

# **Prescriber Resources List**



CADTH has summarized key guidelines and recommendations for antibiotic therapies for the following **four bacterial infections**:

- uncomplicated cystitis (a simple infection of the bladder)
- uncomplicated pyelonephritis (a simple infection of the kidney)
- acute bacterial exacerbation of chronic bronchitis in chronic obstructive pulmonary disease (COPD)
- acute bacterial sinusitis.



### **Prescriber Resources List**

This tool presents first-, second-, and third-line therapeutic recommendations (where available) from these guidelines with respect to these four indications. Clinical resources included are from Canada, the US, Europe, and the UK, as well as international sources.

CADTH conducted a study to explore antibiotic prescribing practices of Canadian primary care providers for these same four indications. This report, entitled *Fluoroquinolone Prescribing and Use in Canadian Primary Care Practice*, can be found **here**.

#### **Prescriber Resources**

### **Uncomplicated Cystitis**

For the treatment of uncomplicated cystitis in average risk populations (e.g., non-children, non-pregnant, and non-elderly), the majority of guidelines reviewed indicate that nitrofurantoins and sulfonamides are the preferred antibiotic therapies. While some resources included fluoroquinolones as an option or a second-line therapy, many indicated that this drug class should be reserved for more severe indications than cystitis.

Country/Region	Organization	First-Line Antibiotic Therapy	Second-Line Antibiotic Therapy	Third-Line Antibiotic Therapy	Notes
Canada	<ul> <li>Obstetricians and Gynaecologists of Canada</li> <li>Canadian Urological</li> <li>Canadian Urological</li> </ul>	Sulfonamides Fluoroquinolones Nitrofurantoins			Guidelines do not indicate by first-, second-, third-line, etc.
Canada		Fosfomycin Sulfonamides Fluoroquinolones Nitrofurantoins Fosfomycin			Guidelines do not indicate by first-, second-, third-line, etc.
US	American Congress of Obstetricians and Gynecologists	Sulfonamides Fluoroquinolones Nitrofurantoins Fosfomycin			Fluoroquinolones, although highly effective, should not be used as a first-line drug where resistance to TMP-SMX is low.
US	Infectious Diseases Society of America	Nitrofurantoin Sulfonamides Fosfomycin Beta-lactams			Fluoroquinolones, although efficacious, should be reserved for important uses other than cystitis.

## CADTH

Country/Region	Organization	First-Line Antibiotic Therapy	Second-Line Antibiotic Therapy	Third-Line Antibiotic Therapy	Notes
US	American Academy of Family Physicians	Fosfomycin Nitrofurantoins Sulfonamides	Fluoroquinolones	Beta-lactams	Although fluoroquinolones are effective, they have the propensity for collateral damage and should only be considered for patients with more serious infections.
European Union	European Association of Urology	Nitrofurantoins Sulfonamides Fosfomycin Beta-lactams Fluoroquinolones			Despite lower resistance rates as demonstrated in certain countries, fluoroquinolones are not considered first choice because of adverse events.
UK	Scottish Intercollegiate Guidelines Network	Sulfonamides Nitrofurantoin			Guidelines do not indicate by first-, second-, third-line, etc.
International	Medscape	Nitrofurantoin Sulfonamides Fosfomycin	Fluoroquinolones		Fluoroquinolones should only be used as first-line therapy in areas with high rates of TMP-SMX resistance, as these drugs have other important indications.
International	UpToDate	Nitrofurantoin Sulfonamides Fosfomycin Beta-lactams			When possible, fluoroquinolones should be reserved for more important uses other than acute cystitis.
International	DynaMed	Nitrofurantoin Sulfonamides Fosfomycin Beta-lactams			Guidelines do not indicate by first-, second-, third-line, etc.
International	RxFiles	Nitrofurantoin Sulfonamides Fosfomycin			Guidelines do not indicate by first-, second-, third-line, etc.

 ${\sf TMP}\mbox{-}{\sf SMX}\mbox{-}{\sf trimethoprim/sulfamethoxazole}.$ 

### **Uncomplicated Pyelonephritis**

For the treatment of uncomplicated pyelonephritis in average risk populations (e.g., non-children, non-pregnant, and non-elderly), the majority of guidelines reviewed indicate that sulfonamides and fluoroquinolones are the preferred antibiotic therapies.

Country/Region	Organization	First-Line Antibiotic Therapy	Second-Line Antibiotic Therapy	Third-Line Antibiotic Therapy	Notes
US	American Congress of Obstetricians and Gynecologists	Fluoroquinolones			Guidelines do not indicate by first-, second-, third-line, etc.
US	Infectious Diseases Society of America	Fluoroquinolones Sulfonamides			Guidelines do not indicate by first-, second-, third-line, etc.
US	American Academy of Family Physicians	Fluoroquinolones Sulfonamides			Guidelines do not indicate by first-, second-, third-line, etc.
European Union	European Association of Urology	Fluoroquinolones Sulfonamides Beta-lactams			Guidelines do not indicate by first-, second-, third-line, etc.
UK	Scottish Intercollegiate Guidelines Network	Fluoroquinolones			Guidelines do not indicate by first-, second-, third-line, etc.
International	Medscape	Fluoroquinolones	Sulfonamides		
International	UpToDate	Fluoroquinolones Sulfonamides Beta-lactams			Guidelines do not indicate by first-, second-, third-line, etc.
International	DynaMed	Fluoroquinolones Sulfonamides			Guidelines do not indicate by first-, second-, third-line, etc.



### Acute Bacterial Exacerbation of Chronic Bronchitis in COPD

For the treatment of acute bacterial exacerbation of chronic bronchitis in chronic obstructive pulmonary disease (COPD) in average-risk populations (e.g., non-children, non-pregnant, and non-elderly), the majority of guidelines reviewed indicate that beta-lactams, macrolides, and tetracyclines are the preferred antibiotic therapies. While some resources included fluoroquinolones as an option or a second-line therapy, the guidelines below indicated that this drug class should be reserved for more severe cases of this indication or in cases of treatment failure.

Country/Region	Organization	First-Line Antibiotic Therapy	Second-Line Antibiotic Therapy	Third-Line Antibiotic Therapy	Notes
Canada	Canadian Thoracic Society and Canadian Infectious Disease Society <sup>a</sup>	Macrolide Beta-lactams Tetracycline Sulfonamides	Fluoroquinolones		Fluoroquinolones as an alternative for treatment failure.
US	John Hopkins Medicine	Beta-lactams Tetracycline Macrolides	Fluoroquinolones		Fluoroquinolones for severe cases or recent antibiotic therapy.
European Union	European Respiratory Society and European Society of Clinical Microbiology and Infectious Diseases	Beta-lactams Fluoroquinolones			Guidelines do not indicate by first-, second-, third-line, etc.
International	UpToDate	Macrolides Tetracycline Sulfonamides Beta-lactams			In complicated outpatients, respiratory fluoroquinolones are recommended; however, clinicians must consider that their use increases the risk of <i>C.difficile</i> infection.
International	DynaMed	Beta-lactams Fluoroquinolones Macrolides Tetracycline			Guidelines do not indicate by first-, second-, third-line, etc.

<sup>a</sup> This guideline was published before the Canadian Infectious Disease Society amalgamated with the Canadian Association for Medical Microbiology to become the Association of Medical Microbiology and Infectious Disease Canada, or AMMI Canada.

## CADTH

### **Acute Bacterial Sinusitis**

For the treatment of acute bacterial sinusitis in average risk populations (e.g., non-children, non-pregnant, and non-elderly), the majority of guidelines reviewed indicate that beta-lactams are the preferred antibiotic therapy. Many of these guidelines also include fluoroquinolones as an option, generally as a second-line therapy.

Country/Region	Organization	First-Line Antibiotic Therapy	Second-Line Antibiotic Therapy	Third-Line Antibiotic Therapy	Notes
Canada	Canadian Rhinosinusitis Best Practice and Standards Working Group	Beta-lactams Sulfonamides	Beta-lactams Fluoroquinolones		
US	Infectious Diseases Society of America	Beta-lactams	Tetracycline		
US	American Academy of Otolaryngology- Head and Neck Surgery	Beta-lactams	Tetracycline Fluoroquinolones		
International	Medscape	Beta-lactams Macrolides	Beta-lactams Macrolides Fluoroquinolones		
International	UpToDate	Beta-lactams	Tetracycline Fluoroquinolones		The serious adverse effects associated with fluoroquinolones generally outweigh the benefits for patients with acute bacterial sinusitis.
International	DynaMed	Macrolides Fluoroquinolones			Guidelines do not indicate by first-, second-, third-line, etc.
International	RxFiles	Beta-lactams			Guidelines do not indicate by first-, second-, third-line, etc.

## CADTH

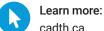
#### References

- 1. Epp A, Larochelle A, Lovatsis D, Walter JE, Easton W, Epp A, Farrell SA, et al. Recurrent urinary tract infection. JSOGC. 2010 Nov; 32(11):1082-1090.
- 2. Danson S, Dason JT, Kapoor A. Guidelines for the diagnosis and management of recurrent urinary tract infection in women. Can Urol Assoc J [Internet]. 2011 [cited 2017 Jun 12];5(5):316-22. Availble from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202002/
- Colgan R, Williams M. Diagnosis and treatment of acute uncomplicated cystitis. Am Fam Physician [Internet]. 2011 Oct 1 [cited 2017 Jun 12];84(7):771-6. Available from: http://www.aafp.org/afp/2011/1001/p771.html
- 4. Treatment of urinary tract infections in nonpregnant women [Internet]. Washington (DC): American Congress of Obstetricians and Gynecologists; 2008 Mar [reaffirmed 2016]. (ACOG Practice Bulletin No.91). [cited 2017 Jun 12] Available from: https://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Treatment-of-Urinary-Tract-Infections-in-Nonpregnant-Women
- Gupta K, Hooton T, Naber K, Wullt B, Colgan R, Miller L, et al. International clinical practice guidelines for the treatment of acute uncomplicated cystitis and pyelonephritis in women: a 2010 update by the infectious diseases society of America and the European society for microbiology and infectious diseases. Clinical Infectious Diseases [Internet]. 2011 Mar [cited 2017 Jun 12]; 52 (5): e103-e120. Available from: https://academic.oup.com/cid/article/52/5/e103/388285/ International-Clinical-Practice-Guidelines-for-the
- Scottish Intercollegiate Guidelines Network. Management of suspected bacterial urinary tract infection in adults [Internet]. Edinburgh (UK): SIGN; 2012. (SIGN publication no. 88). [cited 2017 Jun 12]. Available from URL: http://www.sign.ac.uk/sign-88-management-of-suspected-bacterial-urinary-tract-infection-in-adults.html
- 7. Bonkat G, Pickard R, Bartoletti R, Bruyère F, Geerlings S, Wagenlehner F, et al. Urological infections [Internet]. Arnhem (NLD): European Association of Urology; 2017 [cited 2017 Jun 12]. Available from: http://uroweb.org/guideline/urological-infections/#1\_3
- 8. Panesar K. Treating uncomplicated cystitis. US Pharmacist [Internet]. 2013 [cited 2017 Jun 12]; 38(8):34-37.
- 9. Available from: http://www.medscape.com/viewarticle/810756\_7. Free subscription required.
- 10. Hooton T, Gupta K. Acute uncomplicated cystitis and pyelonephritis in women. 2016 Sep [cited 2017 Jun 12]. In: UpToDate [Internet]. Waltham (MA): UpToDate; 1992-. Available from: https://www.uptodate.com. Subscription required.
- DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 .Record No. 116894, Uncomplicated urinary tract infection (UTI) (pyelonephritis and cystitis); [updated 2017 Jan 26; cited 2017 Jun 12]. Available from https://www.dynamed.com/topics/dmp~AN~T116894/Uncomplicated-urinary-tract-infection-UTIpyelonephritis-and-cystitis. Subscription required.
- 12. Uncomplicated cystitis management considerations. In: Antibiotics & common infections: ABX-2: Uncomplicated cystitis & skin: Stewardship, effectiveness, safety & clinical pearls [Internet]. Saskatoon (SK): RxFiles; 2017 Apr [cited 2017 Jun 12]. Available from: http://www.rxfiles.ca/rxfiles/uploads/documents/ABX-2-Newsletter-Cystitis-and-SSTI.pdf
- 13. Fulop T. Acute pyelonephritis treatment & management. In: MedScape [Internet]. New York (NY): WebMD, LLC. 2016 Sep [cited 2017 Jun 12]. Available from: http:// emedicine.medscape.com/article/245559-treatment#d10
- 14. Balter MS, LaForge J, Low DE, Mandell L, Grossman RF, Canadian Thoracic Society, Canadian Infectious Disease Society. Canadian guidelines for the management of acute exacerbations of chronic bronchitis. Can Respir J. 2003 Jul-Aug; 10(Suppl B):3B-32B.
- 15. Auwaerter PG, Bartlett J. Chronic bronchitis, acute exacerbations. In: Johns Hopkins ABX guide [Internet]. Charlottesville (NC): Unbound Medicine. 2015 [cited 2017 Jun 12]. Available from: https://www.hopkinsguides.com/hopkins/view/Johns\_Hopkins\_ABX\_Guide/540124/all/Chronic\_Bronchitis\_Acute\_Exacerbations
- 16. Joint Taskforce of the European Respiratory Society and European Society for Clinical Microbiology and Infectious Diseases. Guidelines for the management of adult lower respiratory tract infections. Clinical Microbiology and Infection. 2011; 17(6): E1-E58.
- 17. Bartlett J, Sethi S. Management of infection in exacerbations of chronic obstructive pulmonary disease. 2016 Jun [cited 2017 Jun 12]. In: UpToDate [Internet]. Waltham (MA): UpToDate; 1992-. Available from: https://www.uptodate.com/. Subscription required.
- DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 .Record No. 116563. Acute exacerbation of COPD; [updated 2017 May 31; cited 2017 Jun 12]. Available from: https://www.dynamed.com/topics/dmp~AN~T116563. Subscription required.
- 19. Desrosiers M, Evans GA, Keith PK, Wright ED, Kaplan A, Bouchard J, et al. Canadian clinical practice guidelines for acute and chronic rhinosinusitis. Allergy Asthma Clin Immunol [Internet]. 2011 Feb [cited 2017 Jun 12]; 7(1):2. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3055847/
- 20. Chow A, Benninger MS, Brook I, Brozek J, Goldstein EJ, Hicks LA, et al. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. Clin Infect Dis [Internet]. 2012 Apr [cited 2017 Jun 12];54(8):e72-e112. Available from: https://academic.oup.com/cid/article-lookup/doi/10.1093/cid/cir1043
- Rosenfeld RM, Picciillo JF, Chandrasekhar SS, Brook I, Ashok Kumar K, Kramper M, et al. American Academy of Otolaryngology clinical practice guideline (update): Adult sinusitis. Otolaryngol Head Neck Surg [Internet]. 2015 Apr [cited 2017 Jun 12];152(2 Suppl):S1-S39. Available from: http://journals.sagepub.com/doi/ abs/10.1177/0194599815572097
- 22. Brook I. Acute sinusitis treatment & management. In: MedScape [Internet]. New York (NY): WebMD, LLC. 2017 Jan [cited 2017 Jun 12]. Available from: http:// emedicine.medscape.com/article/232670-treatment
- Patel ZM, Hwang PH. Uncomplicated acute sinusitis and rhinosinusitis in adults: Treatment. 2016 Sep [cited 2017 Jun 12]. In: UpToDate [Internet]. Waltham (MA): UpToDate; 1992-. Available from: https://www.uptodate.com/. Subscription required.



- 24. DynaMed Plus [Internet]. Ipswich (MA): EBSCO Information Services. 1995 .Record No. 902952, Acute sinusitis in adults; [updated 2016 Sep 12; cited 2017 Jun 12]. Available from: https://www.dynamed.com/topics/dmp~AN~T902952/Acute-sinusitis-in-adults. Subscription required.
- 25. Antibiotics & common infections: stewardship, effectiveness, safety & clinical pearls [Internet]. Saskatoon (SK): RxFiles; 2016 Oct [cited 2017 Jun 12]. Available from: http://www.rxfiles.ca/rxfiles/uploads/documents/ABX-Newsletter-2016-COMPLETE.pdf

### Questions or comments about CADTH or this tool?



cadth.ca

Contact us: requests@cadth.ca

Follow us on Twitter: @CADTH\_ACMTS

Subscribe to our E-Alert and New at CADTH newsletter: cadth.ca/subscribe

#### DISCLAIMER

This material is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose; this document should not be used as a substitute for professional medical advice or for the application of professional judgment in any decisionmaking process. Users may use this document at their own risk. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not guarantee the accuracy, completeness, or currency of the contents of this document. CADTH is not responsible for any errors or omissions, or injury, loss, or damage arising from or relating to the use of this document and is not responsible for any third-party materials contained or referred to herein. This document is subject to copyright and other intellectual property rights and may only be used for non-commercial, personal use or private research and study.

#### ABOUT CADTH

CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system. CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.



July 2017