

# Shorter course of antibiotics noninferior for UTI in afebrile men

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(HealthDay)—For afebrile men with urinary tract infection (UTI), seven

days of antibiotic treatment is noninferior to 14 days for symptom resolution, according to a study published in the July 27 issue of the *Journal of the American Medical Association*.

Dimitri M. Drekonja, M.D., from the Minneapolis Veterans Affairs Health Care System, and colleagues examined whether seven days of treatment is noninferior to 14 days of ciprofloxacin or trimethoprim/sulfamethoxazole to treat UTI in afebrile men. A total of 272 men who received [antibiotics](#) for seven days of treatment were randomly assigned to either continue [antibiotic therapy](#) (136 men) or receive placebo (136 men) for days 8 to 14 of treatment. A noninferiority margin of 10 percent was chosen.

The researchers found that [symptom](#) resolution occurred in 93.1 and 90.2 percent of participants in the seven-day and 14-day groups, respectively, meeting the noninferiority criterion, in the primary as-treated analysis. In the secondary as-randomized analysis, symptom resolution occurred in 91.9 and 90.4 percent of participants in the seven- and 14-day groups, respectively. UTI symptom recurrence occurred in 9.9 and 12.9 percent of participants in the seven- and 14-day groups, respectively. Adverse events occurred in 20.6 and 24.3 percent of participants, respectively.

"Shorter courses of antibiotic treatment are inherently easier for patients and are preferred when clinical outcomes are noninferior compared with longer duration of treatment," write the authors of an accompanying editorial. "This study should inform guidelines and should give clinicians confidence to treat thoughtfully for the shortest effective treatment duration."

Two authors disclosed financial ties to the [pharmaceutical industry](#).

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