



# Management of urinary tract infections in men

## Acute UTI in men

Lower UTI in men is relatively uncommon and occurs mainly in older men, often due to underlying urological issues. Advice on diagnosis and management of UTI in men is available from NICE:

<https://cks.nice.org.uk/topics/urinary-tract-infection-lower-men/> and NICE antimicrobial prescribing guidance provides further advice on treatment options

<https://www.nice.org.uk/guidance/ng109/chapter/Recommendations#treatment-for-pregnant-women-and-men-with-lower-uti>

Evidence from the literature together with advice from urology specialists in Scotland have informed the following further advice on managing urinary symptoms in men.

## Recurrent UTI in men

There are very few men, if any, who merit long-term prophylactic antibiotics, as usually there is an underlying cause such as significant pathology, stones or bladder emptying due to benign or malignant disease. It is rare to find no cause for recurrent UTI in men and prophylactic antibiotics are not advised. There is very little evidence regarding prophylactic antibiotics in men with recurrent UTIs.

Recommendations on management from the current [Clinical Knowledge Summaries \(CKS\)](#) are:

- Treat each episode as for acute lower UTI, and ensure urine culture and sensitivities are done to inform treatment.
- Advise the man about behavioural and personal hygiene measures and self-care treatments that may help to reduce the risk of UTI, for example:
  - Drinking enough fluids to avoid dehydration.
  - Not delaying habitual and post-coital urination.
- Consider alternative conditions that can present with similar features to a lower UTI, such as urethritis.
- Seek specialist advice on further investigation and management, or refer to urology.

## Antibiotic treatment of prostatitis

Comprehensive advice on diagnosis and management of prostatitis is available in the European Association of Urology, Guidelines for Urological Infections section 3.11.

[https://uroweb.org/guideline/urological-infections/#3\\_11](https://uroweb.org/guideline/urological-infections/#3_11)

Acute bacterial prostatitis usually presents abruptly with voiding symptoms and distressing but poorly localised pain. It is often associated with malaise and fever. Acute bacterial prostatitis is a serious infection and initial intravenous antibiotics may be required. Treatment should follow local guidelines for management of complicated UTI and suggested course length is 28 days with a review at 14 days with view to stopping if clinical improvement.