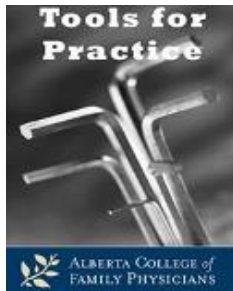


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Drink Up: Increasing Fluid Intake to Prevent Recurrent UTIs

Clinical Question: Does increasing water intake prevent recurrent urinary tract infections (UTIs)?

Bottom Line: Based on 1 RCT in women with recurrent UTIs (average 3.3 per year) and low fluid intake (less than 1.5L/day), increasing water intake by an additional ~1.5 L/day results in 1.5 fewer UTIs and 1.7 fewer antibiotic prescriptions per patient after 1 year compared to those who don't change intake. Over 90% of women with increased water intake will have fewer than 3 episodes of UTIs per year.

Evidence:

- Only 1 Randomized Controlled Trial (RCT),
 - 1 open-label RCT in 140 non-pregnant, premenopausal women (mean age 36) with at least 3 UTIs (mean 3.3) in last year and self-reported low fluid intake (less than 1.5 L/day). Randomized to increasing water intake by 1.5L/day or no change in intake. After one year (statistically significant unless indicated):¹
 - Mean number of UTIs: 1.7 versus 3.2 control.
 - Number of women with fewer than 3 UTIs per year: 93% versus 12% control (number needed to treat=2).
 - Mean number of antibiotic regimens for cystitis: 1.9 versus 3.6 control.
 - Adverse effects: no difference.
 - Mean voids per day: 8.2 versus 5.9 control.
- Study managed by a bottled water company and water provided at no cost.

Context:

- To increase fluid intake, participants were instructed to start drinking new 500ml bottle of water at the beginning of a meal and finish it before the next meal.¹
 - Similar approach to increasing water intake successful in other RCTs (not examining UTI prevention).²
 - "Bottles" were NOT required in other studies.²
- Low daily water intake associated with increased risk of UTIs.³
- Other considerations for recurrent UTIs:
 - Cranberry juice: inconsistent evidence and potential weight gain (5.8kg in 6 months) with routine use.⁴

- Probiotics: no benefit. ⁵
- Vaginal estrogen (postmenopausal women): minimal evidence,⁶ example versus placebo: NNT=3 for prevention.⁷
 - Adverse effects: not statistically different.
- Oral estrogens: no benefit.⁶
- Antibiotic prophylaxis versus placebo:⁸ NNT=3 for prevention.
 - Adverse effects: Number needed to harm=13.
 - Stopping for adverse effects: no difference.
- Most patients with recurrent UTIs do not have anatomical abnormalities.⁹

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Disclosures:

Authors do not have any conflicts of interest to declare

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