Prostatitis (acute): antimicrobial prescribing

NICE National Institute for Health and Care Excellence

Prostatitis (acute)

- Offer an antibiotic
- Send a midstream urine sample for culture and susceptibility testing

Advise:

- usual course of acute prostatitis is several weeks
- possible adverse effects of antibiotics include diarrhoea and nausea
- seeking medical help if symptoms worsen at any time, or do not start to improve within 48 hours of taking the antibiotic, or the person becomes systemically very unwell

When results of urine culture available:

- review the choice of antibiotic, and
- change antibiotic according to susceptibility **results if bacteria are** resistant, using a narrow spectrum antibiotic when possible

Reassess at any time if symptoms worsen, taking account of:

- other possible diagnoses
- any symptoms or signs suggesting a more serious illness or condition, such as acute urinary retention, prostatic abscess or sepsis
- previous antibiotic use, which may have led to resistant bacteria

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Refer to hospital if:

- there are any symptoms or signs of a more serious illness or condition (for example, sepsis, acute urinary retention or prostatic abscess), or
- symptoms are not improving 48 hours after starting the antibiotic

NICE uses 'offer' when there is more certainty of benefit and 'consider' when evidence of benefit is less clear

Background

Acute prostatitis:

- is a bacterial infection needing antibiotics
- can occur spontaneously or after medical procedures
- can last several weeks
- can lead to acute urinary retention and prostatic abscess

Self-care

- Advise paracetamol (with or without a low-dose weak opioid, such as codeine) for pain, or ibuprofen if preferred and suitable
- Advise drinking enough fluids to avoid dehydration

Antibiotics

- When prescribing antibiotics, take account of severity of symptoms, risk of complications or treatment failure, previous urine culture and susceptibility results, previous antibiotic use which may have led to resistant bacteria, and local antimicrobial resistance data
- Give oral antibiotics first-line if people can take oral medicines, and the severity of their condition does not require intravenous antibiotics
- Review intravenous antibiotics by 48 hours and consider stepping down to oral antibiotics where possible

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