

Cranberry or trimethoprim for the prevention of recurrent urinary tract infections? A randomized controlled trial in older women.

[McMurdo ME](#), [Argo I](#), [Phillips G](#), [Daly F](#), [Davey P](#).

Source

Ageing and Health, Division of Medicine and Therapeutics, Ninewells Hospital and Medical School, University of Dundee, Dundee DD1 9SY, Scotland, UK.
m.e.t.mcmurdo@dundee.ac.uk

Abstract

OBJECTIVES:

To compare the effectiveness of cranberry extract with low-dose trimethoprim in the prevention of recurrent urinary tract infections (UTIs) in older women.

PATIENTS AND METHODS:

One hundred and thirty-seven women with two or more antibiotic-treated UTIs in the previous 12 months were randomized to receive either 500 mg of cranberry extract or 100 mg of trimethoprim for 6 months.

RESULTS:

Thirty-nine of 137 participants (28%) had an antibiotic-treated UTI (25 in the cranberry group and 14 in the trimethoprim group); difference in proportions relative risk 1.616 (95% CI: 0.93, 2.79) $P = 0.084$. The time to first recurrence of UTI was not significantly different between the groups ($P = 0.100$). The median time to recurrence of UTI was 84.5 days for the cranberry group and 91 days for the trimethoprim group ($U = 166$, $P = 0.479$). There were 17/137 (12%) withdrawals from the study, 6/69 (9%) from the cranberry group and 11/68 (16%) from the trimethoprim group ($P = 0.205$), with a relative risk of withdrawal from the cranberry group of 0.54 (95% CI: 0.19, 1.37).

CONCLUSIONS:

Trimethoprim had a very limited advantage over cranberry extract in the prevention of recurrent UTIs in older women and had more adverse effects. Our findings will allow older women with recurrent UTIs to weigh up with their clinicians the inherent attractions of a cheap, natural product like cranberry extract whose use does not carry the risk of antimicrobial resistance or super-infection with *Clostridium difficile* or fungi.

