

Kulchavenya E.¹, Neymark A.², Kapsargin F.³, Koves B.⁴, Tenke P.⁵, Naber K.⁶, Tandogdu Z.⁷, Wagenlehner F.M.⁸, Cai T.⁹, Bonkat G.¹⁰, Bjerklund Johansen T.E.¹¹

¹Novosibirsk Research TB Institute, Novosibirsk Medical University, Dept. of Urogenital, Novosibirsk, Russia, ²Altay Medical University, Dept. of Urogenital, Barnaul, Russia, ³Krasnoyarsk Medical University, Dept. of Urogenital, Krasnoyarsk, Russia, ⁴South-Pest Teaching Hospital, Dept of Urology, Budapest, Hungary, ⁵Jahn Ferenc South Pest Theaching Hospital, Dept of Urology, Budapest, Hungary, ⁶Munich Technical University, Dept of Urology, Munich, Germany, ⁷Northern Institute for Cancer Research, Newcastle University UK, Dept of Urology, Newcastle, United Kingdom, ⁸Universitätsklinikum Giessen und Marburg GmbH, Justus-Liebig-Universität, Dept of Urology, Giessen, Germany, ⁹Santa Chiara Regional Hospital, Dept of Urology, Trento, Italy, ¹⁰University Hospital Basel, University of Basel, Dept of Urology, Basel, Switzerland, ¹¹Oslo University Hospital, Dept of Urology, Oslo, Norway

Introduction & Objectives: Urinary tract infections (UTIs) are very common, but therapy may be not optimal. Purpose of the study is to estimate the adherence of urologists to Guidelines on the therapy of acute uncomplicated cystitis (AUC).

Materials & Methods: A special questionnaire was filled in by 161 Russian urologists, mostly Siberian, and their answers were analyzed.

Results: All urologists had experience with the treatment of AUC: 34.8% of them had seen 6-10 patients, 27.9% had seen 11-20 patients, 22.4% had seen 1-5 patients, and 14.9% had seen more than 20 patients with AUC per month in the recent months before the study. Most urologists (91.9%) considered themselves familiar with the National Guidelines on management of UTI, and 91.2% considered them to be justified. One hundred and twenty-two urologists (75.8%) were also familiar with the EAU Guidelines. Almost all urologists (95.7%) believed that they followed the National Guidelines, but actually their adherence was low. Less than half of the respondents (47.4%) followed the National Guidelines in 60% and more of cases, 16.9% in half of cases, and the remaining urologists (35.7%) followed the National Guidelines on treatment of AUC in less than 40% of cases. The majority of urologists (86.4%) started with empirical antibacterial therapy and 13.6% with phytotherapy, and added antibiotic therapy later if treatment results were not satisfactory. The most popular antibiotic was fosfomycin (41.0%), followed by nitrofurans (20.9%), quinolones (21.6%) and cephalosporins (16,5%). Every tenth (10.3%) urologist preferred nitrofurans as he was not satisfied by the therapy with fosfomycin, and 43.3% of urologists considered efficiency of both, fosfomycin and nitrofurans, as poor, that was a reason for prescription of fluoroquinolones. One third of urologists (38.3%) considered also urogenital tuberculosis (UGTB), and investigated their patients for UGTB in case therapy with fosfomycin and nitrofurans was inefficient. About all urologists (93.8%) considered AUC as an indication for additional prescription of phytotherapy, and 71.5% of them choose Canephron®.

Conclusions: Half of urologists had low adherence to National and European Guidelines on the management of AUC. 86.4% of urologists started empirical treatment with antibiotics and 13.6% with phytotherapy, and 71.5% combined antibiotic and phytotherapy. The main reason for bad adherence to the Guidelines was poor efficiency of recommended standard therapy based on personal experience (43.3%).