTIs, or as a treatment for children aged under 6, was an off-label use. See [NICE's information on prescribing medicines](#).

For **all antibiotics**: see [BNF](#) or [BNF for children](#) for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy, or breastfeeding. If 2 or more antibiotics are appropriate, choose the antibiotic with the lowest acquisition cost.

For **children and young people under 16 years**: the age bands apply to children of average size and, in practice, the prescriber should use the age bands in conjunction with other factors such as the severity of the condition and the child's size in relation to the average size of children of the same age.

For **trimethoprim**: teratogenic risk in first trimester of pregnancy (folate antagonist). Manufacturers advise this is contraindicated in pregnancy (see [BNF information on trimethoprim](#) or [BNFC information on trimethoprim](#) and the [summary of product characteristics for trimethoprim](#)).

For **nitrofurantoin**: avoid at term in pregnancy; may produce neonatal haemolysis (see [BNF information on nitrofurantoin](#) or [BNFC information on nitrofurantoin](#)). In November 2024, nitrofurantoin for recurrent upper UTIs or complicated lower UTIs was an off-label use. See [NICE's information on prescribing medicines](#).

For **amoxicillin**: in November 2024, amoxicillin for preventing UTIs was an off-label use. See [NICE's information on prescribing medicines](#).