



La médecine de famille n'est pas uniquement une discipline pratique, c'est également une discipline académique. En Suisse, il existe depuis des années deux sociétés promotrices, qui récompensent les travaux ou projets de recherche remarquables sur les thèmes de la médecine interne générale (MIG): le Collège de Médecine de Premier Recours (CMPR), qui se concentre sur la MIG ambulatoire, et la Société Suisse de Médecine Interne Générale (SSMIG), avec sa fondation de recherche «SGAIM Foundation». Dans cette série, nous souhaitons vous présenter sous forme résumée les résultats ou les projets de recherche planifiés des lauréat(e)s 2020. Dans la mesure où la langue de la littérature scientifique est l'anglais, la plupart de ces articles paraissent en anglais. Nous avons demandé aux lauréat(e)s de faire référence à la pertinence pratique de leurs travaux dans leurs articles.

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Does the current resistance situation allow the empirical use of TMP/SMX in patients with urinary tract infections?

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Cette version du 18.08.2021 a été corrigée après la publication de la version imprimée. Bactrim® a été remplacé partout par TMP/SMX. Voir aussi l'erratum dans le PHC 9/2021. Nous nous excusons pour toute erreur d'impression dans la version imprimée.

Introduction

This report is a summary of a previously published original publication [1].

Urinary tract infections (UTIs) are frequent reasons for consultation in primary care and the choice of empirical antibiotic therapy is determined by the local resistance patterns of the causative uropathogens. However,

in the nationally established passive surveillance for monitoring antibiotic resistance, uropathogens of complicated infections are overrepresented and therefore do not reflect the everyday situation in practice. The aim of this study was to determine the resistance patterns of uropathogens in patients with UTI by means of active surveillance.

Background

Trimethoprim-sulfamethoxazole (TMP/SMX) is recommended by many guidelines for the empirical therapy of uncomplicated urinary tract infections (uUTIs) [2–4]. However, clinicians need to be aware of the local resistance patterns as guidelines recommend TMP/

Guidelines recommend TMP/SMX as empirical therapy for uncomplicated UTI only in areas where local resistance rates do not exceed 20%.

SMX only in areas where resistance rates do not exceed 20%. Since urinary cultures are not recommended for uUTI and many doctors refrain from a microbiological analysis of the urine before empirical therapy of uUTI, resistance data from the national passive surveillance (Swiss Centre for Antibiotic Resistances, ANRESIS, www.anresis.ch) may have a significant selection bias, as resistance patterns of uropathogens in urine samples from complicated UTI or recurring UTI are overrepresented. The aim of the study was to determine by active surveillance the resistance patterns of uropathogens in patients with UTI in Swiss primary care.

Methods

The study was conducted between June 2017 and August 2018 in 163 primary care practices. Patients ≥ 18 years of age with the diagnosis of lower UTI (cystitis) could be included in the study. Pregnant woman and patients with pyelonephritis were excluded. A urine specimen, as well as basic clinical and epidemiological data, were obtained from all patients. All urine samples were analysed centrally in one laboratory (laboratory Risch) and in the event of microbial growth, antimicrobial resistance tests were performed. The local ethics committee of Zurich approved the study (BASEC Number: 2016-01918) and all patients signed a study-specific informed consent form.

Results

The final analysis included 1352 patients, of whom 1210 had a diagnosis of uUTI and 129 had a diagnosis of com-

plicated UTI. Overall, 94.9% of the patients were female and the mean age was 53.8 years (standard deviation 20.8). Positive urine cultures were reported for 87.1% of the urine samples. Urine samples with detection of three or more bacteria (140 cases, 11.9%) were considered contaminated and excluded from the following analyses. Gram-negative rods were detected in 86.8% of all samples, gram-positive bacteria (excluding enterococci) in 19.4% and enterococci in 6.9%. *Escherichia coli* (*E. coli*) (74.6%) was the most commonly detected single bacterium. No statistically significant differences were found in the distribution of bacteria in patients with uncomplicated and complicated UTI. Resistance patterns for *E. coli* are reported in table 1. We found a high proportion of *E. coli* isolates to be susceptible to TMP/SMX (85.66%, 95% confidence interval [CI] 85.58–85.74%), nitrofurantoin (99.48%, 95% CI 99.47–99.5%) and fosfomycin (99.35%, 95% CI 99.34–99.37%). Compared with the resistance patterns provided by ANRESIS, we found significant higher rates of susceptibility of *E. coli* to TMP/SMX and ciprofloxacin (table 1).

The rates of resistance to TMP/SMX were below 20% and TMP/SMX is thus an adequate choice as empirical therapy for uncomplicated UTI.

In multivariate logistic regression analysis, patient age (odds ratio [OR] 1.01, 95% CI 1.00–1.02; $p = 0.042$), antimicrobial exposure during the past 3 months (OR 1.84, 95% CI 1.17–2.87; $p = 0.007$) and a history of recent travel to Africa (OR 3.16, 95% CI 1.24–7.45; $p = 0.011$) were identified in patients with an uUTI as independent predictors for resistance to TMP/SMX, fosfomycin or nitrofurantoin.

Discussion

In this study, we determined by active surveillance actual susceptibility patterns of uropathogens in patients with acute UTI presenting to primary care physicians. Antibiotic susceptibility rates of the most common uropathogen *E. coli* to the recommended first-line antibiotics were high and we found higher rates of susceptibility as compared with data reported by the

Table 1: Susceptibility rates of *E. coli* in our cohort compared with data provided by Swiss passive surveillance.

	Fosfomycin			Nitrofurantoin			TMP/SMX			Ciprofloxacin		
	Study	ANRESIS	p-value	Study	ANRESIS	p-value	Study	ANRESIS	p-value	Study	ANRESIS	p-value
Total N = 774	99.4	98.8	0.140	99.5	99.2	0.543	85.7	77.5	<0.001	88.9	83.3	<0.001
	n = 35644			n = 36286			n = 36343			n = 35329		

Data shown in percentages. Study: susceptibility rates in our cohort. ANRESIS: susceptibility rates (2018) provided by the Swiss national resistance centre.

national passive surveillance system. With the exception of the Geneva region (76.5%), the proportions of *E. coli* isolates susceptible to TMP/SMX were above the 80% margin in our study. However, the number of urine samples studied in the Geneva area was small (n = 17) and therefore this sub-analysis must be considered with caution.

Recent antimicrobial exposure and recent travel to Africa were independent predictors for TMP/SMX resistance.

TMP/SMX is therefore an adequate antibiotic for the empirical therapy of uUTI according to the current guidelines [2, 3]. We were able to confirm the risk factors for antibiotic resistance known from the literature [5, 6]. Accordingly, patients with a risk factor (prior antibiotic exposure, or history of recent travel) must be assumed to have a higher resistance rates and an alternative antibiotic can be considered.

Although the susceptibility rates of *E. coli* to the quinolone antibiotics were high, we must emphasise that quinolone antibiotics should not be used for empirical therapy of uUTI. On the one hand, quinolone antibiotics have a wide range of serious side effects and, on the other hand, the overuse of quinolones in UTI leads to an increase in resistance not only of

urinary, but also of non-urogenital pathogens. As quinolone antibiotics are of particular importance in the treatment in non-urogenital infections, an increase in resistance rates should be avoided [4]. With TMP/SMX, nitrofurantoin and fosfomycin, three effective and well tolerated alternative antibiotics are available. Accordingly, quinolone antibiotics should only be used in selected cases where the use of another antibiotic is contraindicated.

Conflict of interest

All authors declare no conflict of interest.
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Key messages

- Urinary tract infections are a frequent reason for patient consultations in primary care and GPs have to select appropriate empirical antibiotic therapy without knowledge of urinary culture results.
- TMP/SMX is a well-tolerated antibiotic frequently used for the treatment of urinary tract infections. However, according to national passive surveillance, resistance rates are >20% and guidelines recommend avoiding TMP/SMX as empirical therapy in such areas.
- New findings of this study: resistance rates collected by means of active surveillance in practice showed that the rates of resistance to TMP/SMX in Switzerland are below 20% and that TMP/SMX is therefore an adequate choice as empirical therapy.
- Despite low resistance rates, quinolones should not be used for empirical therapy because of their high collateral damage.