Antibiotic Recommendations for Uncomplicated Cystitis

- **The Antimicrobial Stewardship teams at Floyd and Polk have developed an outpatient antibiogram to help guide antibiotic selection in the treatment of <u>outpatient uncomplicated cystitis</u> in non-pregnant adults. Based on current IDSA guidelines, the treatment of asymptomatic bacteriuria should be avoided in adults except those who are pregnant or undergoing genitourinary surgical procedures.**

First-Line Therapy:

- Nitrofurantoin monohydrate (Macrobid) 100mg PO BID x 5-7 days **or**
- Nitrofurantoin macrocrystals (Macrodantin) 50-100mg PO QID x 5-7 days

Avoid use of nitrofurantoin if early pyelonephritis suspected or when CrCl is < 30ml/minute. The Beers Criteria recommends avoiding use in geriatric patients ≥ 65 years with a CrCl < 30ml/minute (Beers Criteria [AGS 2015]).

Second-Line Therapy:

- Cefadroxil 500mg PO BID x 7 days **or**
- Cefdinir 300mg PO BID x 7 days **or**
- Cephalexin 500mg PO ***<u>QID</u>**** x 7 days ****Note: <u>Interval</u>****

*Cefadroxil requires dose reduction with CrCl < 25 ml/minute. Cephalexin and Cefdinir require dose reductions in patients with CrCl < 30ml/minute. *
*__Note__: The risk of **cross-reactivity between penicillins and cephalosporins** is low. Studies suggest that 99% of patients reporting a penicillin allergy are able to tolerate a cephalosporin; however, use of clinical judgement is required depending on the type/severity of the penicillin allergy.*

Third-Line Therapy:

- Ciprofloxacin 250mg PO BID x 3 days **or**
- Levofloxacin 250mg PO daily x 3 days

* Due to adverse effects/risk-benefit balance, and to decrease resistance, FQs should be reserved for use in uncomplicated cystitis **only** when first and second-line agents are not considered viable options.*