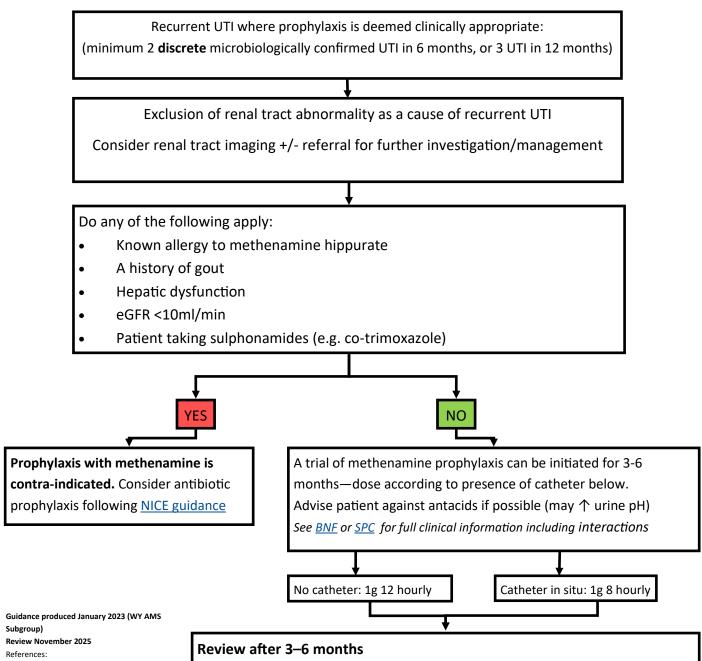
Methenamine for Lower UTI Prophylaxis in Adult Women

Methenamine Hippurate (methenamine in combination with hippuric acid) has been shown to be as effective as antibiotic prophylaxis in preventing recurrent urinary tract infection (UTI)¹. The long term use of methenamine does not drive antimicrobial resistance as it is not an antibiotic—it is converted to formaldehyde in the bladder and acts to sterilise the urine, with the aim of preventing UTI. Methenamine is only effective in acidic urine—the hippuric acid acts to keep the urine acidic. Failure of methenamine prophylaxis should prompt consideration of urinary pH testing while taking methenamine hippurate. Ideally the urine pH should be below 5.5 for maximum benefit. This can be difficult to achieve in many patients and may result in prophylaxis failure with the use of methenamine.



1) Harding C et al. Alternative to prophylactic antibiotics for the treatment of recurrent urinary tract infections in women: multicentre, open label, randomised, non-inferiority trial. BMJ. 2022 Mar 9;376:e068229. doi: 10.1136/bmj-2021-0068229. PMID: 35264408; PMCID: PMC8905684.

2) British National Formulary, Accessed 3/11/2022

- If reduced UTI frequency & well tolerated: continue prophylaxis
- If little/no benefit—consider urinary pH measurement. Ideally pH should be <5.5 . If pH >5.5, consideration can be given to advising patient to take concurrent ascorbic acid 1000mg daily (available over the counter as Vitamin C)
 - Can be continued for as long as patient derives benefit—review every 6 months
 - Consider antibiotic prophylaxis if no overall benefit, as per NICE guidance